

THE UNION OF INDIA MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No :MH-1220050000188 ID:12-12-2005

Valid Till: 11-12-2025 (Non Trans)

(Inv Crg)

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA COV ID MCWG 12-12-2005



Badge1: BG: Not DOB : 12-05-1986

Name POOJA M PALANDE S/D/W of MILIND PALANDE

Add S NO . 32/14 A/3 , AMBEGAON BK ,

BHARTI VIDYAPEETH BACKSIDE,

PUNE.

Signature & ID of Issuing Authority: MH-1220051



Signature/Thumb Impression of Holder



ANDHRA PRADESH TRANSPORT DEPARTMENT CERTIFICATE OF REGISTRATION

Regn. Number: AP09CP0070

Regd. Owner : OOIOEE OOOIEE

OOIOEE OOOIEE

Address : 6-6-66, TOWERS ETOWERS

TOWERS, FLAT 000.

AMEERPET, HYDER

Maker's Class: FORD FIESTA 1.6

Vehicle Class: MOTOR CAR

Mth. Yr. of Mfg: 0/0000

Fuel Used : PETROL

Type of Body : SALOON







Claim form for Motor Vehicle

(TO BE FILLED BY OWNER OF VEHICLE)

(The issue of this form is not to be taken as an admission of liability please answer all questions fully)

For claim Number please call on Toll Free Number 1800-209-8888

INFORMATION ABOUT INSURED :POLICY / COVER NOTE NOCLAIM NO					
Name _ _ _ _ _ _ _ _	_ _ _ _	_ _	_ _ _ _ _	_ _ _ _ _	
Correspondence Address _ _ _	_ _ _ _	_[_	_ _ _ _ .	_ _ _ .	
Res. Tel. No. _ _		1_	Off. Tel. No.		
	Number & En	nail	Note: Service	r the Insurer to keep	the customer informed about claim process)
2005-470-03-674-704 5-1 8/20 4-1 40 40 14 14 14 14 14 14 14 14 14 14 14 14 14	Mail Id	160	25599 Control second	POR Section and an experience of the section of the	SSE TO THE CONTROL OF THE PROPERTY OF THE CONTROL OF THE PROPERTY OF THE CONTROL
Average yearly income	□ <3 lac		3 lac to 5 lac	☐ 5 lac to 10 lac	☐ 10 lac to 20 lac ☐ >20 lac
Occupation	☐ Service		Marketing	■ Non Marketing	☐ Business ☐ Others
No. of members there in your Family	□ <2		2-4	□ 4-8	□ >8
How many of them are above 18	□ <2		2-4	□ 4-8	□ >8
How many of them drive the vehicle	508 - FANZ	Crea.	\$735000	77 - 305 Politics	57 NS502
How many vehicle do you have			2	□ >2	
Average kms run in year	□ <5000		5000-10000	□ 10000-20000	□ >20000
30	500			□ 2	□ 3 or more
Usage	5776	0.00	Business (withi		☐ Business (Outside city)
Antitheft Device in the Vehicle	□ None		939 (930)	☐ Gear Lock	☐ Tracking Device
3000000 (10000 - 10000 (10000 100000 100000 10000 100000 10000 10000 10000 10000 10000 10000 10000 10000 10000 10000 100	5950	_	7.00000	Benjadis under	USA AUDASSOSSON Parameter concern
INFORMATION ABOUT INSURED VEHICLE	755	100			
Registration No. _ _ _ _ _ _	_ Make	1.000	_ _ _ _ _	_ Model _	_ _ _
Date of Registration _ / /	_ Mile	eage	10 00 997 10 00		_ _ _ kms
Chassis No. _ _ _ _ _	_ _ _ _	_1.		Engine No. _ _	_ _ _ _ _
Class of Vehicle	☐ Comme	erci	al 🗆	Two Wheeler	
Hypothecation / Hire purchase agreement		_			
DETAILS ABOUT THE DRIVER (At time of acc	cident)				
Name _ _ _ _	_ _ _		_ _ _ _ _/	<u> _ _ _ _ </u>	
Correspondence Address _ _ _	_ _ _	_1	_ _ _	_ _ _ _	
	_ _ _ _	_ _	_ _ _ _	_ _ _ _ _	
Driver is Owner Daid drive	er 🛭 Rel	lativ	e/Friend If pai	d driver, how long h	as he been in your employment?yrs.
Was he under the influence of intoxicating liqu	uor or drugs?			Yes □ No	
Driving license number _ _ _ _		_1.	_ _ _ _	Issuing au	thority
Date of expiry $ \underline{D} \underline{D} / \underline{M} \underline{M} / \underline{Y} \underline{Y} \underline{Y} \underline{Y}$	A T				
Driving license type ☐ HGV	□ LC	:V	■b∟	_MV □ Mot	tor Cycle
Details of endorsements, suspension if any					
Was the license temporary? ☐ Yes	s 🗆 No)		etails of endorseme	ents, suspension if any
DETAILS OF ACCIDENT :		_			
AART 2000 AS 5000 SOVE WOOD SOVE W	Time H H	· 17	<u>M</u> <u>M</u> am/pm		
Exact location of accident (Address / Spot					
Exact location of accident (tallets / 57-1-	JI Accident	his.	diuman,		
Give brief description of the accident					
- Clive brief description					
		_			
Was any third party responsible / liable for		?	☐ Yes	□ No	
If yes, please provide a copy of FIR Details					