

M.B.MOTORS
 KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP,
 INDIA
 State Code: 9 Contact: 0551-2503403, , 5512500160 ,
 GSTIN No: 09AAKFM8861B1Z1
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10515-03-REST-1225-124	Date	14-12-2025
Customer Name	SUDHAKAR BHARTI	Contact No.	8840649154
VIN	MBLHAW216RHL13920	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP53FD8198
HMCGL Card No	1051525550000082	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAEB00SS -FRONT VISOR BLACK NH-1 (TYPE-1)	87141090	Paid	831.36	1	9.00	9.00	0.00	0.00	0.00	0.00	981.00
2	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
3	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
4	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
5	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
8	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	478.81	1	9.00	9.00	0.00	0.00	0.00	0.00	565.00
9	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
10	17520AAEB00SS -FUEL TANK BLACK NH-1 (TYPE-1)	87141090	Paid	4,687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	5,531.00
11	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
12	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
Parts Total											0.00	12,880.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	1,000.00	9.00	9.00	0.00	0.00	0.00	0.00	1,180.00	
Jobs Total											0.00	1,180.00

Parts Total	12,880.00
Labour Total	1,180.00
SGST (Parts) 9%	982.37
CGST (Parts) 9%	982.37
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
Total	14,060.00

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस 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.	SUDHAKAR BHARTI 8840649154
2	Vehicle No. / वाहन संख्या	UP53 FD 8198
3	Policy No. / पालिसी संख्या	25200/31/2025/73165
4	Period of Insurance / बीमा अवधि	18/12/2024 to 17/12/2025
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/12/2025 8:30 P.M
6	Place of Accident / दुर्घटना का स्थान	घोष कम्पनी चौक, गोरखपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sudhakar Bharti UP5320210028887
8	Estimated Loss / अनुमानित हानि	14060
09.	Cause of Accident / दुर्घटना का कारण : दिनांक 7/12/2025 को समय रात्रि 8:30 बजे अपने घर से निकलकर घोष कम्पनी चौक के तरफ अपने व्यक्ति से परिवार के साथ अपने कार से जा रहा था कि पीछे से सड़क सिद्ध वाहन गाडी सालक लापरवाही पूर्वक लेन रफ्तार से चलाकर उस से पीछे से मरी गाडी पर ठोकर मारकर भाग /	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M. B. MOTORS 8818237680

Date / दिनांक : 14/12/2025
हस्ताक्षर
Sudhakar Bharti

Signature of Insured / बीमाधारक के
Sudhakar Bharti



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. 952400/31/2025/78165

Tel. No. _____

Period of Insurance 18/12/2024 to 17/12/2025
 Claim No. _____

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

I. INSURED

(a) Name : Sudhakar Bhandi
 (b) Address for correspondence : Mawatipur Gorakhpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2024</u>	Engine No. Chassis No. <u>18920</u>	Registration No. <u>UP53EP</u> <u>8198</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
 (c) Was trailer attached? _____
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached? N/A
 2. Was a pillion rider carried? A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 11
 (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 : A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Sudhakar Bhardi
 (b) Age : 37 years
 (c) Address : 610/20 Kirti Nagar
 (d) Is the Driver
 1. Owner : owner
 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 : UP5320210023837
 (h) Issuing Authority : R.T.O. GMP
 (i) Date of Expiry : 30/09/2031
 (j) Was the licence temporary/permanent : permanent
 (k) Details of endorsement/suspension, if any :
 (l) Has he been involved in any accident before?:
 (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 : 07/12/2025 8:30 P.M
 (b) Place : एनएच 100 का बस स्टॉप रोड
 (c) Speed of vehicle at the time of accident :
 (d) Give a short description of the accident : घर से चार पहिये वाहन में बस का चार पहिये
 (e) If any third party was responsible for this accident give the name and address : चार पहिये

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage :
 (b) Estimated cost of repairs : 12060
 (c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : SN
 (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 : A
 (f) Has notice of any claim been given to you? :

(a) Was driver or occupant injured? _____
(b) If so, give full details _____

9. WITNESS

(a) Give names and addresses of passengers or other witnesses, 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 Day 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 full accident shall be forfeited.

Date 19/12/2020

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. _____ 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 *Sudhakar Bhatia*
Occupation
Address
.....
.....
Bank Account Number
Name of the Bank

Handwritten notes at the top of the page, possibly a title or introductory sentence.

Handwritten notes in the upper middle section, appearing as a list or series of points.

Handwritten notes in the middle section, possibly a sub-heading or a specific point.

Handwritten notes in the lower middle section, continuing the list or points.

Handwritten notes in the lower section, possibly a conclusion or summary.

Handwritten notes at the bottom of the page, possibly a final note or signature.

(b) Information received at P.S. (थाना जहां सूचना प्राप्त हुई):

Date 13/12/2025 Time (समय): 08:28 बजे
(दिनांक):

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. 008 Date & Time 13/12/2025 08:28 बजे
(प्रविष्टि सं.): (दिनांक और समय):

4. Type of Information (सूचना का प्रकार): लिखित

5. Place of Occurrence (घटनास्थल):

Direction and distance from P.S. Beat No.
1. (a) (थाना से दूरी और दिशा): पूर्व, 1 किमी (बीट सं.):
(b) Address घोष कम्पनी चौराहा
(पता):

(c) In case, outside the limit of this Police Station, then
(यदि थाना सीमा के बाहर है तो):

Name of P.S. District(State)
(थाना का नाम): (ज़िला (राज्य)):

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):

(a) Name (नाम): सुधाकर भारती

(b) Father's Name (पिता का नाम): राजेन्द्र प्रसाद

(c) Date/Year of Birth (जन्म तिथि / वर्ष):

(d) Nationality (राष्ट्रीयता): भारत

(e) UID No. (यूआईडी सं.):

(f) Passport No. (पासपोर्ट सं.):

Date of Issue (जारी करने की तिथि):

Place of Issue (जारी करने का स्थान):

(g) Id details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)

S.No. (क्र.सं.)	Id Type (पहचान पत्र का प्रकार)	Id Number (पहचान संख्या)
1		

(h) Address (पता):

S.No. (क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	मेवातीपुर, कोतवाली, गोरखपुर, उत्तर प्रदेश, भारत
2	स्थायी पता	मेवातीपुर, कोतवाली, गोरखपुर, उत्तर प्रदेश, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-8840649154

7. Details of known/suspected/unknown accused with full particulars

(ज्ञात / संदिग्ध / अज्ञात अभियुक्त का पूरे विवरण सहित वर्णन):

Accused More Than (अज्ञात आरोपी एक से अधिक हों तो संख्या):

S.No. (क्र.सं.)	Name (नाम)	Alias (उपनाम)	Relative's Name (रिश्तेदार का नाम)	Present Address (वर्तमान पता)
1	अज्ञात चार पहिया वाहन का चालक नाम पता अज्ञात			1. अज्ञात, गोरखपुर, उत्तर प्रदेश, भारत

8. Reasons for delay in reporting by the complainant/informant
(शिकायतकर्ता / सूचनाकर्ता द्वारा रिपोर्ट देरी से दर्ज कराने के कारण):

9. Particulars of properties of interest (संबन्धित सम्पत्ति का विवरण):

S.No. (क्र.सं.)	Property Category (संपत्ति श्रेणी)	Property Type (सम्पत्ति का प्रकार)	Description (विवरण)	Value (In Rs/-) (मूल्य (रु में))
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10. Total value of property (In Rs/-)-सम्पत्ति का कुल मूल्य(रु)

11. Inquest Report / U.D. case No., if any (मृत्यु समीक्षा रिपोर्ट / यू.डी. प्रकरण सं., यदि कोई हो):

S.No.	UIDB Number
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12. First Information contents (प्रथम सूचना तथ्य):

सेवा मे, श्रीमान थानाध्यक्ष महोदय थाना कोतवाली, जनपद गोरखपुर। महोदय, निवेदन है कि प्रार्थी सुधाकर भारती पुत्र राजेन्द्र प्रसाद निवासी मु0 मेवातीपुर थाना कोतवाली जिला गोरखपुर का है। प्रार्थी दिनांक- 07/12/2025 को समय लगभग रात्री 08.30 बजे अपने घर से निकलकर घोस कम्पनी चौराहे के तरफ अपने वाईक से परिवार के साथ अपने साइड से जा रहे थे कि पीछे से चार पहिया वाहन गाडी का चालक (गाडी का नम्बर अज्ञात व चालक का नाम व पता अज्ञात) लापरवाही पूर्वक तेज रफतार से चलाते हुए लाकर प्रार्थी के गाडी(मोटरसाइकिल नम्बर UP53FD8198 को पीछे से ठोकर मारकर भाग गया। उक्त दुर्घटना मे प्रार्थी की पुत्री उम्र 8 वर्ष के पैर मे गम्भीर छोट आया है व प्रार्थी व प्रार्थी की पत्नी सरिता देवी को गम्भीर चोटे आयी है। प्रार्थी की गाडी भी डैमेज हो गया है। ऐसी स्थिति मे वाहन चालक की सी0सी0टी0बी0 फूटेज निकालकर उसके खिलाफ एफ0आई0आर0 दर्ज कर आवश्यक कानूनी कार्यवाही किया जाना आवश्यक एवं न्यायसंगत है। अतः आप श्रीमा जी से प्रार्थना है कि उपरोक्त वाहन चालक के खिलाफ एफ0आई0आर0 दर्ज कर कानूनी कार्यवाही करने की कृपा करे। दिनांक 08/12/2025 प्रार्थी हस्ताक्षर Sudhakar Bharti (सुधाकर भारती) पुत्र राजेन्द्र प्रसाद निवासी मु0 मेवातीपुर थाना कोतवाली जिला गोरखपुर मो0नं0 -8840649154 नोट तहरीर की नकल की गयी।

N.C.R.B (एन.सी.आर.बी)

I.I.F.-I (एकीकृत जाँच फार्म -I)

13. Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2.

(की गयी कार्यवाही : चूंकि उपरोक्त जानकारी से पता चलता है कि अपराध करने का तरीका मद सं. 2 में उल्लेख धारा के तहत है ||)

(1) Registered the case and took up the investigation: (प्रकरण दर्ज किया गया और जांच के लिए लिया गया):

or
(या)

(2) Directed (Name of I.O.) lal ji gond (जांच अधिकारी का नाम):

Rank SI (Sub-Inspector)
(पद):

No. 0231046323 to take up the Investigation
(सं.): (को जांच अपने पास में लेने के लिए निर्देश दिया गया) or (या)

(3) Refused investigation due to (जांच के लिए):

or (के कारण इंकार किया या)

(4) Transferred to P.S.
(थाना):

District
(ज़िला):

on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित).

F.I.R. read over to the complainant / informant, admitted to be correctly recorded and a copy given to the complainant / informant free of cost
(शिकायतकर्ता / सूचनाकर्ता को प्राथमिकी पढ़ कर सुनाई गयी, सही दर्ज एक कॉपी निशुल्क शिकायतकर्ता को दी गयी ||)

R.O.A.C.(आर. ओ .ए .सी.)





श्री, अग्नि, जल, आकाश, सब की सुरक्षा हमारे पास

PRITHVI, AGNI, JAL, AAKASH, SUBHAKSHAMAMARE PASS

रिपब्लिकन ऑरिएंटल इन्सुरेंस कम्पनी लिमिटेड



THE ORIENTAL INSURANCE COMPANY LIMITED

(भारत सरकार का उपक्रम) पोर्स
U66010DL1947GOI007158

(Govt. of India Undertaking)
U66010DL1947GOI007158

TAX INVOICE/CERTIFICATE OF POLICY SCHEDULE

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA NEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Table with 2 columns: Policy Type, Policy No, Agent/Broker Code, Agent/Broker Name, Insured Name, Insured Address, Policy Issued On, Proposal No. & Date, Policy Period (OWN DAMAGE), Policy Period (LIABILITY), Lead/Breakin No, Insured State

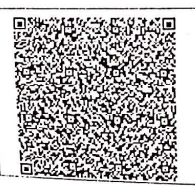
Table with 2 columns: INSURED MOTOR VEHICLE DETAILS (Make, Model & Variant, Registration No, Year Of Manufacture, Engine - Chassis No, Cubic Capacity, Seating Capacity, Type Of Body, RTO Location) and INSURED DECLARED VALUE (IDV) (In Rs.) (Vehicle, Electrical Accessories, Non Electrical Accessories, Total IDV, TMF CONTRACT NO, Policy Type, Geographical Area)

Table with 2 columns: OWN DAMAGE SECTION(A) (Vehicle, Elec Accessories, Non-Elec Accessories, Basic Premium, Geographical Area Extn (IMT-1), Driving Tuition Loading On OD Premium (60%), Sub-Total Additions, Deductibles, Voluntary Deductibles (IMT 22A), Anti-Theft Device (IMT-10), AAI Membership (IMT-8), No Claim Bonus, Discount for vehicle designed for handicapped, STP Discount, Sub-Total Deductibles, Add-On Coverages, NIL Depreciation, Return to Invoice, Key Replacement, Consumables, Sub Total Add-on Coverages, Net own Damage Premium(A)) and LIABILITY SECTION (B) (Basic Third Party Liability, Compulsary PA Cover Premium, PA Cover for 0 Person Of Rs (0) each (IMT-16), Legal Liability (WC) to driver (IMT-28), Legal Liability to Employees (IMT-29), Legal Liability to Passenger (IMT-46), Driving Tuition Loading On TP Premium (60%), PA Paid Driver, Conductor, Cleaner-GR36B3, Net Liability Premium (B), Total Premium (A+B), GST, SERVICE TAX, STAMP DUTY, Swachh Bharat Cess@0.50%, Krishi Kalyan Cess@0.50%, Gross Premium Paid)

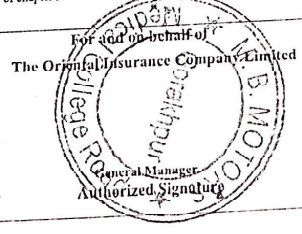
Table with 2 columns: Nominee Details (Nominee Name, Age, Relation, Amount) and Payment Details (Payment Method, Cheque No./Transaction No., Bank Name, POS ID, POS PAN NO/Aadhar No, NA)

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1lac, 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 disbursement of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception). Claims is not admissible if driving License is found fake 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/have herein to set his/their hands at 252400 on 18-DEC-24

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 use: 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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. Limits of Liability Clause: Under section II-1 (1) of the policy - Death of or body injury, Such amount is necessary to meet the 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 3 years (3), 25 per cent. The preceding year/20%, preceding two consecutive years/25%, preceding three consecutive years/35%, preceding five 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 : 255092
Approved On : 18-DEC-24
Place : MRT
Printed On : 18 DEC 24



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FD8198
Description of Vehicle : M-CYCLE/SCOOTER
Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004
Owner Name : SUDHAKAR BHARTI
Full Address: (Permanent) : 144 MEWATIPUR GORAKHPUR BEHIND, CHHOTI JAIL, , GORAKHPUR, UTTAR PRADESH-273001
Full Address: (Temporary) : 144 MEWATIPUR GORAKHPUR BEHIND, CHHOTI JAIL, , GORAKHPUR-UTTAR PRADESH-273001

Fitness Up To : 19-Dec-2039
Owner Serial No : 1

Detailed Description
Class of Vehicle : M-CYCLE/SCOOTER
Ownership : INDIVIDUAL
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2118646845
Type of Body : SOLO WITH PILLION
No of Cylinders : 1
Engine No : HA11E7RHL23538
Horse Power(BHP) : 7.91
Maker's Classification : SPLENDOR+ XTEC (DRS)
Seating Cap(in all) : 2
Sleepar Cap : 0
Colour : BLACK TORNADO GREY
Other Criteria :
Vehicle Purchase As : Fully Built

Link Vehicle No :
Norms : BHARAT STAGE VI
Rear HSRP No : AA1038675992
Month/Year of Manuf. : 11/2024
Chassis No : MBLHAW216RHL13920
Fuel : PETROL
Cubic Capacity : 97.20
Wheel base : 1235
Standing Cap : 0
Unladen Wt (kgs) : 112
Laden/GV Wt (kgs) : 242
AC Fitted : NO

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

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

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

Purchase dt : 17-Dec-2024
Sale Amt : 81101/-
OTT Date : 17-Dec-2024
Amount/Rcpt No : 8111 / UP53D24120006064
Vehicle is Govt./ Pvt. : PRIVATE
Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 16-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 20-Dec-2024 to 19-Dec-2039

Date : 20-Feb-2025 17:31:20

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Authority
गोरखपुर (उ०प्र०)
Date : 20-Feb-2025

Q 1889264

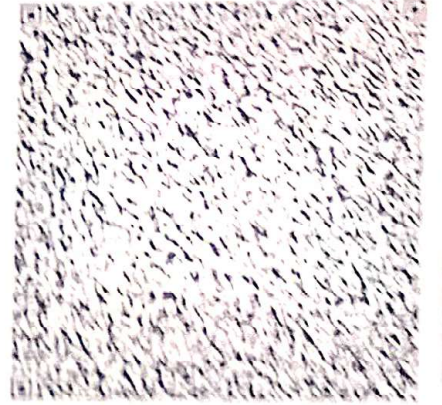
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
BVXPB5195A



नाम / Name
SUDHAKAR BHARTI

पिता का नाम / Father's Name
RAJENDRA PRASAD

जन्म की तारीख
Date of Birth
02/06/1988

Sudhakar Bharti
हस्ताक्षर / Signature

13102020



भारत सरकार
GOVERNMENT OF INDIA



सुधाकर भारती
Sudhakar Bharti
जन्म तिथि/ DOB: 02/05/1988
पुरुष / MALE



6288 1662 5531

आधार-आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

Address:

आत्मज: राजेन्द्र प्रसाद, 144, S/O: Rajendra Prasad, 144,
मेवातीपुर, छोटी जेल के Mewatipur, Behind Chhoti Jail,
पीछे, गोरखपुर, गोरखपुर, Gorakhpur, Gorakhpur,
उत्तर प्रदेश - 273001 Uttar Pradesh - 273001

6288 1662 5531

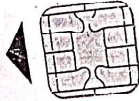
Aadhaar-Aam Admi ka Adhikar



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20210023837



Issue Date: 01-10-2021
 Validity (NT): 30-09-2031

Validity (TR)*



(01-10-2021)

Holder's Signature

Organ Donor: N

Name: **SUDHAKAR BHARTI**
 Date of Birth: 02-05-1988 Blood Group:
 Son/Daughter/Wife of: **RAJENDRA PRASAD**

Address:
 HNO- 144 MEWATIPUR BEHIND CHHOTI JAIL PS
 KOTWALI GORAKHPUR, UP 273001

Date of First Issue

DL No: **UP53 20210023837**

UPDL000006495385



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	01-10-2021	NT			
	LMV	UP53	01-10-2021	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority
 UP53 GORAKHPUR