

Indian Union Driving Licence
Issued by Uttar Pradesh

UP58 20110011522

Issue Date: 27-09-2021 Validity (NT): 17-06-2031 Validity (TR): _____

Name: **GORAKH KUMAR VERMA**

Date of Birth: 05-06-1992 Blood Group: B+ VE Organ Donor: N

Son/Daughter/Wife of: **PRAHALAD VERMA**

Address:
 VILL- SANICHARA PURVI PO- MOLANAPUR PS- MAHULI GHANGHATA, SANT KABIR NAGAR 272164

UP
 (18-06-2013)
 Date of First Issue

DL No: UP58 20110011522 UPDL000008451600

 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	UP58	16-06-2011	NT			
	LRYV	UP58	18-06-2013	NT			
	MVSD						

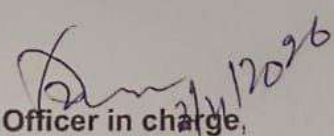
Emergency Contact Number Licensing Authority

Form 7 Rule 16(2)

N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत जाँच फार्म -I)

14 Signature/Thumb impression of the
complainant / informant.(शिकायतकर्ता /
सूचनाकर्ता के हस्ताक्षर / अंगूठे का निशान):

15 Date and time of dispatch to the court
(अदालत में प्रेषण की दिनांक और समय):

 21/11/2026
Signature of Officer in charge,

Police Station

(थाना प्रभारी के हस्ताक्षर)

Name Durgesh Kumar Pande

Rank SI (Sub-Inspector)

No. 152130844



परन्तु अभी तक नहीं मिली। अतः श्रीमान् जी निवेदन है कि उचित कार्यवाही करने की कृपा करें। प्रार्थी मुकेश पुत्र शेषमन ग्राम चकमहुआँ (मोलनापुर) थाना महुली जनपद संतकवीरनगर मो0न0 9696874861

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.) Durgesh Kumar Rank उपनिरीक्षक/ अवर
(जांच अधिकारी का नाम): Pandey (पद): निरीक्षक

No. 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. District
(थाना): (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 हुई माना और एक कॉपी निशुल्क शिकायतकर्ता को दी गयी।)

R.O.A.C.(आर. ओ .ए .सी.)

सी.आर.बी.
फार्म -1)

N.C.R.B (एन.सी.आर.बी)
I.I.F.-1 (एकीकृत जाँच फार्म -1)

2	स्थायी पता	भारत
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(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9696874861

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

(जात / 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	उपलब्ध नहीं			

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 में, श्रीमान थानाध्यक्ष महोदय थाना महुली जनपद संतकबीरनगर। महोदय, हम प्रार्थी मुकेश पुत्र शेषमन ग्राम चकमहुआँ (मोलनापुर) थाना महुली जनपद संतकबीरनगर के स्थाई निवासी है। महोदय हमारी मोटरसाईकिल स्पेलण्डर प्लस जिसका नं0 UP58AK6925 है, जो कि 13/03/2026 को शाम के समय लगभग 07:00 बजे किसी काम से लेकर निकला था। अपने गाँव चकमहुआँ में कड़सहरा मार्ग पर खड़ी करके काम देखने लगा। जब मैं वापस आया तो मेरी मोटरसाईकिल गायब थी। मैंने तथा गाँव के लोगो ने बहुत खोजबीन किया

5. Place of Occurrence (घटनास्थल):

- Direction and distance from P.S. Beat No.
1. (a) (थाना से दूरी और दिशा): (बीट सं.):
(b) Address कड़सहरा मार्ग
(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): Mukesh

(b) Father's Name (पिता का नाम): Sheshman

(c) Date/Year of Birth (जन्म तिथि / वर्ष): 0

(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	Chak Mahua Molanapur, महुली, संत कबीर नगर, उत्तर प्रदेश, भारत
2	स्थायी पता	Chak Mahua Molanapur, महुली, संत कबीर नगर, उत्तर प्रदेश,



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0925

Page No. : 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE			
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAAAC28627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	11-JUN-25
Policy No	252400/31/2026/21931	Proposal No. & Date	B/252400/31/2026/15160 & 11-JUN-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13.30 ON 11/06/2025 TO MIDNIGHT OF 10/06/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13.30 ON 11/06/2025 TO MIDNIGHT OF 10/06/2030
Insured Name	MUKEASH (GSTIN:)	Lead/Broker No	/
Insured Address	C/O SHESHMAN, VILL-CHAK MAHUA, SANICHARA, PO- MOLNAPUR, PS- MAHULLSANT KABIR NAGAR, NA,	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76110
Model & Variant	HERO SPLENDOR PLUS 135 BLA E20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025		
Engine-Chassis No	HA11F6SHEC4664 - MBLHAW470SHEJ4106	Total IDV	76110
Cubic Capacity	100	TMF CONTRACT NO	
Seating Capacity	1 + 1	Policy Type	Zone B - Rest of India
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location		Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1275.6	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
		Legal Liability (WC)to driver (IMT-28)	0
Basic Premium	1199.6	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT-1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	NA
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Deductibles		Net Liability Premium (B)	3851
Voluntary Deductibles (IMT 22A)	0	Total Premium (A+B)	4156
Anti-Theft Device (IMT-10)	0	GST	748
AAI Membership (IMT-8)	0	SERVICE TAX	0
No Claim Bonus	0	STAMP DUTY	0.00
Discount for vehicle designed for handicapped	0	Swachh Bharat Cess@0.50%	0
SIP Discount	1085	Krishi Kalyan Cess@0.50%	0
Sub-Total Deductibles	1085	Gross Premium Paid	4904
Add-On Coverages		Note:	
NIL Depreciation	190	1. Policy Instance is the subject of the realisation of cheque	
		2. Consolidated Stamp Duty paid via Challan No	
Return to Invoice	0	3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)	
Key Replacement	0	4. Voluntary excess Rs(0)	
Consumables	0	5. Subject to Endorsements IMT,7,10,28,	
Sub Total Add-on Coverages	190		
Net own Damage Premium(A)	305		

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4904
Financer Type	Financer Name	SHRIRAM FINANCE LTD.	Financer Branch
POS Name	POS ID	NA	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 dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim 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 this 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 11-JUN-25

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 MVA 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) Race Making (5) Speed training (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

Limit of Liability Clause: Under section II-1 (i) 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 year(s) as per the. 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 : 922137SMMD

Approved On : 11-JUN-25

Place : MBT

Printed On : 05-DEC-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature

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.	Mukesh 9696874861
2	Vehicle No. / वाहन संख्या	UP 58 AK 6925
3	Policy No. / पालिसी संख्या	252400/31/2026/21931
4	Period of Insurance / बीमा अवधि	11/06/2025 TO 10/06/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13/03/2026 7: PM
6	Place of Accident / दुर्घटना का स्थान	Chakriahua Katsahara Marg
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Gorabh kumar Verma
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	13/03/2026 को मुकेश शौक गोरोख दोनो लोग शाम को घाट ले निकले चकमडुआ, कथलडा गाँव पर काम देखने गये वही रस्ती कले उधा ले गये पर गाड़ी गायब मिली
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Deep Chand Traders Katsahar 7521065310

Date / दिनांक :
हस्ताक्षर

13/03/2026

Signature of Insured / बीमाधारक के

मुकेश

FIRST INFORMATION REPORT

(Under Section 173 B.N.S.S)

प्रथम सूचना रिपोर्ट
(धारा 173 बी एन एस एस के तहत)

1. District/Unit (जिला/इकाई): संत कबीर नगर

P.S. (थाना): महुली

Year (वर्ष): 2026

FIR No.(प्र.सू.रि. सं.): 0109

Date & Time of FIR(प्र.सू.रि. की दिनांक/समय): 29/03/2026 20:34

2. S.No. (क्र.सं.)	Acts (अधिनियम)	Sections (धारा(एँ))
1	भारतीय न्याय संहिता (बी एन एस), 2023	303(2)

3.(a) Occurrence of offence (अपराध की घटना) :

1. Day शुक्रवार Date From 13/03/2026 Date To 13/03/2026
(दिन): (दिनांक से): (दिनांक तक):

Time Period पहर 1 Time From 00:00 बजे Time To 00:00
(समय अवधि): (समय से): (समय तक): बजे

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

Date 29/03/2026 Time (समय): 15:12 बजे
(दिनांक):

(c) General Diary Reference (रोजनामचा संदर्भ) :

Entry No. 051 Date & Time 29/03/2026 20:43 बजे
(प्रविष्टि सं.): (दिनांक और समय):

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