

**NEW YORK STATE** USA **NOT FOR FEDERAL PURPOSES**  
**DRIVER LICENSE**  
 ID **707 320 555** Class **E**  
**SINGH**  
**GURWINDER**  
 882 N FLETCHER AVE  
 VALLEY STREAM, NY 11580  
 TEMP. VISITOR Expires 08/08/2019  
 Sex M Height 5'-07" Eyes BLK  
 DOB **09/25/1990**  
 Expires **09/25/2022**  
 E NONE  
 RA1  
 Issued **01/26/2018**

*Gur Singh*  
 SEP 90

S.S. 870 - 89 - 8044.

**FRONT - SEE BACK!**

**Keep this document to show to the police and courts.**



MV-639TR (1/15) **NEW YORK STATE REGISTRATION DOCUMENT**



G PAS  
 HZJ9284  
 2017 TOYOT NONTRANSFERABLE  
 4DSD GY 4T1BF1FK7HU311477  
 003175 G 4 HB904512 MAY 22 2018  
 Wt/Seats Fuel/Cyl TWH AHYCED

Expires 05/21/20

SINGH, GURWINDER  
 882 N FLETCHER AVE  
 VALLEY STREAM NY 11580  
 \*NYMA\*  
 26.00

ANNUAL CHG  
 AMT PAID (INCL. ADD CHG)

HB904512 VOID IF ALTERED EXCEPT FOR ADDRESS 212.00



05/21/20

17  
**20**





# HEREFORD INSURANCE COMPANY

36-01 43RD AVENUE LONG ISLAND CITY, NY 11101

Tel : (718) 361-9191, Fax : (718) 937-6125

POLICY NO :	CAPD001093-1
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NAMED INSURED AND ADDRESS	PRODUCER NAME AND ADDRESS
GURWINDER SINGH 882 N FLETCHER AVE VALLEY STREAM , NEW YORK 11580 gs244230@gmail.com	K.S. BILLING & ASSOCIATES INC 118-12 ATLANTIC AVENUE RICHMOND HILL, NEW YORK 11419

POLICY PERIOD	Effective : 06/08/2019 (12:01 AM) Expires : 06/08/2020 (12:01 AM)	Endorsement Effective Date : 06/08/2019
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UNIT#	MODEL YEAR	MAKE	IDENTIFICATION NUMBER	CLASS	TERR	VEHICLE COST	START DATE	END DATE
1	2017	TOYOTA	4T1BF1FK7HU311477		7	14,303.40	06/08/2019	06/08/2020

DRIVER 1: GURWINDER SINGH

Lein Holder 1: TD AUTO FINANCE LLC  
PO BOX 675  
WILMINGTON, OHIO 45177

COVERAGES	SYMBOL	LIMITS OF LIABILITY	PREMIUM
BODILY INJURY LIABILITY		EACH PERSON	
		EACH ACCIDENT	
PROPERTY DAMAGE LIABILITY		EACH ACCIDENT	
UNINSURED MOTORIST		EACH PERSON	
		EACH ACCIDENT	
SUPPLEMENTARY UNINSURED/UNDERINSURED MOTORIST		EACH PERSON	
		EACH ACCIDENT	

PERSONAL INJURY PROTECTION		COVERAGE LIMITS	PREMIUM
MANDATORY PERSONAL INJURY PROTECTION			
OPTIONAL BASIC ECONOMIC LOSS			
ADDITIONAL PERSONAL INJURY PROTECTION			
AGGREGATE NO FAULT			
MAXIMUM MONTHLY WORK LOSS BENEFIT			
DEATH BENEFIT			
OTHER NECESSARY EXPENSES(PER DAY)			

**Keep this document to show to the police and courts.**

MV-639CR (2/18) NEW YORK STATE REGISTRATION DOCUMENT



G OMT

T778185C

2017 TOYOT NONTRANSFERABLE

4DSD GY 4T1BF1FK7HU311477

Wt/Seats 5 G 4 853C25A9 MAY 04 2019  
Fuel/Cyl WEB WEBCDA

Expires 05/31/20

SINGH, GURWINDER

\*NYMA\*

882 N FLETCHER AVE

31.75

VALLEY STREAM NY 11580 ANNUAL CHG

AMT PAID (INCL ADD CHG)

003500DP VOID IF ALTERED EXCEPT FOR ADDRESS

496.75

