

CERTIFICATE OF REGISTRATION

Registration No : UP53FN3192 Registration Date : 03-Nov-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 : KAMROON Son/wife/daughter of : HADIS  
 Full Address: (Permanent) : VILL-LOHARA JAMAL, POST-BIRAI KHURD, PS-URUWA BAZAR, GORAKHPUR, UTTAR PRADESH-273407  
 Full Address: (Temporary) : VILL-LOHARA JAMAL, POST-BIRAI KHURD, PS-URUWA BAZAR, GORAKHPUR-UTTAR PRADESH-273407  
 Fitness Up To : 02-Nov-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 : AA2142508313 Rear HSRP No : AA2141838506  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW471SHJ88472  
 Engine No : HA11F6SHJ75589 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ 01 EDITION (D Wheel base : 1235  
 RS)  
 Seating Cap(In all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : MATT GREY Laden/GV Wt (kgs) : 243  
 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.	As Regd.	Description	Weight(in kgs)
a) Front			
b) Rear			
c) Other			
d) Tandem			

The motor vehicle above described is subject to Hypothecation in favour of HERO FINCORP LTD, GORAKHPUR, ... New Delhi, Delhi-110001 w.e.f. 31-Oct-2025.

Purchase dt : 31-Oct-2025 Sale Amt : 74999/-  
 OTT Date : 31-Oct-2025 Amount/Repl No : 7500 / UP53D25110001489  
 Vehicle is Govt/ Pvt : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of approval : 24-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 03-Nov-2025 to 02-Nov-2040

Date : 03-Jan-2026 12:11:19

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीयन अधिकारी  
 मोटर वाहन विभाग-2025  
 गोरखपुर

Q 7310792

15401-2025

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.	कमरून - 9518269697
2	Vehicle No. / वाहन संख्या	UPS3FN3192
3	Policy No. / पालिसी संख्या	252400/3/2026/54502
4	Period of Insurance / बीमा अवधि	30/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/26 सायं 5 बजे
6	Place of Accident / दुर्घटना का स्थान	उरुवाँ बाजार
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	मोहम्मद सलमान - 9518269697 UPS320160004383
8	Estimated Loss / अनुमानित हानि	8500
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर मेरा भाई मोहम्मद सलमान घाबेरा जा रहा था उरुवाँ बाजार से मार्केट की तरफ मोड़ पर धुमके समय दूसरी तरफ से आ रहे ड्रिक्टर वाले को वही सारड में बककर मार दिया। मेरा भाई हल्का चोटिल हो गया फाहीनी तरफ गिर के अंत बाइक में दुबसान 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 / फोन नं.	शाही धरौ बेलवाट 7266828275

Date / दिनांक : 28/01/26  
हस्ताक्षर



Signature of Insured / बीमाधारक के

कमरून

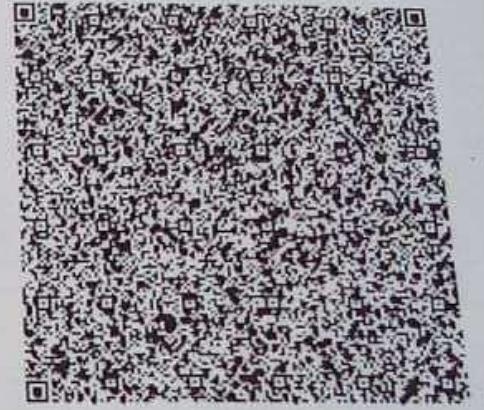


भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India



पता: द्वारा: हदीस, ग्राम-लोहरा जमाल, पोस्ट-बिरई खुर्द, उरुआ बाजार, गोरखपुर, उत्तर प्रदेश, 273407



Address: C/O: Hadis, gram-lohara jamal, post-birai khurd, Urua Bazar, Gorakhpur, Uttar Pradesh, 273407

Print Date: 02/12/2023

8795 3925 9930



1947



help@uidai.gov.in



www.uidai.gov.in



भारत सरकार

Government of India



Issue Date: 17/11/2023



कमरून

Kamroon

जन्म तिथि / DOB: 10/02/2002

महिला / Female

8795 3925 9930

मेरा **आधार**, मेरी पहचान



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. 2524 60/31/2026/54502

Tel. No. \_\_\_\_\_

Period of Insurance 30/10/2026

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 : Ramroon  
 (b) Address for correspondence : \_\_\_\_\_  
 (c) Telephone : Lochara Jamal, Biraj Khurd, Uthwa Bazar, Ghatkhpur

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SHJ75589</u> Chassis No. <u>NBLHAW471SHJBB8472</u>	Registration No. <u>UPS3FN3192</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 use  
 (c) Was trailer attached? \_\_\_\_\_  
 (d) If a Motor Cycle/scooter N.A  
 1. Was a side-car attached N.A  
 2. Was a pillion rider carried \_\_\_\_\_

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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : MOHD. Salman  
(b) Age : 30  
(c) Address : Lohara, Jamal, Urvaha Bazar, Gurgaon  
(d) Is the Driver  
1. Owner : X  
2. paid driver? : X  
3. Owner's relative or friend? : Relative  
(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 : UPS220160004383  
(h) Issuing Authority :  
(i) Date of Expiry : 23/02/2036  
(j) Was the licence temporary/permanent : Permanent  
(k) Details of endorsement/suspension, if any : N/A  
(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 : 27/01/26 5:00 PM  
(b) Place : Urvaha Bazar  
(c) Speed of vehicle at the time of accident : 30  
(d) Give a short description of the accident : मोटार कार सामान इन्सुरेड वरतान ते वाटे वेक्टर वरत डोन्कार फिर  
(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, Fuel tank, Side cover, Winker, Lever. --  
(b) Estimated cost of repairs : 8500  
(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

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. UP33FN2192 insured under Policy No. 94502 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 ... HOUSE WIFE .....  
Address Lehara, Jamal, Bixoy, Kund  
Ukhwa, Baran .....  
Garakh, P.H.D. 273707

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 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 28/01/26 200

Signature of the insured कमलेश

UP53 20160004383



LMV  
24/02/2016



MCWG  
24/02/2016



Form 7 Rules 1957

वसति / Address

VILL- LOHARA JAMAL  
PO&PS- URUWA BAZAR  
GORAKHPUR - 273407

Holder's Signature

अधिकारी / Issuing Authority Sign

GORAKHPUR

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

OGMPK3229M



नाम / Name  
KAMROON

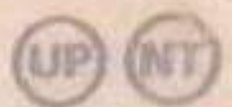
पिता का नाम / Father's Name  
HADIS

जन्म की तारीख /  
Date of Birth  
10/02/2002

कमरून  
हस्ताक्षर / Signature

29112023

Republic of India Driving Licence



UP53 20160004383



मिति मसि मी मी  
Date of Issue

24/02/2016

मसि मी  
Date of Birth

01/01/1996

मसि / validity

23/02/2036

Blood Group

Unknown



मसि / Name

MOHD SALMAN

मसि मी मी / son / Daughter / Wife of

मसि मी मी