

CERTIFICATE OF REGISTRATION

Registration No : UP53FK9040  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 188-273004  
 Owner Name : SHIVAM KUMAR TRIPATHI  
 Full Address: (Permanent) : 109 ,RAGHO PATTI PADARI ,, CHAURI CHAURA, JUNGLE RASOOLPUR, NO. 2., GORAKHPUR, UTTAR PRADESH-273203  
 Full Address: (Temporary) : 109 ,RAGHO PATTI PADARI ,, CHAURI CHAURA, JUNGLE RASOOLPUR, NO. 2., GORAKHPUR-UTTAR PRADESH-273203  
 Fitness UpTo : 24-Aug-2040  
 Detailed Description :  
 Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2133085729  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11FBSHF35108  
 Horse Power(BHP) : 8.17  
 Maker's Classification : SPLENDOR+ XTEC 2.0 (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : MAT GUN MET GREY  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Registration Date : 25-Aug-2025  
 Purpose For Printing RC : NEW  
 Son/wife/daughter of : SHIVESH KUMAR TRIPATHI  
 Owner Serial No : 1  
 Link Vehicle No :  
 Norms : BHARAT STAGE VI  
 Rear HSRP No : AA2133720146  
 Month/Year of Manuf. : 06/2025  
 Chassis No : MBLHAW333SHF33976  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

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 w.e.f. .

Purchase dt : 21-Aug-2025  
 OTT Date : 21-Aug-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 02-Sep-2025  
 Other State/Transfer/Conversion/Reassign Details :  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Sale Amt : 86601/-  
 Amount/Rcpt No : 8661 / UP53D25080005967  
 Tax Exempted or Not : NOT EXEMPTED  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 25-Aug-2025 to 24-Aug-2040

Date : 17-Sep-2025 15:09:45  
 Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 17-Sep-2025  
 मोटर वाहन विभाग  
 गोरखपुर

5270147

**M.B.MOTORS**

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA  
 State Code: 9 Contact: 0551-2503403, . 5512500160.  
 GSTIN No: D9AAKFM8861B1Z1  
 Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10515-03-REST-0626-26  
 Customer Name SHIVAM KUMAR, TRIPATHI  
 VIN MBLHAW333SHF33976  
 Insurance Company  
 HMCGL Card No 1051526570000787  
 Part Details  
 Date 10-06-2026  
 Contact No. 6368500254  
 Model SPLENDOR+ XTEC 2.0  
 Reg No. UP03FK9041  
 HMCGL Card Category Gold

S No	Part Number	HSN No	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	K44445AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,766.95	1	9.00	9.00	0.00	0.00	0.00	0.00	4,145.00
2	33600AAE941S -WINKER ASSEMBLY RIGHT REAR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
3	86110AAE930FS -MIRROR ASSEMBLY RIGHT BACK S(D) -015M(F)	70091090	Paid	203.39	1	9.00	9.00	0.00	0.00	0.00	0.00	240.00
4	86120AAACH41ZAS - MIRROR ASSEMBLY LEFT BACK-NH-1	70091090	Paid	216.10	1	9.00	9.00	0.00	0.00	0.00	0.00	255.00
5	53172KTC920S -BRKT.L HANDLE LEVER	87141090	Paid	99.22	1	9.00	9.00	0.00	0.00	0.00	0.00	110.00
6	35150AAE942S -SWITCH ASSEMBLY START AND I3S	85361020	Paid	440.68	1	9.00	9.00	0.00	0.00	0.00	0.00	520.00
7	61100AAEB00FS -FENDER COMPLETE FRONT S(D)-015 M(F)	87141090	Paid	1,190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	1,405.00
8	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	944.92	2	9.00	9.00	0.00	0.00	0.00	0.00	2,230.00
9	53200AAE940S -STEM COMPLETE STEERING	87141090	Paid	817.80	1	9.00	9.00	0.00	0.00	0.00	0.00	945.00
10	83410AAE930FS -VISOR FRONT S(D)-015M(F)	87141090	Paid	919.49	1	9.00	9.00	0.00	0.00	0.00	0.00	1,065.00
11	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	3,225.00
12	83402AAE940S -INNER PANEL	87141090	Paid	250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	295.00
13	3340BAAE941S -WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
14	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00
15	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
<b>Parts Total</b>											0.00	16,290.00

Labour Details												
S No	Job Code	SAC No	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC 2.0	998729	Paid	1,200.00	9.00	9.00	0.00	0.00	0.00	0.00	1,416.00	
<b>Jobs Total</b>											0.00	1,416.00
<b>Parts Total</b>											0.00	16,290.00
<b>Labour Total</b>											0.00	1,416.00

CGST (Parts) 9%

1,242.4E

SGST (Labour) 9%

108.00

CGST (Labour) 9%

108.00

Total

17,706.00

and Seven Hundred Six Only

Authorised Signatory

10515 - Main W/S

the time of delivery shall be charged  
/driven and kept at owner's risk.  
emselves with the quality of work done before taking the

itted if further damages/parts are required after

te  
if vehicle not taken by the customer on delivery date  
GORAKHPUR Jurisdiction Only  
via Call, SMS or email for feedback or to give information



# Indian Union Driving Licence Issued by

## UP53 20190010770

Issue Date: 22-05-2019    Validity (NT): 21-05-2039    Validity (TR):

*Shivam*  
Holder's Signature

**SHIVAM KUMAR TRIPATHI**

Date of Birth: 07-03-1996

Blood Group: B+ VE

Organ Donor: N

Relationship: Son/Daughter/Wife of: **SHIVESH KUMAR TRIPATHI**

Address:  
109 BAGHOPATTI PADARI JUNGLE RASOOLPUR  
NO 3 CHAURI CHAURA, GORAKHPUR, UP 273203

Date of First Issue (22-05-2019)

DL No: **UP53 20190010770**

UPDL000000248371



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	22-05-2019	NT			
	LMV	UP53	22-05-2019	NT			
MVSD							

Licensing Authority  
UP53 GORAKHPUR

Form 7 Rule 16(2)

भारत सरकार

GOVERNMENT OF INDIA

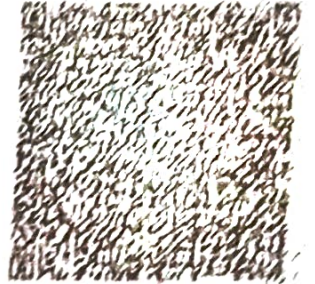


शिवम कुमार त्रिपाठी

Shivam Kumar Tripathi

जन्म तिथि/ DOB: 07/03/1996

पुरुष / MALE



6685 2872 2662

मेरा आधार, मेरी पहचान

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**AUEPT5893N**

नाम / Name

**SHIVAM KUMAR TRIPATHI**

पिता का नाम / Father's Name

**SHIVESH KUMAR TRIPATHI**

जन्म की तारीख / Date of Birth

**07/03/1996**

*SHIVAM*

हस्ताक्षर / Signature



24062017

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.	Shivam Kumar Tripathi ' 6398 500264.
2	Vehicle No. / वाहन संख्या	UP53FK 9040
3	Policy No. / पालिसी संख्या	252400/31/2026/33797
4	Period of Insurance / बीमा अवधि	21/08/25 to 20/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	06/06/2026 सायं 5 बजे
6	Place of Accident / दुर्घटना का स्थान	Passport office, Gorakhpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shivam Kumar Tripathi UP5320190010770.
8	Estimated Loss / अनुमानित हानि	17706
9.	Cause of Accident / दुर्घटना का कारण : रास्ते में अचानक साइड आ गया जिससे व्हाने में अन्यतः स्थानों की वजह से दुर्घटना हो गयी।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	— / A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	M. B. MOTOR 8818237680

Signature of Insured / बीमाधारक के  
Shivam

Date / दिनांक : 9/06/2026  
इस्ताक्षर  
Shivam



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. 252400/31/2026/33797

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

Period of Insurance 21/05/25 to 20/08/26  
 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 : Shyam Kumar Talpatti  
 (b) Address for correspondence : Gorakhpur  
 (c) Telephone : 63980557

2. THE INSURED VEHICLE

Make & Year <u>Honda</u> <u>2025</u>	Engine No. <u>35108</u> Chassis No. <u>22276</u>	Registration No. <u>UP53FK</u> <u>9040</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? Personal  
 (c) Was trailer attached? 1  
 (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  
 (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

11 | A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shivram Kumar Tripathi
- (b) Age : 30 years
- (c) Address : Gorakhpur
- (d) Is the Driver
  - 1. Owner : owner
  - 2. paid driver? :
  - 3. Owner's relative or friend? :
- (e) If paid driver, how long has he been in your employment :
- (f) Was he under the influence of intoxication Liquor or drugs? :
- (g) Driving Licence Number : UP52201900770
- (h) Issuing Authority : R.T.O. GKP
- (i) Date of Expiry : 21/08/2029
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any :
- (l) Has he been involved in any accident before? :
- (m) Has he been charged by the policy? If so, Why? :

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 06/06/2026 5 A.M
- (b) Place : Passport office
- (c) Speed of vehicle at the time of accident : 20 kmph
- (d) Give a short description of the accident : वॉल्यूमेट्री अवरिक्तता के कारण से
- (e) If any third party was responsible for this accident give the name and address : जवाहर लाल नेहरू स्मॉल बस स्टैंड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : 1
- (b) Estimated cost of repairs : 17706
- (c) When and where can the damaged vehicle be inspected :

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 : A
- (e) Full details of property damaged :
- (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

NA/A

9. WITNESS

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

NA  
A

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

NA  
A

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.

Signature of the insured Shivan

Date 09/06/ 2026

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. \_\_\_\_\_ insured under Policy No. \_\_\_\_\_ 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 or future arising directly/indirectly in respect of the said accident.

Rs. \_\_\_\_\_

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

/itness  
ame .....  
gnature .....  
ldress .....

Signature ... *Shyam* .....  
Occupation .....  
Address .....  
.....  
.....

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