

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA

State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644

GSTIN No: 09AAJFM3951B1ZD

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 10730-03-REST-0626-224
 Customer Name MOHD TAUFEEQUE RAZA ...
 VIN MBLHAW23XRHLC2312
 Insurance Company
 HMCGL Card No
 Part Details

Date 20-06-2026
 Contact No. 8193821588
 Model SPLENDOR +
 Reg No. UP31CJ9853
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	868.64	1	9.00	9.00	0.00	0.00	0.00	0.00	1,025.00
2	33450KCC710S -WINKER ASSY L FR	85122010	Paid	199.15	1	9.00	9.00	0.00	0.00	0.00	0.00	235.00
3	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
5	53200AAE200S -STEM COMP STRG	87141090	Paid	847.46	1	9.00	9.00	0.00	0.00	0.00	0.00	1,000.00
6	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
7	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
8	50400ADH800DS -GRIP REAR	87141090	Paid	919.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,085.00
Parts Total											0.00	6,940.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	6,940.00
Labour Total	2,000.10
SGST (Parts) 9%	529.32
CGST (Parts) 9%	529.32
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	8,940.10

Rupees in Words: Eight Thousand Nine Hundred Fourty and paise Ten 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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S

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.	मो० तौफीक रजा. 8193831588
2	Vehicle No. / वाहन संख्या	UP31C7 9853
3	Policy No. / पालिसी संख्या	MS/2026/7001/0/46575/569966
4	Period of Insurance / बीमा अवधि	28/01/2026 से 27/01/2027
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/06/2026 11:30am.
6	Place of Accident / दुर्घटना का स्थान	सैदापुर चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मो० तौफीक रजा. 8193831588 UP3120220009877
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : हज़रतपुर से लखीमपुर आ रहे थे कि तभी अचानक सैदापुर चौराहे के पास सामने से अचानक कुल्ला से टक्कर हो गई कि जिससे मेरी गाड़ी बायीं 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.	MOSARRAM AUTO SALES, LRP ROAD, LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 17/June/2026
हस्ताक्षर

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 MEERUT
 Tel. No. _____

Certificate/Policy No. MS/2026/7001/0/46575/569
 Period of Insurance 28/01/2026 से 27/01/2027.
 Claim No. 966

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 : MOHD TAUFFEQ RAZA
 (b) Address for correspondence : R/O KAKRIPATTI, P.S - PHOOL BEHAR, KHERI, UP.
 (c) Telephone : 8193831988 252701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJE8RHL74029</u> Chassis No. <u>MBLHAW23XRHL2312</u>	Registration No. <u>UP31C7</u> <u>9853</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?
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

N/A

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

N/A



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 (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
 Tel. No. _____

Certificate/Policy No. MS/2026/7001/0/46575/569
 Period of Insurance 28/01/2026 से 27/01/2027 ⁹⁶⁶
 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 MOHD TAUFEEQ RAZA
 (b) Address for correspondence R/O KAKARPATTI, P.S - PHOOL BEHAR, KHERT, UP.
 (c) Telephone 8193831988 ²⁶²⁷⁰¹

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11E8RHL74029</u> Chassis No. <u>MBLHAW23XRHLCC2312</u>	Registration No. <u>UP31C7</u> <u>9853</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? N/A
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached
 2. Was a pillion rider carried

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

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 (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
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHD TAUFFEQ RAZA
 (b) Age : 05/01/2000
 (c) Address : R/O KAKARPITTA, PHOOL BEHAR, KHERI, UP, 262701.
 (d) Is the Driver : Yes
 1. Owner : NO
 2. paid driver? : NO
 3. Owner's relative or friend?
 (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 20220009877
 (h) Issuing Authority : 06/10/2022
 (i) Date of Expiry : 04/10/2040
 (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 : 15/Jan/2026 11:30am.
 (b) Place : सेरापुर चौराहे के पास
 (c) Speed of vehicle at the time of accident : 30-40 km/h.
 (d) Give a short description of the accident : सेरापुर चौराहे के पास सामने से अचानक घुलता से टक्कर
 (e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी बायी ओर गिरकर क्षतिग्रस्त हो गई।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND LEFT
 (b) Estimated cost of repairs : MASARAM AUTO SALES, LLP
 (c) When and where can the damaged vehicle be inspected : ROAD, 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 Policy 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 17/June/ 2006

Signature of the insured 

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. UP31C79853 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
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 MOHD TAUFEEQ RAZA C/O
MUNSHER ALI, RIO KAKARPITTA, PS- PHOOL BEHAR
KHERI, UP, 262701.

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, MOHD TAUFEEQ RAZA do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 17/June/2026

Place KHERI


Signature of the declarant

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

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

Note: Amendment with effect from 1st 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.

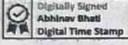
Transcript of Proposal for Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2026/7001/O/46575/569966

Motorsathi Care Private Limited
 D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Contact us at:
 Phone: +91 79410 50643
 Email: info@motorsathi.com
 Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
MOHD TAUFEEQUE RAZA	2000-01-05	8193821588	SRI MUNSHER ALI	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CJ9853	HA11E8RHL74029	MBLHAW23XRHLC2312	2025	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
64000.00	NA	0.00	0.00	0.00	64000.00	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Premium (incl. GST)	
	Solo			2	1798.77	
Address of The Insured			City / District	Pin Code	State	
VILL- KAKARPITTA, PO- PHOOL BEHAR, PS- PHOOL BEHAR, KHERI				262701	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date		
MUNSHER ALI	Male	55 Years	FATHER	2026-01-28 17:05	Midnight of 2027-01-27	
Section A			Section B			
VRC	:	856.77	EC	:	:	0.00
TCR	:	377.60	EC Service	:	:	0.00
Less	:		ECPD	:	:	0.00
Handicapped Discount	:	0.00	Sub Total	:	:	0.00
For Anti-Theft Discount	:	0.00	TAC	:	:	0.00
PA BONUS (20%)	:	244.79	ENC	:	:	0.00
Total with GST(A)	:	989.58	EDC	:	:	0.00
			MCPD	:	:	0.00
			Total(B)	:	:	0.00
			GST (CGST @9% + SGST @9%) (B)	:	:	0.00
			Total with GST(B)	:	:	0.00
Section C			Section D			
MS Services(O)	:	374.58	Drive Assure	:	:	
MS Services(D)	:	0.00	AHDC	:	:	311.18
MS Services(P)	:	0.00	DOC	:	:	
GST (CGST @9% + SGST @9%)	:	67.42	Additional External Tyre Cover(AFTC)	:	:	0.00
Total MS Services with GST(C)	:	442.00	Other Discount	:	:	
			GST (CGST @9% + SGST @9%)	:	:	56.01
			Total with GST(D)	:	:	367.19
Total (Section A+B+C+D)			Total Offered Price After Discount			1799



Package Period Covered	2026-01-28 To 2027-01-27	2027-01-28 To 2028-01-27	2028-01-28 To 2029-01-27	2029-01-28 To 2030-01-27	2030-01-28 To 2031-01-27
ADV	64000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2030-01-27 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

LIMITATIONS AS TO USE: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including 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 Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF LIABILITY: Limit of the amount of the Companys liability under the Section II-I(i) in respect of any one accident as per M.V. Act 1988. Limit of the amount of the Companys liability under Section II-I(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in policy document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The policy stands cancelled or void in the event of Cheque Dishonored. The company may cancel the policy by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the insured.

ANTI MONEY LAUNDERING CLAUSE: In the event of a claim under the policy exceeding Rs 1Lakh or a claim for refund of premium exceeding Rs 1Lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

TO REGISTER CLAIM PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643 email id: info@motorsathi.com



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 Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY
 I/We certify that the acknowledgement to which the certificate relates as well the certificate of insurance are issued in accordance with these provisions of Section 147 of M.V. Act 1988



#: Received with Thanks Rs 1798.77 ON 2026-01-25 from Mr./Ms. MOHD TAUFEEQUE RAZA against the ARN No. INCP00569966
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI
FORM 23
CERTIFICATE OF REGISTRATION

Registration No : UP31CJ9853
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , 153-262701
Owner Name : MOHD TAUFEEQUE RAZA Son/wife/daughter of : SRI MUNSHER ALI
Full Address: (Permanent) : VILL- KAKARPITTA, PO- PHOOL BEHAR, PS- PHOOL BEHAR, KHERI, UTTAR PRADESH-262701
Full Address: (Temporary) : VILL- KAKARPITTA, PO- PHOOL BEHAR, PS- PHOOL BEHAR, KHERI-UTTAR PRADESH-262701
Fitness UpTo : 28-Jan-2040
Owner Serial No : 1
Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA1038955825
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11E8RHL74029
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ (DRS)
Seating Cap(In all) : 2
Sleepar Cap : 0
Colour : BLACK GREY STRIPE
Other Criteria :
Vehicle Purchase As : Fully Built
Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA2120643864
Month/Year of Manuf. : 11/2024
Chassis No : MBLHAW23XRHLC2312
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1236
Standing Cap : 0
Unladen Wt (kgs) : 109
Laden/GV Wt (kgs) : 239
AC Fitted : NO

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 : 28-Jan-2025
OTT Date : 28-Jan-2025
Vehicle is Govt./ Pvt. : PRIVATE
Date of Approval : 05-Feb-2025
Sale Amt : 77027/-
Amount/Rcpt No : 7703 / UP31D25010004286
Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

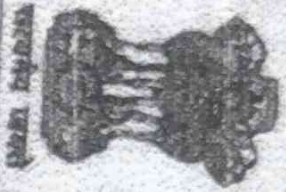
Previous Owner :
Old State :
Transfer Date :
Previous RegNo :
Entry Date :
Conversion Date :

This certificate is valid from 29-Jan-2025 to 28-Jan-2040

Date : 20-Feb-2025 10:13:18

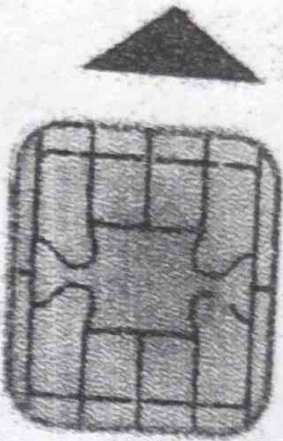
Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी
साधन वाहन विभाग
Signature of Registering Authority
Date : 20-Feb-2025



Indian Union Driving Licence
Issued by Uttar Pradesh

UP31 202220009877



Issue Date **06-10-2022** Validity (NT) **04-01-2040** Validity (TR) **_____**



(06-10-2022)

Name: **MOHD TAUFEEQUE RAZA**

Date of Birth: **05-01-2000** Blood Group: _____

Son/Daughter/Wife of: **MUNSER**

Organ Donor: **N**

Address:

**kakarpipta Phod Behar Kheri Uttar
Pradesh 262701**

Holder's Signature

Date of First Issue

DL No: UP31 20220009877

UPDL 000009422904



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	LMV	UP31	06-10-2022	NT			
		UP31	06-10-2022	NT			
MVSD							

Emergency Contact Number


Issuing Authority
UP31 LAKHIMPUR KHERRA



भारत सरकार
Government of India



मो0 तौफीक़ रज़ा
Mohd Taufeeque Raza
जन्म तिथि/DOB: 05/01/2000
पुरुष/ MALE

2421 8867 7267

VID : 9130 7964 3976 5427

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



पता:
द्वारा: मुन्शेर अली, ककरपिट्टा, पोस्ट फूल बेहड, फूल
बहार, खीरी,
उत्तर प्रदेश - 262701

Address:
C/O: Munsher Ali, Kakarpitta, Post Phool
Behar, Phool Behar, Kheri,
Uttar Pradesh - 262701



2421 8867 7267