

ADITYA MOTORS

HATA ROAD, GAURI BAZAR, GAURI BAZAR, DEORIA, 274202, UP, India

State Code: 9 Contact: 7651881414, , ,

GSTIN No: 09CTBPM8181N1ZY

Authorized Representative of Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	66913-03-REST-0626-37	Date	16-06-2026
Customer Name	AJORA DEVI	Contact No.	9527620539
VIN	MBLHAW462S4F00435	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP52CH1754
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
2	18350AAE940S -MUFFLER COMPLETE EXHAUST	87141090	Paid	5,444.9 2	1	9.00	9.00	0.00	0.00	0.00	0.00	6,425.0 0
3	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	84.75	1	9.00	9.00	0.00	0.00	0.00	0.00	100.00
4	K42426AAEF400S -KIT, WHEEL COMP REAR	87141090	Paid	4,389.8 3	1	9.00	9.00	0.00	0.00	0.00	0.00	5,180.0 0
5	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
6	3360BAAEB0099S -WINKER ASSY R RR	85122010	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
Parts Total											0.00	12,765.0 0

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	400.00	9.00	9.00	0.00	0.00	0.00	0.00	472.00	
Jobs Total											0.00	472.00

Parts Total	12,765.00
Labour Total	472.00
SGST (Parts) 9%	973.60
CGST (Parts) 9%	973.60
SGST (Labour) 9%	36.00
CGST (Labour) 9%	36.00
Total	13,237.00

Rupees in Words: Thirteen Thousand Two Hundred Thirty Seven Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of DEORIA Jurisdiction Only

66913 - Main W/S

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इंश्योरेंस कंपनी लिमिटेड

Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

Sir / महोदय ,

As per details below, kindly arrange to depute the Spot / Final surveyor. / नीचे दिये गये विवरण के अनुसार, कृपया स्पॉट / फाइनल सर्वेयर नियुक्त करने की व्यवस्था करें :-

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	AJORA DEVI 7081252858
2	Vehicle No. / वाहन संख्या	UP52 CH1754
3	Policy No. / पालिसी संख्या	252400/31/2026/25469
4	Period of Insurance / बीमा अवधि	30-06-2025 - 29-06-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	10-06-2026 07:00 PM.
6	Place of Accident / दुर्घटना का स्थान	वावूनाल लोला के पास
7	Name of the Driver, DL No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ARVIND KUMAR, 9472421772 UP53 2003024460
8	Estimated Loss / अनुमानित हानि	13237/-
09.	Cause of Accident / दुर्घटना का कारण :	मेरे relative अरविन्द कुमार मेरी गाड़ी में धाक से लेने अपना किसी भी नियम का पालन किए बिना धाक रहे थे तथा वावूनाल लोला के सामने अन्यायक डिप्ट गड्ढा होने से गाड़ी डिवेलंस होने का डर है लाइस गिरकर प्रतिगस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NA
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	ADITYA MOTORS HATA ROAD GAURI, 8948395612

Date / दिनांक : 16/06/2026
हस्ताक्षर

Abhishek Singh Roypat

अप्परी

Signature of Insured / बीमाधारक के



The Oriental Insurance Company Limited
 (Incorporated in India, subsidiary of General Insurance Corporation of India)
 Regd. Office: Oriental House, P.B. No.7037, A-25/25, Asaf Ali Road, New Delhi- 110 002

MOTOR CLAIM FORM

Div. Br. Office Address _____

Certificate/Policy No. 252400/31/2026/28469

Tel. No. _____

Period of Insurance 30-06-2025-29-06-2026

Claim No. _____

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY
 Please answer All relevant questions fully

1. INSURED
 (a) Name : AJORA DEVI
 (b) Address for correspondence : SAHU TOIA, PO - BAZTALPUR DEORIA. UP-274202
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>SPCL+TEC 2025</u>	Engine No. <u>01412</u> Chassis No. <u>00435</u>	Registration No. <u>UPS2CH 1754</u>
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- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Personal use
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried NA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight
 (b) Unladen Weight
 (c) Weight of goods carried/Load Challan No.
 (d) Nature of permit
 (e) Nature of goods carried
 (f) Was the vehicle plying for hire
 (g) If Lorry/Jeep/Tractor, was trailer attached?
 (h) Number of passengers carried
 (i) Number of Passenger permitted

NA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ARVIND KUMAR
- (b) Age : 41 / male
- (c) Address : RAGHAVPATI PADRI. TOLA FAJLAHA
- (d) Is the Driver :
 - 1. Owner : Reliever
 - 2. paid driver? :
 - 3. Owner's relative or friend? :
- (e) If paid driver, how long has he been in your employment : _____
- (f) Was he under the influence of intoxication Liquor or drugs? : _____
- (g) Driving Licence Number : UPS 3-20030024460
- (h) Issuing Authority : GKP
- (i) Date of Expiry : 12-03-2033
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any : _____
- (l) Has he been involved in any accident before?: / NA
- (m) Has he been charged by the policy? If so, Why?: _____

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

- (a) Date and Time : 10-06-2026 07:50 PM
- (b) Place : old mtraj dhat
- (c) Speed of vehicle at the time of accident : 30-40 km/hr
- (d) Give a short description of the accident : _____
- (e) If any third party was responsible for this accident give the name and address : _____

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Rear wheel, Leg Guard, Winker - 2P.
- (b) Estimated cost of repairs : _____
- (c) When and where can the damaged vehicle be inspected : ~~_____~~ - 13237/- etc.

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : _____
- (b) Address : _____
- (c) Full Details of personal injury sustained : _____
- (d) Name and address of any person/hospital giving medical attention to injured person : _____
- (e) Full details of property damaged : _____
- (f) Has notice of any claim been given to you? : _____

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
- (b) If yes, give full details : NA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
- (b) Did a Police Constable take particulars of The accident? : _____
- (c) Was accident reported to Police? If not, Why? : _____
- (d) If yes, to which Police Station? : _____
- (e) Date and Diary No. : _____

10. THEFT

- (a) Date and Time : _____
- (b) Place : _____
- (c) What was stolen? : _____
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : _____
- (f) Has theft been reported to Police? : _____
- (g) When? : _____
- (h) Which Police Station? : _____
- (i) C.R. diary Number : _____

I/we the above named do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement every respect and I/We have made or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement of any suppression or concealment, the Policy shall be void and all rights to receive thereunder in respect of part or future accident shall be forfeited.

Date 16/06/2008

Signature of the insured अजय

Issuing
Office



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Received _____ Day of _____ 200_____
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. _____
(In words Rupees _____)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. _____ insured under Policy No. _____ of
the said company and accident which occurred on or about _____ I/We give
the discharge receipt to the Company in full and final settlement of all my/our claims
present of future arising directly/indirectly in respect of the said accident.

Rs. _____

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature *अमित*
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

STATEMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



11754 Registration Date : 08-Jul-2025
 CYCLE/SCOOTER Purpose For Printing RC : NEW
 AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , , 190-274001
 DEVI Son/wife/daughter of : RAMJIYAWAN PRASAD
 SHAHU TOLA, PO- BAITALPUR DEORIA, , DEORIA, UTTAR PRADESH-274202
 SHAHU TOLA, PO- BAITALPUR DEORIA, , DEORIA-UTTAR PRADESH-274202
 Jul-2040 Owner Serial No : 1
 CYCLE/SCOOTER Link Vehicle No :
 INDIVIDUAL Norms : BHARAT STAGE VI
 HERO MOTOCORP LTD
 AA2131930028 Rear HSRP No : AA2131508655
 SOLO WITH PILLION Month/Year of Manuf. : 06/2025
 1 Chassis No : MBLHAW462S4F00435
 HA11F6S4F01412 Fuel : PETROL
 8.17 Cubic Capacity : 97.20
 SPLENDOR+ XTEC (DRS) Wheel base : 1235
 2 Standing Cap : 0
 0 Unladen Wt (kgs) : 113
 BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
 AC Fitted : NO
 Fully Built

Weights of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Description	As Regd.	Weight(in kgs)
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The above described is subject to Hypothecation in favour of w.e.f. .

: 02-Jul-2025 Sale Amt : 83351/-
 : 02-Jul-2025 Amount/Rcpt No : 8336 / UP52D25070000621
 / Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Val : 05-Aug-2025

Transfer/Conversion/Reassign Details

Owner : Previous RegNo :
 : Entry Date :
 Date : Conversion Date :

Certificate is valid from 08-Jul-2025 to 07-Jul-2040

08-Aug-2025 15:32:25

Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Aug-2025

GOVERNMENT OF UTTAR PRADESH

Transport Department DEORIA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP52CH1754 Registration Date : 08-Jul-2025
Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
Dealer's Name & Address : GANPATI AUTOMOBILES (D), PURWA CHAURAHA GKP ROAD, DEORIA, , 190-274001
Owner Name : AJORA DEVI Son/wife/daughter of : RAMJIYAWAN PRASAD
Full Address: (Permanent) : VILL- SHAHU TOLA, PO- BAITALPUR DEORIA, , DEORIA, UTTAR PRADESH-274202
Full Address: (Temporary) : VILL- SHAHU TOLA, PO- BAITALPUR DEORIA, , DEORIA-UTTAR PRADESH-274202
Fitness UpTo : 07-Jul-2040 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2131930028 Rear HSRP No : AA2131508655
Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 06/2025
No of Cylinders : 1 Chassis No : MBLHAW462S4F00435
Engine No : HA11F6S4F01412 Fuel : PETROL
Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 1235
Seating Cap(in all) : 2 Standing Cap : 0
Sleepar Cap : 0 Unladen Wt (kgs) : 113
Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 243
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

By Manuf.	Description	As Regd.	Weight(in kgs)
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- a) Front:
- b) Rear:
- c) Other:
- d) Tandem:

The motor vehicle above described is subject to Hypothecation in favour of w.e.f. .

Purchase dt : 02-Jul-2025 Sale Amt : 83351/-
OTT Date : 02-Jul-2025 Amount/Rcpt No : 8336 / UP52D25070000621
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 05-Aug-2025

Other State/Transfer/Conversion/Reassign Details

Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 08-Jul-2025 to 07-Jul-2040

Date : 21-Aug-2025 15:32:25

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 21-Aug-2025

5175232



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0028

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT - 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	30-JUN-25
Policy No	252400/31 2026/25469	Proposal No. & Date	R/252400/31/2026/18095 & 30-JUN-2025
Agent/Broker Code	LC000000660	Policy Period (OWN DAMAGE)	FROM 15:23 ON 30/06/2025 TO MIDNIGHT OF 29/06/2026
Agent/Broker Name	M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 15:23 ON 30/06/2025 TO MIDNIGHT OF 29/06/2026
Insured Name	AJORA DEVI (GSTIN:)		
Insured Address	C/O RAMJIYAWAN PRASAD, VILL- SHAHU TOLA, POST- BAITALPUR, DEORIA, NA,		Lead /Breakin No Insured State UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	79183
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	79183
Engine -Chassis No	HA11F6S4F01412 - MBLHAW462S4F00435	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			
Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1327.11	Basic Third Party Liability	3851
Elec Accessories	0	Complutary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1248.11	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-46)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36R3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-18)	0	Total Premium (A+B)	4169
AAI Membership (IMT-8)	0	GST	750
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMPDUTY	0.00
SIP Discount	1728	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	4128	Krishi Kalyan Cess@0.50%	0
ADD-ON COVERAGES		Gross Premium Paid	4919
NIL Depreciation	198		
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	198		
Net own Damage Premium(A)	318		
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
POS Name	NA	POS ID	NA
			POS PAN NO./Aadhar No
			NA
			Amount
			4919

Note:
1. Policy insurance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT,7,10,28.

In the event of a claim under the policy exceeding Rs. 1lac or a claim for refund of premium exceeding Rs 1lac the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if driving License is found false or is not valid whether or not in the Knowledge of the insured.

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/leave herein to set his/his hands at 252400 on 30-JUN-25

IMPORTANT NOTICE
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to uses: Use only for social domestic and pleasure purposes and the Insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured. Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death or body injury. Such amount is necessary to meet there requirement of the motor vehicle act 1988 Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy if no claim is made or pending during the preceding year(s) as per the The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years 50% of NCB on OD premium. No Claim bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

I/We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of chapter X and XI of M.V. Act, 1988.

* This insurance excludes all pre-existing damages.

Approved By: 6992158MD

Approved On: 30-JUN-25

Place: MRI

Printed On: 30-JUN-25

Authorized on behalf of
The Oriental Insurance Company Limited



भारत सरकार
GOVERNMENT OF INDIA

अजोग देवी
Ajora Devi
जन्म तिथि/ DOB: 01/01/1982
महिला / FEMALE



4910 4037 3823

आधार-आम आदमी का अधिकार

भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:
W/O: रामजियावन प्रसाद,
शाह टोला, बैतानपुर,
देवरिया,
उत्तर प्रदेश - 274201

Address:
W/O: Ramjiyawan Prasad, Shahu
Tola, Baitanpur, Deoria,
Uttar Pradesh - 274201

4910 4037 3823

Aadhaar-Aam Admi ka Adhikar

आयकर विभाग
INCOME TAX DEPARTMENT

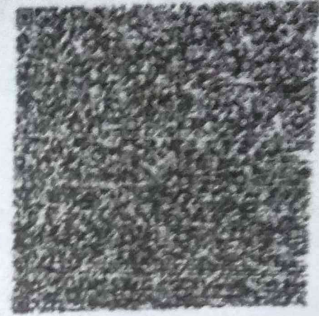


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

GTPD2792J



नाम / Name
AJORA DEVI

पिता का नाम / Father's Name
LALU

03102020

जन्म की तारीख /
Date of Birth
01/01/1982

हस्ताक्षर / Signature



Indian Union Driving Licence
Issued by **Uttar Pradesh**



UP53 20030024460



Issue Date **20-09-2025** Validity (NT) **12-03-2033** Validity (TR)* **12-10-2030**



Holder's Signature

Name: **ARVIND KUMAR**

Date of Birth: **01-01-1985** Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **KAPIL DEV**

Address:
**VILL-RAGHAVPATTI PADRI TOLA FAILAHA
PO-NAUWABARI PALIPA GORAKHPUR 273203**

Date of First Issue **10-04-2003**

DL No: UP53 20030024460

UPDL531000049906



Invalid Carriage (Regn Numbers)*

Hazardous Validity* Hill Validity*

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number*	Badge Issued Date*	Badge Issued By*
	MCWG	UP53	10-04-2003	NT			
	LMV	UP53	10-04-2003	NT			
	TRANS	UP53	20-08-2009	TR			
	MVSD						

Emergency Contact Number

[Signature]
Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)