



## GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

## CERTIFICATE OF REGISTRATION

Registration No : UP53FM2290 Registration Date : 18-Oct-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 : REETA Son/wife/daughter of : RAJKUMAR  
 Full Address: (Permanent) : SHAHPUR (BELAV), BELGHAT, URUA BAZAR, URUWA BAZAR, GORAKHPUR, UTTAR PRADESH-273407  
 Full Address: (Temporary) : SHAHPUR (BELAV), BELGHAT, URUA BAZAR, URUWA BAZAR, GORAKHPUR-UTTAR PRADESH-273407  
 Fitness UpTo : 17-Oct-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 : AA2140303936 Rear HSRP No : AA2142015549  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW477SHJB2868  
 Engine No : HA11F6SHJ71907 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  
 Sleepar 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.	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 FINCORP LTD, GORAKHPUR, , , New Delhi, Delhi-110001 w.e.f. 16-Oct-2025.

Purchase dt : 16-Oct-2025 Sale Amt : 74999/-  
 OTT Date : 16-Oct-2025 Amount/Rcpt No : 7500 / UP53D25100008685  
 Vehicle is Govt/ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 05-Nov-2025

## Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Oct-2025 to 17-Oct-2040

Date : 13-Nov-2025 15:00:15

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

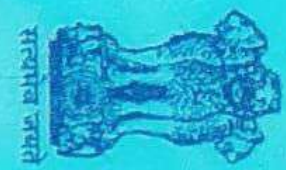
मोटर वाहन विभाग  
 Date : 13-Nov-2025

गोरखपुर (उ०प्र०)

Q 4833217

13-11-2025, 01:30

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



नाम / Name  
REETA

पिता का नाम / Father's Name  
SUARATH

जन्म की तारीख / Date of Birth  
01/01/1984

स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

CNXPBR7211L

हस्ताक्षर / Signature



10032017



भारत सरकार

Government of India



रीता

Reeta

जन्म तिथि / DOB : 01/01/1984

महिला / Female

7572 4487 9791



आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: राजकुमार, शाहपुर (बेलाव),  
बेलघाट, उरुआ बाजार, उरुवा बाजार,  
गोरखपुर, उत्तर प्रदेश, 273407

Address:

W/O: Rajkumar, shahpur (belav),  
belghat, Urua Bazar, Uruwa  
Bazar, Gorakhpur, Uttar Pradesh,  
273407

7572 4487 9791



1947

1800 300 1947



help@uidai.gov.in

WWW

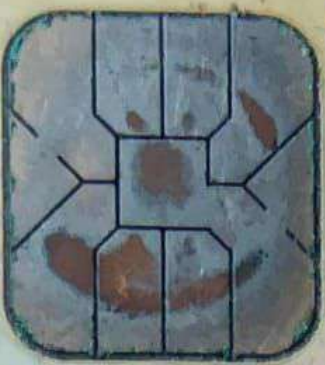
www.uidai.gov.in



# UNION OF INDIA **Driving Licence**



UP 53 20130030659



नाम / Name

SHIV KUMAR

पुत्र/पुत्री/पत्नी का नाम / Son/Daughter/Wife of

RAM NAYAN

जारी करने की तिथि  
Date of Issue

21/2013

वैधता / Validity

2011212033

जन्म तिथि  
Date of Birth

21/2013

Blood Group

A



यह कार्ड भारतीय सरकार द्वारा जारी किया गया है। इसका उपयोग केवल वाहन चालने के लिए किया जा सकता है।

यह कार्ड भारतीय सरकार द्वारा जारी किया गया है। इसका उपयोग केवल वाहन चालने के लिए किया जा सकता है।

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.	रीता - 8853262223
2	Vehicle No. / वाहन संख्या	UPS3FM2290
3	Policy No. / पालिसी संख्या	252400/31/2026/44166
4	Period of Insurance / बीमा अवधि	15/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	07/05/26 सांय 4 बजे
6	Place of Accident / दुर्घटना का स्थान	खेलवाट
7	Name of the Driver, D L No. & Mobile No. / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UPS320130030659 Shiv Kumar - 8853262223
8	Estimated Loss / अनुमानित हानि	12500
9.	Cause of Accident / दुर्घटना का कारण :	गाड़ी लेकर मैंने देवू शिवकुमार पेट्रोल पंप पर जा रहे थे खेलवाट मोड़ पर मुझे समय अचानक सामने कुत्ता आ गया जिससे इकतार शिवकुमार बाईक लेकर गिर गए और बाईक में कुत्ता हाँगा और शिवकुमार को भी हल्की खरोंच आई ।
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.	शाहि हीरो खेलवाट न 266828275

Date / दिनांक : 07/05/26  
हस्ताक्षर

Signature of Insured / बीमाधारक के

रीता

UP00766761MT

3003065

LMV

MCWG

27/12/2013 27/12/2013

पता / Address

ASHHPUR

POSHAHHPUR

Holder's Signature

जारीकर्ता / Issuing Authority Sign



Form 7 Rule 16(2)

Small text at the bottom: This is a copy of the original document. It is not a legal document. It is for information only. It is not to be used as evidence in any court of law.

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shiv Kumar
- (b) Age : 42
- (c) Address : Belav Shah puri, Shah puri, Chausath puri
- (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 : UP53 2013 00 30659
- (h) Issuing Authority : \_\_\_\_\_
- (i) Date of Expiry : 26/12/2033
- (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 : 07/05/26 4.00 PM
- (b) Place : Belshat
- (c) Speed of vehicle at the time of accident : 45
- (d) Give a short description of the accident : अचानक सामने बुला आया फिर मैंने ब्रेक लगाया गाड़ी ने रुकी
- (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 : UP5301. fender Handlet. Hande Plate, etc
- (b) Estimated cost of repairs : 12000
- (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



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. 25240d31/2026/44166

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

Period of Insurance 15/10/2026

Claim No. \_\_\_\_\_

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY  
Please answer All relevant questions fully

I. INSURED

- (a) Name : Reeta
- (b) Address for correspondence : Below Shahpur, Shahpur, Gorakhpur UP
- (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero/2025</u>	Engine No. <u>HAIIF6SHJ71907</u> Chassis No. <u>MBCHAW477SHUB2868</u>	Registration No. <u>UPS3FM2290</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? \_\_\_\_\_
- (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

NOTHING

25NNF/18 1/1005 150147

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. UPS2FM2290 insured under Policy No. 44166 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 NA  
Address .....

Signature .....  
Occupation HOUSE WIFE  
Address Shahpur, Shahpur  
Belghat, Oranahpur  
233407

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

BELGHAT

11:22 05.09.25

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : \_\_\_\_\_
- (b) Did a Police Constable take particulars of The accident? : NA
- (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 09/09/26 200

Signature of the insured [Signature]