



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department LAKHIMPUR KHERI**  
**FORM 23**

**CERTIFICATE OF REGISTRATION**

Registration No	: UP31CK8352	Registration Date	: 02-Mar-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI,		: 163-262761
Owner Name	: SUNITA	Bon/wife/daughter of	: SHIVAM KUMAR
Full Address: (Permanent)	: JAGNNATHPUR, POST SHANKARPUR, PS FARDHAN, KHERI, UTTAR PRADESH-261501		
Full Address: (Temporary)	: JAGNNATHPUR, POST SHANKARPUR, PS FARDHAN, KHERI-UTTAR PRADESH-261501		
Fitness Up To	: 01-Mar-2040	Owner Serial No	: 1

Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	
Ownership	: INDIVIDUAL	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2121946813	Rear HSRP No	: AA1040089951
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 04/2024
No of Cylinders	: 1	Chassis No	: MBLJAW393RGD01514
Engine No	: JA07AMRGD06415	Fuel	: PETROL
Horse Power(BHP)	: 10.72	Cubic Capacity	: 124.70
Maker's Classification	: SUPER SPLENDOR XTEC D	Wheel base	: 1267
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 123
Colour	: MATT GREY	Laden/GV Wt (kgs)	: 253
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)
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	: 27-Feb-2025	Sale Amt	: 86461/-
OTT Date	: 27-Feb-2025	Amount/Rcpt No	: 8647 / UP31D25030000367
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 06-Mar-2025		

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 02-Mar-2025 to 01-Mar-2040

02-Apr-2025 09:29:50

ation Particulars / Advance Registration Mark Fee Details

पंजीकरण अधिकारी  
 मोबाइल नमबर विभाग  
 लखीमपुर खेरी  
 Signature of Registering Authority  
 Date : 02-Apr-2025

*सुनीता देवी*



The Oriental Insurance Company Ltd.  
Policy Schedule

Form No. 1  
Page No. 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE  
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAR NAGAR, OFF. THE MINISTAN CINEMA MARKET, NEW DELHI 110001 (INDIA)

Policy Type: **INDIVIDUAL POLICY (MOTORING) TWO WHEELER (CLASS A)**

Policy No: **202803/20250044**

Proposed No. & Date: **R/23140/31/08/1997/23140/21.8.23.97-002**

Agent/Broker Code: **BAWNS/5414**

Policy Period (OWN DAMAGE): **FROM 23.8.1997 TO 23.8.1998**

Agent/Broker Name: **ABHINAV DEWAL**

Policy Period (LIABILITY): **FROM 23.8.1997 TO 23.8.1998**

Insured Name: **SUNIL KANTHIN**

Insured Address: **C/O SRI ANEEL STAR, B-2 JAGNADIPUR POST, MANKARPUR PR. PARJHAN, DIST. KARHIMPUR, KHERI, AKHILABAD, N.D. 201101**

Lead/Broker No. Insured Name: **UTTAR PRADESH**

**INSURED MOTOR VEHICLE DETAILS**

Make: **HERO**

Model & Variant: **HERO SUPER SPEED 100/105/115/125/135**

Vehicle: **82125**

Registration No: **ND14**

Electrical Accessories: **0**

Year of Manufacture: **2002**

Non-Electrical Accessories: **0**

Engine-Chassis No: **X-150710475-1MILJAWA/RU/051514**

Total IDV: **82125**

Cubic Capacity: **100**

IMF CONTRACT NO:

Seating Capacity: **1**

Policy Type: **Zone B - Rest of India**

Type of Road: **Highway**

Type of Use: **Private**

Geographical Area:

EPO Location:

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION (A)		LIABILITY SECTION (B)	
Vehicle	112603	Basic Third Party Liability	3851
Electrical Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	20607	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Employees (IMT-29)	NA
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%)	0
Deductibles	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
Voluntary Deductibles (IMT-22A)	0	Net Liability Premium (B)	4058
Anti-Theft Device (IMT-19)	0	Total Premium (A+B)	7309
AAI Membership (IMT-8)	0	GST	0
No Claim Bonus	0	SERVICE TAX	0.00
Discount for vehicle designed for handicapped	0	STAMP DUTY	0
MP Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Net Premium	20607	Gross Premium Paid	4785
Net Premium (Net Premium (A))	20607		

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

Payment Details:

Bank Name: **4788**

Branch Name: **4788**

Account No: **4788**

Branch Name: **4788**

Account No: **4788**

Branch Name: **4788**

Account No: **4788**

In the event of a claim under the policy exceeding Rs. 1000/- or a claim for return of premium exceeding Rs. 1000/- the insured will comply with the provisions of the AMI policy of the Company. The AMI policy is available in all our operating Offices as well as company's website.

The insured under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and OGC endorsements mentioned herein above which are available on company's website.

Any payment or compensation in or on demand from the policy issuing office.

It is agreed that in case of discontinuation of premium throughout the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claims are not payable in the event of driving License is found fake or is not valid or holder or not in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

If we hereby verify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

IMPORTANT NOTICE

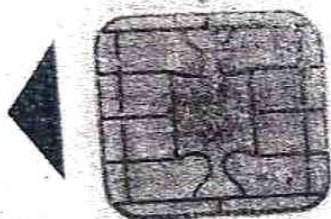
The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule A or Payment made by the company by reason of wide terms appearing in the conditions in order to comply with the MV Act, 1988 is irreversible from the insured. The insured shall be deemed to have agreed to the conditions of Chapter X and XI of M.V. Act, 1988.

Limitations as to use: For use only for social, domestic and pleasure purposes and the insured's business. The Police does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Transport (4) Race (5) Speed trials (6) Public transport (7) Publicity (8) Publicity (9) Publicity (10) Publicity (11) Publicity (12) Publicity (13) Publicity (14) Publicity (15) Publicity (16) Publicity (17) Publicity (18) Publicity (19) Publicity (20) Publicity (21) Publicity (22) Publicity (23) Publicity (24) Publicity (25) Publicity (26) Publicity (27) Publicity (28) Publicity (29) Publicity (30) Publicity (31) Publicity (32) Publicity (33) Publicity (34) Publicity (35) Publicity (36) Publicity (37) Publicity (38) Publicity (39) Publicity (40) Publicity (41) Publicity (42) Publicity (43) Publicity (44) Publicity (45) Publicity (46) Publicity (47) Publicity (48) Publicity (49) Publicity (50) Publicity (51) Publicity (52) Publicity (53) Publicity (54) Publicity (55) Publicity (56) Publicity (57) Publicity (58) Publicity (59) Publicity (60) Publicity (61) 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Indian Union Driving Licence  
Issued by Uttar Pradesh

UP31 20210006452



Issue Date  
13-04-2021

Validity (NT)  
11-10-2039

Validity (TR)  
-----



Holder's Signature

Name:

SHIVAM KUMAR

Date of Birth: 12-10-1999

Blood Group:

Organ Donor: Y

Son/Daughter/Wife of: RAM GATEE

Address:

VILL-JAGANNATHPUR POST-SHANKARPUR PS  
PHARDAHAN Lakhimpur, Lakhimpur Kheri, UP  
261501

(13-04-2021)

Date of First Issue

DL No: UP31 20210006452

UPDL000005487595



Invalid Carriage (Regn Numbers)<sup>#</sup>

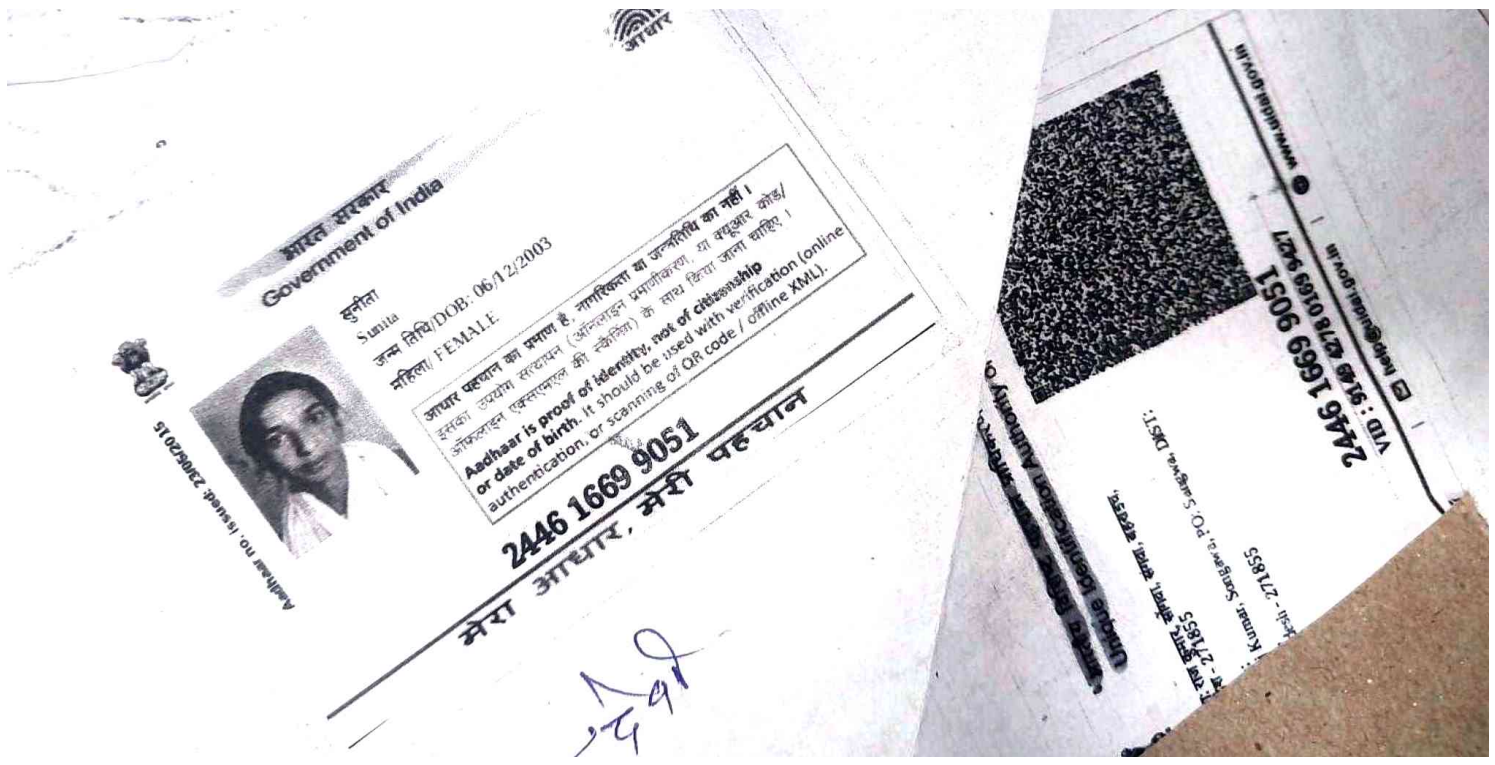
Hazardous Validity<sup>#</sup> Hill Validity<sup>#</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP31	13-04-2021	NT			
	LMV	UP31	13-04-2021	NT			
	MVSD						

Emergency Contact Number

*[Signature]*  
Licensing Authority  
UP31 LAKHIMPURKHERI

Form 7 Rule 16(2)



भारत सरकार  
Government of India

सुनीता  
Sunita

जन्म तिथि/DOB: 06/12/2003  
लिंग/ GENDER: FEMALE

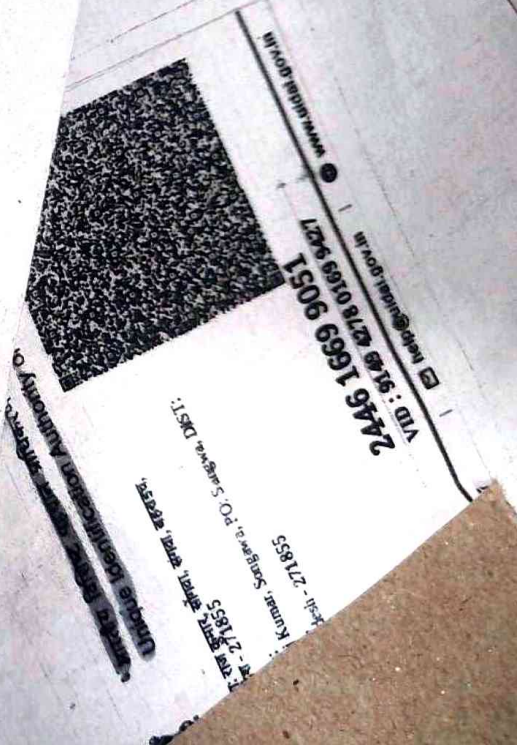


आधार पहचान का प्रमाण है। नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सर्वसम्पत्ति (ऑनलाइन प्रमाणिकरण, या सफुल्लर कोड/  
ऑफलाइन एक्साम्पल को स्कैनिंग) के साथ किया जाना चाहिए।  
**Aadhaar is proof of identity, not of citizenship  
or date of birth. It should be used with verification (online  
authentication, or scanning of QR code / offline XML).**

**2446 1669 9051**

**मेरा आधार, मेरी पहचान**

Handwritten signature in blue ink.



आधार प्राधिकरण  
Aadhaar Authority of India  
Kumar, Sanghera, P.O. Sanghera, Distt:  
2446 1669 9051

**2446 1669 9051**

www.aadhaar.gov.in  
VTD : 9148 2718 0169 9271

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

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.	सुनीता 9616919357
2	Vehicle No. / वाहन संख्या	UP31CK 5352
3	Policy No. / पालिसी संख्या	252400/31/2025/90484
4	Period of Insurance / बीमा अवधि	27/02/2025 से 26/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	05/01/2026 6:00PM
6	Place of Accident / दुर्घटना का स्थान	कुलहोडी पुल के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	राम कुमार 8173003940 UP31 20210006452
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	कुलहोडी पुल के पास सामने से साइ से टक्कर हो गई जिससे मेरी गाड़ी दाईं ओर गिरकर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल /फ़ोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR KHERT, 9151154036.

सुनीता देवी

Signature of Insured / बीमाधारक के

Date / दिनांक : 06/01/2026  
हस्ताक्षर



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 MEERUT

Certificate/Policy No. 252400/31/2025/90484

Tel. No.

Period of Insurance 27/02/2025 से 26/02/2026  
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 : SONITA  
(b) Address for correspondence : R/O JAGANNATH PUR, PS-SHANKARPUR, PS PHARDHAN  
(c) Telephone : 9616919357 DISTRICT-LAKHIMPUR-KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>JA07AMRGD06415</u> Chassis No. <u>MBLJAJ393RGD01514</u>	Registration No. <u>UP31CK</u> <u>5352</u>
---	--	--

- (a) Was the vehicle in proper working condition? Yes  
(b) For what purpose was the vehicle being used at the time of accident?  
(c) Was trailer attached?  
(d) If a Motor Cycle/scooter  
1. Was a side-car attached  
2. Was a pillion rider carried

NIA

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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

NIA

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SHIVAM KUMAR
- (b) Age : 12/10/1999
- (c) Address : VILL- JAGANNATHPUR, PS-SHANKARPUR,  
RS-PHARDHAN, LAKHIMPUR-KHERI, UP, 261 501
- (d) Is the Driver
1. Owner : NO
  2. paid driver? : NO
  3. Owner's relative or friend? : HUSBAND
- (e) If paid driver, how long has he been in your employment : NO
- (f) Was he under the influence of intoxication Liquor or drugs? : NO
- (g) Driving Licence Number : UP31 20210006452
- (h) Issuing Authority : 13/04/2021
- (i) Date of Expiry : 31/10/2039
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : NO
- (l) Has he been involved in any accident before?: NO
- (m) Has he been charged by the policy? If so, Why?: NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 05/01/2026 6:00PM.
- (b) Place : पुलहौडी पुल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : पुलहौडी पुल के पास सामने से साइ से जेम्दार चक्कर हो
- (e) If any third party was responsible for this accident give the name and address : जिससे भी गाड़ी बॉर्ड और गिरेक्टर सति गस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MOSARAM AUTO SALES, LPA ROAD
- (c) When and where can the damaged vehicle be inspected : LAKHIMPUR-KHERI

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? : N/A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : No
- (b) If yes, give full details : No

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? : N/A
- (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? : N/A
- (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 06/01/2006

Signature of the insured [Handwritten Signature]

Discharge Voucher

ACCIDENT DEPARTMENT

Claim No. \_\_\_\_\_

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. UP31CK5352 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: सुनील देव  
Occupation .....  
Address .....  
.....  
.....

Bank Account Number .....  
Name of the Bank .....

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant SUNITA D/O RAI KUMAR,  
Songawa Po- SANGWA DIST- BARRACH, UTTAR  
PRADSH 271855

2. Particulars of transaction  
Account Type ..... Number .....

3. Amount of the transaction Rs. ....

4. Are you assessed to tax? Yes / No

5. If yes,  
i) Details of Ward / Circle / Range where the last return of income was filed.

ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, SUNITA D/O RAI KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 06/01/2026

Place KHERI

Sunita D/O  
Signature of the declarant

**Instructions:** Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

**Note:** Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B; para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.