

DL No: **UP53 20210016257**

UPDL000010351347



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	06-07-2021	NT			
	LMV	UP53	06-07-2021	NT			
	TRANS	UP53	30-01-2023	TR			
MVSD							

Emergency Contact Number

Licensing Authority
UP53 GORAKHPUR

Form 7 Rule 16(2)



सत्यमेव जयते

Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP53 20210016257



(06-07-2021)



Issue Date
30-01-2023

Validity (NT)
06-11-2042

Validity(TR)
29-01-2028

अवधेश

Holder's Signature

Name:

AWADHESH KUMAR

Date of Birth:

07-11-2002

Blood Group:

Organ Donor:

N

Son/Daughter/Wife of:

DUBARI

Address:

**VILL PIDIYA POST MALHANPAR PS BANSGAON
GORAKHPUR, UP 273403**

Date of First Issue

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
AJWPI4151M



नाम / Name
INDESH

पिता का नाम / Father's Name
MOTILAL

जन्म की तारीख
Date of Birth
01/01/1982



हस्ताक्षर / Signature

27032019

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.	इंदेश - 6307470446
2	Vehicle No. / वाहन संख्या	UPS3FJS469
3	Policy No. / पालिसी संख्या	252400/31/2020/20977
4	Period of Insurance / बीमा अवधि	05/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	21/02/26 सां 5 बजे
6	Place of Accident / दुर्घटना का स्थान	पिंडिया
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	अवधेश कुमार - 6307470446 UPS320210016257
8	Estimated Loss / अनुमानित हानि	20000
09.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेगाट में चक्के भाई अवधेश कुमार किसी काम से मालहनपाट धारते थे। पिंडिया मोड़ पर मुड़ते समय सामने से भा रहे मैजिक वाले ने टक्कर मार दिया जिससे अवधेश को अचानकी घोट भाई और गाड़ी 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 हीरो बेलघाट 7266828275

Date / दिनांक : 23/02/26
हस्ताक्षर

DS

Signature of Insured / बीमाधारक के

इंदेश

CERTIFICATE OF REGISTRATION

Registration No : UP53FJ5469 Registration Date : 09-Jun-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 : INDESH Son/wife/daughter of : MOTILAL
 Full Address: (Permanent) : VILL- PIDIYA, PO- MALHANPAR, PS- BANSGAON, GORAKHPUR, UTTAR PRADESH-273403
 Full Address: (Temporary) : VILL- PIDIYA, PO- MALHANPAR, PS- BANSGAON, GORAKHPUR-UTTAR PRADESH-273403
 Fitness UpTo : 08-Jun-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 : AA2129135323 Rear HSRP No : AA1042416546
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 05/2025
 No of Cylinders : 1 Chassis No : MBLHAW473S5E00122
 Engine No : HA11F6S5E00367 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCEN Wheel base : 1235
 T I3S(DRS)
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT 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.	Description	As Regd.	Weight(in kgs)
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- 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. 06-Jun-2025.

Purchase dt : 06-Jun-2025 Sale Amt : 80116/-
 OTT Date : 06-Jun-2025 Amount/Rcpt No : 8012 / UP53D25060002522
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 02-Jul-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 09-Jun-2025 to 08-Jun-2040

Date : 05-Jul-2025 14:44:53

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
 Date : 05-Jul-2025

Q 4085101



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. 252400/31/2026/20977

Tel. No. _____

Period of Insurance 05/06/2026

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 : Indesh
 (b) Address for correspondence : Pidiya, Mahanagar, Khajani, Gorakhpur
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HA11F6SSE00367</u> Chassis No. <u>MBLHAWU43SSE00122</u>	Registration No. <u>UP33FJS469</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
 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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Awadhesh Kumar
(b) Age : 24
(c) Address : Pidiya, Mathanpar, Gorakhpur
(d) Is the Driver
1. Owner :
2. paid driver? :
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 : UPS320210016257
(h) Issuing Authority :
(i) Date of Expiry : 06/11/2042
(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 : 21/02/26 : 5.00 PM
(b) Place : Pidiya
(c) Speed of vehicle at the time of accident : 35
(d) Give a short description of the accident : ~~विश्व मोटोर्स के सामने से आते में टकराव~~
(e) If any third party was responsible for this accident give the name and address : N.A ~~वहाँ से आते हैं~~

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Check, Indicator, Headlight, Front wheel, fender, etc
(b) Estimated cost of repairs : 20000
(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

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : N/A
(b) Did a Police Constable take particulars of The accident? : N/A
(c) Was accident reported to Police? If not, Why? : N/A
(d) If yes, to which Police Station? : N/A
(e) Date and Diary No. : N/A

10. THEFT

- (a) Date and Time : N/A
(b) Place : N/A
(c) What was stolen? : N/A
(d) Estimated cost of replacement? : N/A
(e) By whom discovered and reported? : N/A
(f) Has theft been reported to Police? : N/A
(g) When? : N/A
(h) Which Policy Station? : N/A
(i) C.R. diary Number : N/A

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 23/02/26 200

Signature of the insured इन्देश



भारत सरकार

Government of India



इन्देश

Indesh

जन्म तिथि / DOB : 01/01/1982

पुरुष / Male



5934 6742 8284

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

S/O: मोतीलाल, पीडिया, मालहनपार,
खजनी, पिंडिया, मलाहनपर, गोरखपुर,
खजनी, उत्तर प्रदेश, 273403

Address:

S/O: Motilal, pidiya, malhanapar,
khajni, Pindia, Malahanpar,
Gorakhpur, Khajni, Uttar Pradesh,
273403

5934 6742 8284



1947

1800 300 1947



help@uidai.gov.in

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. UPS3FJ5469 insured under Policy No. 20977 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.A
Address

Signature S. S. 21
Occupation Farmer
Address Pindiya, Mathan par,
Khadani, Choralpur
273403

Bank Account Number
Name of the Bank