

GOVERNMENT OF UTTAR PRADESH

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Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FK2942 Registration Date : 20-Jul-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 : GYAN PRAKAS Son/wife/daughter of : BHIKHARI  
 Full Address: (Permanent) : JIIGINIYA, URWA BAZAR, URWA BAZAR, GORAKHPUR, UTTAR PRADESH-273407  
 Full Address: (Temporary) : JIIGINIYA, URWA BAZAR, URWA BAZAR, GORAKHPUR-UTTAR PRADESH-273407  
 Fitness Up To : 19-Jul-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 : AA2136851486 Rear HSRP No : AA2138245722  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024  
 No of Cylinders : 1 Chassis No : MBLJAW403R9L00199  
 Engine No : JA07AMR9L00013 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  
 Sleepar 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 HERO FINCROP LTD, URUWA BAZAR, . . New Delhi, Delhi-100011 w.e.f. 14-Jul-2025.

Purchase dt : 14-Jul-2025 Sale Amt : 82461/-  
 OTT Date : 14-Jul-2025 Amount/Rcpt No : 8247 / UP53D25070005507  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 08-Sep-2025  
 Other State/Transfer/Conversion/Reassign Details  
 Previous Owner :  
 Old State : Previous RegNo :  
 Transfer Date : Entry Date :  
 Conversion Date :  
 This certificate is valid from 20-Jul-2025 to 19-Jul-2040

Date : 04-Nov-2025 14:22:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 04-Nov-2025

Q 5439814

04-11-2025, 00:57

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.	ज्ञान प्रकाश - 9118223476
2	Vehicle No. / वाहन संख्या	UPS3FK2942
3	Policy No. / पालिसी संख्या	252400131/2026/27591
4	Period of Insurance / बीमा अवधि	13/07/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/04/26 - सां. 4 बजे
6	Place of Accident / दुर्घटना का स्थान	उरुवाँ
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	पवन कुमार साहनी - 9118223476 UPS320210008049
8	Estimated Loss / अनुमानित हानि	10500
09.	Cause of Accident / दुर्घटना का कारण :	घर से अपनै बेटे पवन कुमार साहनी के साथ किसी काम से उरुवाँ बाजार जा रहा था अभी हम उरुवाँ पहुँचे ही थे कि तभी पीछे से धार है पिकअप वाले ने थोटा मार दिया जिससे हमरी बाइक अचानक से टूट गई और हम बाइक लेकर सड़क किनारे गहरे में गिरा जिससे हम अचानक से थोटा आई पर बाइक का चेसिस ब्रेक हो गया और दुकसान भी हो गया बाइक में।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नहीं
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	शाही हीरो बैलघाट 7266828275

Date / दिनांक : 08/04/26

हस्ताक्षर

Signature of Insured / बीमाधारक के

ज्ञान प्रकाश

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Pavan Kumar Sabani  
 (b) Age : 24  
 (c) Address : Shahpur Jiganiya, Shahpur, Belghat, G.K.P  
 (d) Is the Driver  
 1. Owner :  
 2. paid driver? :  
 3. Owner's relative or friend? : son  
 (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 : UPS320210008049  
 (h) Issuing Authority :  
 (i) Date of Expiry : 02/10/2042  
 (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 : 06/04/26 - 4:00 PM  
 (b) Place : UPHWA  
 (c) Speed of vehicle at the time of accident : 40  
 (d) Give a short description of the accident : पट्टी आ रहे पिअसप वाले ने अकार भर बिधा जिसले बसि  
 (e) If any third party was responsible for this accident give the name and address : N.A में इस्कात होया

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Checkup, Side Womem, Winker etc--  
 (b) Estimated cost of repairs : 10500  
 (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

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card



EBSPP0771A

नाम/ Name  
GYAN PRAKAS

पिता का नाम/ Father's Name  
BHIKHARI

जन्म की तारीख/ Date of Birth  
01/01/1979



हस्ताक्षर/ Signature



12102017



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. 252400/31/2026/27591

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

Period of Insurance 13/07/2026

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 : Cayan Prakash
- (b) Address for correspondence : Shahpur Jigeniya, Udhwa Bazar, Gorakhpur, UP
- (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero / 2025</u>	Engine No. <u>JAO7AMR9L00013</u> Chassis No. <u>MBLJAW403R9L00199</u>	Registration No. <u>UP53FK2942</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? Yes
- (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

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. UP53FK2942 insured under Policy No. 27591 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 मान प्रकाश  
Occupation Farmer  
Address Shahpur, Jiganiya, Shahpur  
Cherakh pur, U.P.  
273407

Bank Account Number .....  
Name of the Bank .....

8. INJURY TO DRIVER/OCCUPANT

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

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 08/04/26 200

Signature of the insured राज प्रकाश

**SHAHI HERO**

VILL+PO- BELGHAT(MAJHGAWAN), ,KHAJNI, GORAKHPUR, 273404, UP, India

State Code: 9 Contact: 9451476400, , ,

GSTIN No: 09LAMPS2779D1ZW

Authorized Representative of Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 67062-03-REST-0426-2  
 Customer Name OM SAI ENTERPRISES  
 VIN MBLJAW403R9L00199  
 Insurance Company  
 HMCGL Card No  
 Part Details

Date 08-04-2026  
 Contact No. 9118223476  
 Model SUPER SPLENDOR XTEC  
 Reg No. UP53FK2942  
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	50100AAGJ00S -FRAME BODY COMPLETE	87141090	Paid	5,738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	6,771.00
2	52110AAF400S - SWINGARM COMP RR	87141090	Paid	1,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,239.00
3	80100AAGA00S -FENDER COMPLETE REAR	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
4	3370BAAGA0099S -UNIT TAIL LIGHT	85122010	Paid	432.20	1	9.00	9.00	0.00	0.00	0.00	0.00	510.00
5	3360BAAF40099S - WINKERS RR R(W/O BULB)	85122010	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
<b>Parts Total</b>											0.00	<b>9,471.00</b>

**Labour Details**

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

Parts Total	9,471.00
Labour Total	1,180.00
SGST (Parts) 9%	722.36
CGST (Parts) 9%	722.36
SGST (Labour) 9%	90.00
CGST (Labour) 9%	90.00
<b>Total</b>	<b>10,651.00</b>

Rupees in Words: Ten Thousand Six Hundred Fifty One Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of GORAKHPUR Jurisdiction Only

67062 - Main W/S



सत्यमेव जयते



भारत सरकार

Government of India

ज्ञान प्रकास

Gyan Prakas

जन्म तिथि / DOB : 01/01/1979

पुरुष / Male



3423 3842 0164

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: भिखारी, शाहपुर,  
जिगिनिया, उरुआ बाजार, गोरखपुर,  
उरुवा बाजार, उत्तर प्रदेश, 273407

Address:

S/O: Bhikhari, shahpur, jiginiya,  
Urua Bazar, Gorakhpur, Uruwa  
Bazar, Uttar Pradesh, 273407

**3423 3842 0164**



1947

1800 300 1947



help@uidai.gov.in

WWW

www.uidai.gov.in

DL No: UP53 20210008049

UPDL000008870158



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	17-03-2021	NT				
LMV	UP53	17-03-2021	NT				
TRANS	UP53	26-07-2022	TR				
MVSD							

Emergency Contact Number

Licensing Authority  
UP53 GORAKHPUR

Form 7 Rule 16(2)



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP53 20210008049

Issue Date	Validity (NT)	Validity(TR)*
26-07-2022	02-01-2042	25-07-2027



(17-03-2021)



Holder's Signature

Name: **PAVAN KUMAR SAHANI**

Date of Birth: **03-01-2002**      Blood Group:

Son/Daughter/Wife of: **GYAN PRAKASH SAHANI**

Address:  
**VILL SHAHPUR JIGINIYA PO SHAHPUR PS**  
**BELGHAT Gorakhpur, UP 273407**

Organ Donor: **N**

Date of First Issue