



GOVERNMENT OF UTTAR PRADESH

Transport Department Gorakhpur RTO

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP53FK7125
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : D P MOTORS, OPP. MMM ENG. COLLEGE, DEORIA ROAD, GORAKHPUR, , 188-273010
 Owner Name : SHIVPAL SHAHI
 Full Address: (Permanent) : VILL BIDHANAPAR, POST BELGHAT, BELGHAT, GORAKHPUR, UTTAR PRADESH-273404
 Full Address: (Temporary) : VILL BIDHANAPAR, POST BELGHAT, BELGHAT, GORAKHPUR-UTTAR PRADESH-273404
 Fitness Up To : 12-Aug-2040
 Registration Date : 13-Aug-2025
 Purpose For Printing RC : NEW
 Son/wife/daughter of : SURENDRA SINGH
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2133080454
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : JA07AZS9E17884
 Horse Power(BHP) : 10.72
 Maker's Classification : SUPER SPLENDOR XTEC D
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA2131519843
 Month/Year of Manuf. : 05/2025
 Chassis No : MBLJAW526S9E13248
 Fuel : PETROL
 Cubic Capacity : 124.70
 Wheel base : 1263
 Seating Cap(in all) : 2
 Standing Cap : 0
 Sleepar Cap : 0
 Unladen Wt (kgs) : 122
 Colour : GLOSSY BLACK
 Laden/GV Wt (kgs) : 252
 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. 08-Aug-2025.

Purchase dt : 08-Aug-2025
 OTT Date : 08-Aug-2025
 Vehicle is Govt./ Pvt : PRIVATE
 Date of Approval : 19-Aug-2025
 Sale Amt : 84961/-
 Amount/Rcpt No : 8497 / UP53D25080003001
 Tax Exempted or Not : NOT EXEMPTED

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 13-Aug-2025 to 12-Aug-2040

Date : 30-Aug-2025 14:23:06

Taxation Particulars / Advance Registration Mark Fee Details

कर/पंजीन अधिकारी

Signature of Registering Authority

Date : 30-Aug-2025

गोरखपुर (उप्र)

Q 5297380

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 :-

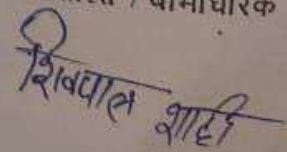
1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	शिवपाल शाही-7084606747
2	Vehicle No. / वाहन संख्या	UPS3FK7125
3	Policy No. / पालिसी संख्या	252400/31/2026/31859
4	Period of Insurance / बीमा अवधि	07/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	12/06/26 साँचे 4 बजे
6	Place of Accident / दुर्घटना का स्थान	बहादुरपुर
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	शिवपाल शाही-7084606747 UPS32060009129
8	Estimated Loss / अनुमानित हानि	8800
09.	Cause of Accident / दुर्घटना का कारण :	घर के बाड़के लेबर हम किली काम से बेलबाट आ रहे थे उसी बहादुरपुर पहुँच थे कि तिराहे पर मुझे समय इसी तरह से आ रहे बाड़के वाली ने रुककर मार दिया जिससे गाड़ी में बुरासात हो गमा आँटे हम गाड़ी लेने वाली तरह गिर गये और थोड़ी इर बसीट गये ।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	नही
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	शाही बीटी बेलबाट 7266828275

Date / दिनांक : 13/06/26

हस्ताक्षर



Signature of Insured / बीमाधारक के





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. 252400/21/2026/31859

Tel. No. _____

Period of Insurance 07/08/2026
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 : Shri Pal Shashi
- (b) Address for correspondence : Bidhnapur, Balghat, Belghat, Chorakhpur
- (c) Telephone : _____

2. THE INSURED VEHICLE

Make & Year <u>Hero 2025</u>	Engine No. <u>JA67AZS9E17884</u> Chassis No. <u>MBLJAWS26S9E13248</u>	Registration No. <u>UP33 FK7125</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

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shivpal Shastri
- (b) Age : 44
- (c) Address : Bidhnapur, Balghat, Balghat, Charkhpur
- (d) Is the Driver : Owner
 - 1. Owner
 - 2. paid driver?
 - 3. Owner's relative or friend?
- (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 : UPS320160009129
- (h) Issuing Authority : _____
- (i) Date of Expiry : 29/07/2032
- (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 : 12/06/26 4:00 PM
- (b) Place : Baraduar pur
- (c) Speed of vehicle at the time of accident : 40
- (d) Give a short description of the accident : मोटर गाडी सवारी करमा गर्दा अचानक बाइकको टाँडा टुट्यो र गाडी झरेको
- (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 : Wiper, Headlight, fender, Wind screen, Panel Inner -
- (b) Estimated cost of repairs : 8000
- (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

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 13/06/26 200

Signature of the insured शिवराम शाही

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. UPS3 FK7125 insured under Policy No. 31859 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 विहार शर्मा
Occupation Self employe
Address Bidhwar, Belghat
Belghat, Gorakhpur
UP-273404

Bank Account Number
Name of the Bank



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

आत्मज: सुरेन्द्र सिंह, ग्राम-बिधानापार पोस्ट-बेलघाट,
बेलघाट, गोरखपुर,
उत्तर प्रदेश - 273404

Address:

S/O: Surendra Singh, VILL-BIDHANAPAR
POST-BELGHAT, Belghat, Gorakhpur,
Uttar Pradesh - 273404



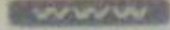
www.uidai.gov.in

6307 0611 5003

VID: 9144 5015 5224 5552



uidai@uidai.gov.in



www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

JJTPS4334E



नाम / Name
SHIVPAL SHAHI

पिता का नाम / Father's Name
SURENDRA SINGH

जन्म की तारीख /
Date of Birth
30/07/1982

शिवपाल शाही
हस्ताक्षर / Signature

01122019

UP53 20160009129

UP03895158MT



LMV
27/04/2016



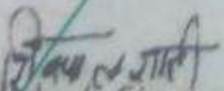
MCWG
27/04/2016

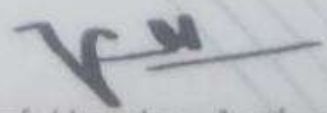


Form 7 Rule 16(2)

पता / Address

VILL.-BIDHANAPAR PO.-BELGHAT
SAHJANWA GORAKHPUR
UP - 273404


Holder's Signature


जारीकर्ता / Issuing Authority Sign
GORAKHPUR



UNION OF INDIA **Driving Licence**



UP53 20160009129



जारी करने की तिथि
Date of Issue

वैधता / Validity

27/04/2016

29/07/2032

जन्म तिथि
Date of Birth

Blood Group

30/07/1982

Unknown



नाम / Name

SHIVPAL SHAHI

पिता/पति का नाम / Son/Daughter/Wife of

SURENDRA SHAHI



भारत सरकार

Government of India



शिवपाल शाही

Shivpal Shahi

जन्म तिथि/DOB: 30/07/1982

पुरुष/ MALE



6307 0611 5003

VID : 9144 5015 5224 5552

मेरा आधार, मेरी पहचान