

कृपया
लाइसेन्स नं०
नोट कर लें

FORM 6

[See Rule 16(1)]

FORM OF DRIVING LICENCE



Licensing Authority
Motor Vehicle Department
Goregaon

Name of the licence holder S. Sunil Kumar

Son/wife/daughter of S. Ram Nawal

Name to be written across the photograph.....

(Part of the seal and signature of the licensing authority to be on the photograph and part of the driving licence.)

Specimen signature/thumb impression of the holder of the licence.

Signature and designation of the Licensing authority.

D. L. No.

5	3	1	0	0	2	2	0	1	4
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Date of issue

1	6	0	8	2	0	1	0
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Name S. Sunil Kumar

Son/wife/daughter of S. Ram Nawal

Citizenship.....

Temp-address/official address (if any).....

Permanent address Ganga Bibra Khajari Gandhinagar

Date of birth 10/11/85

Educational qualification..... Blood group-RH factor.....

The holder of this license to drive throughout India vehicles of the following description:

Motor cycle without gear

Motor cycle with gear

Light motor vehicle

Invalid carriage

Transport vehicle

Road roller

Motor vehicles of a specified description, namely :-


The Licence to drive a motor vehicle other than transport vehicle is valid

from 16/01/2010 to 15/01/2030

The Licence to drive Transport vehicle is valid

from..... to.....

Name and designation of the authority who conducted the driving test.....


Signature of the Licensing Authority
Motor Vehicle Department
(G.P.)

Authorisation to drive transport vehicle

Number..... Date..... Badge
Authorised to drive transport vehicle with effect from.....
Number.....

Signature.....
designated of the Licensing Authority
Name and designation of the Authority who conducted the driving test.

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ0338 Registration Date : 22-May-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , 188-273010
 Owner Name : SUNIL KUMAR Son/wife/daughter of : RAM NAWAL
 Full Address: (Permanent) : VILL-GANGA PIPRA, PO-HARDICHAK, , GORAKHPUR, UTTAR PRADESH-273406
 Full Address: (Temporary) : VILL-GANGA PIPRA, PO-HARDICHAK, , GORAKHPUR-UTTAR PRADESH-273406
 Fitness UpTo : 21-May-2040 Owner Serial No : 1
Detailed Description
 Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1042675489 Rear HSRP No : AA2124898302
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 01/2025
 No of Cylinders : 1 Chassis No : MBLJAW400S9A06168
 Engine No : JA07AMS9A07365 Fuel : PETROL
 Horse Power(BHP) : 10.72 Cubic Capacity : 124.70
 Maker's Classification : SUPER SPLENDOR XTEC D Wheel base : 1267
 R
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 122
 Colour : BLACK Laden/GV Wt (kgs) : 252
 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 : 18-May-2025 Sale Amt : 82461/-
 OTT Date : 18-May-2025 Amount/Rcpt No : 8247 / UP53D25050008334
 Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 30-May-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 22-May-2025 to 21-May-2040

Date : 10-Jun-2025 18:01:16

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Signature of Registering Authority
 Date : 10-Jun-2025

Q 3112679

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इन्शोरेंस 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.	सुनील कुमार - 7753852613
2	Vehicle No. / वाहन संख्या	UP53FJ0338
3	Policy No. / पालिसी संख्या	252400/31/2026/14970
4	Period of Insurance / बीमा अवधि	17/05/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	31/12/25 सांय 4 बजे
6	Place of Accident / दुर्घटना का स्थान	हरदीचक
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सुनील कुमार - 7753852613 5310022014
8	Estimated Loss / अनुमानित हानि	6200
09.	Cause of Accident / दुर्घटना का कारण	बार्किंग लेकर कुछ सामान लाने के लिए मॉर्केट जा रहे थे हरदीचक मोड़ पर मुझे सामने से भा रहे पलसर वाले ने शेरार मार दिया शरार शरार में जिससे बार्किंग लेकर मैं गिर गया और बार्किंग में नुकसान हो गया।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नही
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हरी बैलघाट 7266828275

Date / दिनांक : 01/01/26

हस्ताक्षर

Signature of Insured / बीमाधारक के

सुनील कुमार

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sunil Kumar
 (b) Age : 40
 (c) Address : Cranga piper, Hardichak, Gorakhpur, 273106
 (d) Is the Driver
 1. Owner : Owner
 2. paid driver? : X
 3. Owner's relative or friend? : X
 (e) If paid driver, how long has he been in your employment : X
 (f) Was he under the influence of intoxication Liquor or drugs? : X
 (g) Driving Licence Number : S210 022 014
 (h) Issuing Authority : _____
 (i) Date of Expiry : 15/08/2030
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : NA
 (l) Has he been involved in any accident before? : N.A
 (m) Has he been charged by the policy? If so, Why? : N.A

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 31/12/25 9:00 PM
 (b) Place : Hardichak
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : आमनेका 21 हा पल्लर वाले मार हातीचा गिरावला व मार झाला
 (e) If any third party was responsible for this accident give the name and address : N.A

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : visor, Pannal, Front wind screen, Headlight, etc
 (b) Estimated cost of repairs : 6200
 (c) When and where can the damaged vehicle be inspected : N.A

7. THIRD PARTY INJURY/PROPERTY DAMAGE

- (a) Name : N.A
 (b) Address : N.A
 (c) Full Details of personal injury sustained : N.A
 (d) Name and address of any person/hospital giving medical attention to injured person : N.A
 (e) Full details of property damaged : N.A
 (f) Has notice of any claim been given to you? : N.A

Space for addition of other classes of vehicles

Number.....

Date.....

Also Authorised to drive the following class or description of motor vehicles :
Name and designation of the authority who conducted the driving test.

Signature and designation of Licensing Authority

Date.....

Space for renewal of driving licence

The licence to drive a motor vehicle is hereby renewed

from.....to.....

Signature of Licensing Authority

from.....to.....

Signature of Licensing Authority

from.....to.....

Signature of Licensing Authority

Space for endorsement by Court

Date	Section and Rule	Fine or other punishment	Signature of the Endorsing Authority
1	2	3	4

Space for endorsement by Licensing Authority

Date	Proceeding number and date	Disqualification period From.....to.....	Signature of Licensing Authority
1	2	3	4



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. 252400/31/2026/19970

Tel. No. _____

Period of Insurance 17/05/2026

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 : Sybil Kumar
 (b) Address for correspondence : _____
 (c) Telephone : 992911029, Handichak, Gorakhpur, 273406

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>JMO7AH59A07365</u> Chassis No. <u>MBWAW40059A06168</u>	Registration No. <u>UP53FJ0338</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? Yes
 (d) If a Motor Cycle/scooter
 1. Was a side-car attached N.A
 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 : N.A
 (b) Unladen Weight : N.A
 (c) Weight of goods carried/Load Challan No. : N.A
 (d) Nature of permit : N.A
 (e) Nature of goods carried : N.A
 (f) Was the vehicle plying for hire : N.A
 (g) If Lorry/Jeep/Tractor, was trailer attached? : N.A
 (h) Number of passengers carried : N.A
 (i) Number of Passenger permitted : N.A

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. UP33FJ0338 insured under Policy No. 14970 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 N.S.A.
Address

Signature सुनील कुमार
Occupation Employee
Address Q. No. 29, Pipra, Hardichak
Chowk, Pipra
273406

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(b) If yes, give full details : N.A

9. WITNESS

- (a) Give names and addresses of passengers/other
Witness, if any : _____
(b) Did a Police Constable take particulars of
The accident? : N.A
(c) Was accident reported to Police? If not, Why? : _____
(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? : _____
(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 01/01/26 200

Signature of the insured हुनिल कुमार

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
HJRPK1420D



नाम/Name
SUNIL KUMAR

पिता का नाम / Father's Name
RAM NAWAL

जन्म की तारीख/
Date of Birth
10/01/1985

सुनील कुमार
हस्ताक्षर / Signature



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

Address:

S/O: Ram Nawal, Vill - Ganga
Pipra, Post - Hardichak,
Hardichak, Gorakhpur,
Uttar Pradesh - 273406

पता:

आत्मज: राम नवल, विल्ल - गंगा पिपरा, पोस्ट -
हरदीचक, हरदीचक, गोरखपुर,
उत्तर प्रदेश - 273406

5945 3922 6092



1947



help@uidai.gov.in

WWW

www.uidai.gov.in



भारत सरकार

Government of India



सुनील कुमार

Sunil Kumar

जन्म तिथि/DOB: 10/01/1985

पुरुष/ MALE

5945 3922 6092



मेरा आधार, मेरी पहचान