

Indian Union Driving Licence
Issued by **Uttar Pradesh**

UP53 20200009736

Issue Date: 12-03-2020 Validity (NT): 07-06-2026 Validity (TR): _____

RAVI PRATAP GUPTA Organ Donor: **N**

Date of Birth: 08-06-1996 Blood Group: _____

Son/Daughter/Wife of: **ONKAR MATH GUPTA**

Name: _____

Address: **VILL PO MALHANPAR PS BANSGAONH**
Garabhpur, UP 273403

Date of First Issue: 11-2-2020

Holder's Signature




DL No: **UP53 20200009736** UPSL 006002787828

Invalid Carriage (Regn Numbers): _____

Hazardous Validity: _____ Hill Validity: _____

Form / Table Top

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date
MCWG	UP53	UP53	12-03-2020	NT		
LMV	UP53	UP53	12-03-2020	NT		
MSD						

Emergency Contact Number: _____

Signature

Licensing Authority
UP53 GORAKHPUR

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card



HXHPK5004H

नाम / Name
MUKESH KUMAR

पिता का नाम / Father's Name
GIRDHAR

जन्म की तारीख / Date of Birth
04/02/2000

हस्ताक्षर / Signature
मुकेश कुमार

GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP53FN2711	Registration Date	: 02-Nov-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: NAVYA MOTORS, ARAZI NO-930(KA),NH-28, NAUSARH, GORAKHPUR, , 188-273001	Son/wife/daughter of	: GIRDHAR
Owner Name	: MUKESH KUMAR		
Full Address: (Permanent)	: VILL-RAMNAGAR SURAS, PO-MAHAITA, PS-HARPUR BUDHAT, GORAKHPUR, UTTAR PRADESH-273209		
Full Address: (Temporary)	: VILL-RAMNAGAR SURAS, PO-MAHAITA, PS-HARPUR BUDHAT, GORAKHPUR-UTTAR PRADESH-273209		
Fitness Up To	: 01-Nov-2040	Owner Serial No	: 1
Detailed Description			
Class of Vehicle	: M-CYCLE/SCOOTER	Link Vehicle No	:
Ownership	: INDIVIDUAL	Nominee Name	: GIRDHAR
Relationship with the Nominee	: Father	Norms	: BHARAT STAGE VI
Maker's Name	: HERO MOTOCORP LTD		
Front HSRP No	: AA2142504992	Rear HSRP No	: AA2141837161
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 10/2021
No of Cylinders	: 1	Chassis No	: MBLJFW467MGK04733
Engine No	: JF16EMMGK03827	Fuel	: PETROL
Horse Power(BHP)	: 8.04	Cubic Capacity	: 110.90
Maker's Classification	: PLEASURE + (ZX+)	Wheel base	: 1238
Seating Cap(in all)	: 2	Standing Cap	: 0
Seating Cap	: 0	Unladen Wt (kgs)	: 103
Colour	: JUBILANT YELLOW	Laden/GV Wt (kgs)	: 236
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, , Gorakhpur, Uttar Pradesh-273001 w.e.f. 01-Nov-2025.

Purchase dt	: 01-Nov-2025	Sale Amt	: 79388/-
OTT Date	: 01-Nov-2025	Amount/Rcpt No	: 7939 / UP53D25110000859
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 15-Nov-2025		

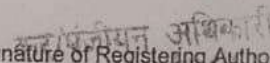
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 02-Nov-2025 to 01-Nov-2040

Date : 10-Dec-2025 14:12:53

Taxation Particulars / Advance Registration Mark Fee Details


 Signature of Registering Authority
 Date : 10-Dec-2025

Q 6232446

10-12-2025, 00:42

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 4500 = 00 Day of 14/05/2026
From THE ORIENTAL INSURANCE COMPANY LIMITED, the sum of Rs. 4500 = 00
(In words Rupees चार हजार पांच सौ रुपये मात्र)
in full and final settlement of the loss and/or damage caused through the accident to
my/our motor Car/Vehicle No. UP53FN2711 insured under Policy No. 53386 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. 4500 = 00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature M. K. B. S. S.
Occupation
Address
.....

Bank Account Number
Name of the Bank

Discharge Voucher

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present of future arising directly/indirectly in respect of the said accident.

Rs. 4500 = 00

One Rupee
Revenue Stamp
When Amount
Exceeds Rs. 5000/-

Witness
Name
Signature
Address

Signature M. K. B. S. S.
Occupation
Address
.....

Bank Account Number
Name of the Bank

8. INJURY TO DRIVER/OCCUPANT

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

9. WITNESS

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

10. THEFT

- (a) Date and Time : _____
(b) Place : _____
(c) What was stolen? : _____
(d) Estimated cost of replacement? : _____
(e) By whom discovered and reported? : N.A.
(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 14/05/2026

Signature of the insured Mukesh

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Ravi Prasad Gupta
 (b) Age : 08/06/1996
 (c) Address : Vill - Malkanpur Pr. Barngaan G.P.
 (d) Is the Driver
 1. Owner : X
 2. paid driver? : X
 3. Owner's relative or friend? : X
 (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 : UP5320900009736
 (h) Issuing Authority : 7/06/2036
 (i) Date of Expiry : 7/06/2036
 (j) Was the licence temporary/permanent : Permanent
 (k) Details of endorsement/suspension, if any : _____
 (l) Has he been involved in any accident before?: X
 (m) Has he been charged by the policy? If so, Why?: X

4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

5. DETAILS OF ACCIDENT

(a) Date and Time : 14/05/2026
 (b) Place : Katsahara
 (c) Speed of vehicle at the time of accident : 40
 (d) Give a short description of the accident : इस गाड़ी में कंडक्टर लाइव से रात में गाड़ी चले रही थी अचानक लाइन से उकरा गयी।
 (e) If any third party was responsible for this accident give the name and address : प्रिन्सिपल गाड़ी गिरा गयी - डॉ. शक्ति प्रसन्न ही गयी।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Misrigoji, Visoqi, head light
 (b) Estimated cost of repairs : 4500
 (c) When and where can the damaged vehicle be inspected : Deep Chand Trudexis Katsahara

7. THIRD PARTY INJURY/PROPERTY DAMAGE

(a) Name : _____
 (b) Address : _____
 (c) Full Details of personal injury sustained : _____
 (d) Name and address of any person/hospital giving medical attention to injured person : N.A.
 (e) Full details of property damaged : _____
 (f) Has notice of any claim been given to you? : _____



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. 252402/31/2026/53386
 Tel. No. _____ Period of Insurance 29/10/2025 TO 28/10/2026
 Claim No. _____

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

1. INSURED

(a) Name : Mukesh
 (b) Address for correspondence : Ramnagar Suras Po. Mahaita Ps. Harpur Budhat
 (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>AF16EMMGK03827</u>	Registration No.
	Chassis No. <u>MBLJFW467MGK04737</u>	<u>UP53FN</u> <u>2711</u>

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? Personal
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter,
 1. Was a side-car attached?
 2. Was a pillion rider carried?

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : _____
 (b) Unladen Weight : _____
 (c) Weight of goods carried/Load Challan No. : _____
 (d) Nature of permit : _____
 (e) Nature of goods carried : N.A.
 (f) Was the vehicle plying for hire : _____
 (g) If Lorry/Jeep/Tractor, was trailer attached? : _____
 (h) Number of passengers carried : _____
 (i) Number of Passenger permitted : _____

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
2	Vehicle No. / वाहन संख्या	UP53FN2711
3	Policy No. / पालिसी संख्या	252400/31/2026/53386
4	Period of Insurance / बीमा अवधि	29/10/2025 To 29/10/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/05/2026 1:00 PM
6	Place of Accident / दुर्घटना का स्थान	Katshahara
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ravi Pratap Gupta
8	Estimated Loss / अनुमानित हानि	45000=00
9.	Cause of Accident / दुर्घटना का कारण :	रफ्तार से चल रहा था है वो रास्ते में गाय दौड़ रही थी अचानक लागने से टकरा गयी मिलने गाड़ी गिर गयी और क्षतिग्रस्त हो गयी।
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 Tredavs Katshahara 7521065710

Date / दिनांक :
हस्ताक्षर

14/05/2026

Signature of Insured / बीमाधारक के

Mukesh