



# GOVERNMENT OF UTTAR PRADESH

## Transport Department Gorakhpur RTO

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP53FN1803 Registration Date : 31-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 : RAMESH Son/wife/daughter of : RAMHIT  
 Full Address: (Permanent) : VILL V POST ROHARI, URUA BAZAR, , GORAKHPUR, UTTAR PRADESH-273407  
 Full Address: (Temporary) : VILL V POST ROHARI, URUA BAZAR, , GORAKHPUR-UTTAR PRADESH-273407  
 Fitness UpTo : 30-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 : AA2140304108 Rear HSRP No : AA2142015721  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025  
 No of Cylinders : 1 Chassis No : MBLHAW50XS4J06740  
 Engine No : HA11F4S4J05819 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : HF DELUXE (DRS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 242  
 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 w.e.f. .

Purchase dt : 26-Oct-2025 Sale Amt : 61203/-  
 OTT Date : 26-Oct-2025 Amount/Rcpt No : 6121 / UP53D25100018886  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 14-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 31-Oct-2025 to 30-Oct-2040

Date : 24-Nov-2025 13:32:22

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 24-Nov-2025

गोरखपुर (उ०प्र०)

Q 6324630

24-11-2025, 00:02

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इन्शोरेंस 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.	रमेश → 8423209490
2	Vehicle No. / वाहन संख्या	UPS3FN1803
3	Policy No. / पालिसी संख्या	252400/31/2026/52427
4	Period of Insurance / बीमा अवधि	25/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	11/05/26 - सुबह 10 बजे
6	Place of Accident / दुर्घटना का स्थान	चाईपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	आशुतोष - 8423209490 UPS320240010080
8	Estimated Loss / अनुमानित हानि	9800
09.	Cause of Accident / दुर्घटना का कारण : गाड़ी लेकर मेरे रिश्तेदार आशुतोष किली कप से जंहामीपुर जा रहे थे अभी चाईपुर पहुँचे थे कि ओवरटेक करते समय सामने से आ रहे ट्रक से बचने के चक्र में गिराइट से टकरा गए जिससे गाड़ी का बेल्लेन बिगाड गया और गाड़ी लेकर भोड़ी इट बलीट गए जिससे गाड़ी में नुकसान ही गया ।	
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 बेलघाट न266828225

Date / दिनांक : 13/05/26  
हस्ताक्षर

DK

Signature of Insured / बीमाधारक के

रमेश

आयकर विभाग  
INCOME TAX DEPARTMENT

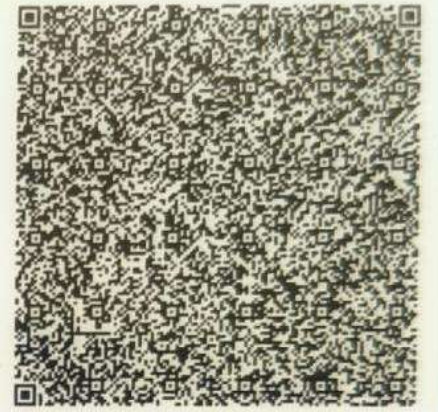


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**NBFPS8040K**



नाम / Name  
RAMESH

पिता का नाम / Father's Name  
RAMHIT

जन्म की तारीख /  
Date of Birth  
01/01/1973

हस्ताक्षर / Signature

11062025



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

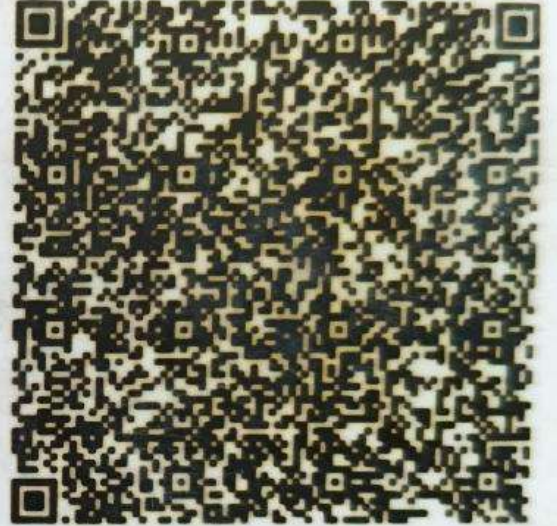


पता:

द्वारा: रामहित, ग्राम व पोस्ट- रोहारी, उरुआ बाज़ार,  
गोरखपुर,  
उत्तर प्रदेश - 273407

Address:

C/O: Ramhit, Vill v Post- Rohari, Urua Bazar,  
Gorakhpur,  
Uttar Pradesh - 273407



8018 2079 7400

VID : 9121 7939 4526 7329



1947



help@uidai.gov.in



www.uidai.gov.in

Download Date: 30/12/2021

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Ashutosh
- (b) Age : 20
- (c) Address : Kirti Bazar, Belghat, Rampur, Ghazipur
- (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 : UPS3 2024 0010080
- (h) Issuing Authority
- (i) Date of Expiry : 31/12/2025
- (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 : 11/05/26 10:00 AM
- (b) Place : Chadi patti
- (c) Speed of vehicle at the time of accident : 50
- (d) Give a short description of the accident : सामने की गाड़ी रुक कर की बचत करके चलाया गया
- (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 : N/A, Headlight, Fender, Fuel Tank, Handle, Luggage -
- (b) Estimated cost of repairs : 9800
- (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



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP53 20240010080

Issue Date	Validity (NT)	Validity (TR)
18-03-2024	31-12-2045	-----



(18-03-2024)

Holder's Signature

Name: **ASHUTOSH**

Date of Birth: **01-01-2006** Blood Group: Organ Donor: **N**

Son/Daughter/Wife of: **PRADUMAN**

Address:

**village-post-kuribazar Belghat Ranipur  
Khajni Gorakhpur Uttar Pradesh 273404**

Date of First Issue

DL No: UP53 20240010080

UPDL000013016347



Invalid Carriage (Regn Numbers)#  
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Hazardous Validity#      Hill Validity#  
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Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number <sup>#</sup>	Badge Issued Date <sup>#</sup>	Badge Issued By <sup>#</sup>
	MCWG	UP53	18-03-2024	NT			
	LMV	UP53	18-03-2024	NT			
MVSD							

Emergency Contact Number

8703190085

Licensing Authority  
UP53 GORAKHPUR

Form 7 Rule 16(2)



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. 252400/31/2026/52477

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

Period of Insurance 25/10/2026  
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 : Ramesh
- (b) Address for correspondence : Rohani, Urhola Bazar, Gorakhpur Uttar Pradesh
- (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>HA11FAS4J05819</u> Chassis No. <u>HECHAW50X9AJ06740</u>	Registration No. <u>UP53FN1803</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? \_\_\_\_\_
- (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. UPS3FN1803 insured under Policy No. 52497 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 [Signature]  
Occupation Farmer  
Address Rohini, Udhwa, Bazar, Chokkha, Puz  
27340A

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 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 13/05/2006

Signature of the insured मिशा



भारत सरकार

Government of India



आधार



रमेश

Ramesh

जन्म तिथि/DOB: 01/01/1973

पुरुष/ MALE

Issue Date: 04/11/2011

**8018 2079 7400**

VID : 9121 7939 4526 7329

मेरा आधार, मेरी पहचान