

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.	Aashi Dewa, 9670340367
2	Vehicle No. / वाहन संख्या	UP57AU3981
3	Policy No. / पालिसी संख्या	M.8/2025/7001/0/46575/464253
4	Period of Insurance / बीमा अवधि	27/8/2025 to 26/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	08/02/2026, 05.00 P.M.
6	Place of Accident / दुर्घटना का स्थान	Kuberaatham
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	UP5720110011837 9670340367, Sanjay Prasad
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	कुबेरस्थान बाजार में बस रुक रही कर सवारी लाने गये थे वापस आते तो बस वहाँ नहीं मिली।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A, FIR No - 0028
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	9125197148 Gupta automobile Pool/rauna

Date / दिनांक : 16/02/2026.
हस्ताक्षर

आरती देवी
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. MS/2025/7001/0/46575/4645

Tel. No. _____

Period of Insurance 24/8/25 to 26/8/26

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 : Aarti Devi
 (b) Address for correspondence : _____
 (c) Telephone : 9670340367

2. THE INSURED VEHICLE

Make & Year <u>Hero/2019</u>	Engine No. <u>HA10AGKHK15211</u> Chassis No. <u>MBLHAW090KHK09038</u>	Registration No. <u>UP57AU</u> <u>3901</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 use.
 (c) Was trailer attached?
 (d) If a Motor Cycle/scooter No
 1. Was a side-car attached No
 2. Was a pillion rider carried No

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 : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sanjay Prasad.
(b) Age : _____
(c) Address : Pachawana kushinagar.
(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 : No
(f) Was he under the influence of intoxication Liquor or drugs? : No
(g) Driving Licence Number : UP5720110011037
(h) Issuing Authority : _____
(i) Date of Expiry : 13/10/2031
(j) Was the licence temporary/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 : 08/02/2026, 05.00 P.m.
(b) Place : Kuberaatham
(c) Speed of vehicle at the time of accident : _____
(d) Give a short description of the accident : बाइक छुड़ी कर के सक्की लाने गये थे वापस
(e) If any third party was responsible for this accident give the name and address : आगे तो बाइक वहां नहीं थी।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : N/A
(b) Estimated cost of repairs : _____
(c) When and where can the damaged vehicle be inspected : Gupeeta automobile Pachawana.

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

8. INJURY TO DRIVER/OCCUPANT

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

~~N/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. : _____

~~N/A~~

10. THEFT

- (a) Date and Time : 08/02/2026, 05.00 P.m.
- (b) Place : Kube 918thm
- (c) What was stolen? : Bike
- (d) Estimated cost of replacement? : _____
- (e) By whom discovered and reported? : owner
- (f) Has theft been reported to Police? : Yes
- (g) When? : 09/02/2026, 05.25 P.m.
- (h) Which Policy Station? : Kube 918thm
- (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 16/02/26 200

Signature of the insured अरवि देवी

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

Rs. _____

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

Witness
Name
Signature
Address

Signature
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

**FORM 23
CERTIFICATE OF REGISTRATION**



Registration No : UP57AU3981 Registration Date : 13-Nov-2019
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , -
 Owner Name : AARTI DEVI Son/wife/daughter of : SAJAY PRASAD
 Full Address: (Permanent) : VILL-AMWA BUJURG SIDHA, POST-KUNBERSTHAN, THANA-KUBERSTHAN,
 KUSHINAGAR, UTTAR PRADESH-274304
 Full Address: (Temporary) : VILL-AMWA BUJURG SIDHA, POST-KUNBERSTHAN, THANA-KUBERSTHAN,
 KUSHINAGAR-UTTAR PRADESH-274304

Fitness UpTo : 12-Nov-2034 Tax UpTo : One Time
 Owner Serial No : 1

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER Link Vehicle No :
 Ownership : INDIVIDUAL Norms : BHARAT STAGE IV
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA2006609055 Rear HSRP No : AA2006354455
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 10/2019
 No of Cylinders : 1 Chassis No : MBLHAW098KHK09038
 Engine No : HA10AGKHK15211 Fuel : PETROL
 Horse Power(BHP) : 8.24 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (SELF-DRUM-CAST) Wheel base : 1230
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 112
 Colour : Grey Black 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.	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 : 25-Oct-2019 Sale Amt : 53865/-
 OTT Date : 25-Oct-2019 Amount/Rcpt No : 5387 / UP57D19100003955
 TaxUpTo : One Time Vehicle Is Govt./ Pvt. : PRIVATE
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 13-Nov-2019

Other State/Transfer/Conversion Details

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

This certificate is valid from 13-Nov-2019 to 12-Nov-2034

Date : 16-Jan-2020 13:48:39

Taxation Particulars / Advance Registration Mark Fee Details

A.R.T.O. (A)
 Signature of Registering Authority
 Date : 16-Jan-2020

467575

Program Proposal Two-Wheeler Package Contract - Bundled



Contract No.: MS/2025/7001/O/46575/464253

Motorsathi Care Private Limited
 Shastri Nagar, Meerut, Uttar Pradesh, (250004) India
 Phone: 0521-2500643
 Email: info@motorsathi.com
 Visit the website at www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
Aarti Devi	1986-05-30	9670340367		Hero	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
125 DISK ALLOY WHEEL NEW		HA10AGKHK15211	MBLHAW098KHK09038	13/11/2019		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo		---	2	1848.80	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SANJAY PRASAD	Male	41 Years	HUSBAND	2025-08-27 00:00	Midnight of 2026-08-26	

Section A: VRC: 539.67 TCR: 0.00 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A): 658.14
 Section B: TC: 0.00 FC Service: 0.00 ECPD: 0.00 Sub Total: 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 Total(B): 770.00 GST (CGST @9% + SGST @9%) (B): 138.60 Total with GST(B): 908.60
 Section C: MS Services(O): 0.00 MS Services(D): 0.00 MS Services(P): 0.00 GST (CGST @9% + SGST @9%): 0.00 Total MS Services with GST(C): 0.00
 Section D: Drive Assure: 239.03 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 43.03 Total with GST(D): 282.06
Total(Section A+B+C+D) Offered Price After Discount: 1849

Package Period Covered	2025-08-27 To 2026-08-26	2026-08-27 To 2027-08-26	2027-08-27 To 2028-08-26	2028-08-27 To 2029-08-26	2029-08-27 To 2030-08-26
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

*The vehicle covered in this contract have a valid TP coverage from 2025-08-27 until

LIMITATIONS AS TO USE: This package covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: Any person including covered individual: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from Holding or obtaining such a license. Provided also that the person holding an effective Learners License may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Companys accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000/ Note: The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

DISCLAIMER: The package stands cancelled or void in the event of Cheque Dishonored. The company may cancel the package by sending 7 days' notice in case of fraud, misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

ANTI MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTOR SATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No.:7941050643 email id: info@motorsathi.com



IMPORTANT NOTICE: The coverage is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the company by reason of wider terms appearing in the Certificate. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

#: Received with Thanks Rs 1848.8 ON 2025-08-27 from Mr./Ms. Aarti Devi
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (Please see overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18
 Customer Service Address: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



भारत सरकार

Government of India



आरती देवी

Aarti Devi

जन्म तिथि / DOB : 30/05/1985

महिला / Female



9852 5476 7121

आधार - आम आदमी का अधिकार



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:
अशोकिनी, राजेश प्रसाद, अमवा बुजुर्ग,
सीमा, कुशीनगर, कुबेरनाथ, उत्तर
प्रदेश, 274304

Address:
W/O: Sanjay Prasad, Amawa
Bujurg, Sigha, Kushinagar,
Kubernath, Uttar Pradesh, 274304

9852 5476 7121

आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

DQYPD7258E



नाम / Name
AARTI DEVI

पिता का नाम / Father's Name
SHIVSHANKAR PRASAD

जन्म की तारीख / Date of Birth

30/05/1986

A PAN Application Digitally Signed, Card Not Valid unless Physically Signed



23082017



PARIVAHAN
SEWA

MINISTRY OF ROAD TRANSPORT & HIGHWAYS
Government of India

Know Your Driving Licence Status

Driving Licence No. *

No. *

Date Of Birth

(DOB) *

Details Of Driving License: UP5720110011837

Current Status	ACTIVE
Holder's Name	S*N*A* P*A*A*
Old / New DL No.	5711011837
Source Of Data	SARATHI

Driving License Initial Details

Initial Issue Date	14-Oct-2011
Initial Issuing Office	ASST.RTO, PADRAUNA (KUSHINAGAR)

Driving License Endorsed Details

Last Endorsed Date	13-Feb-2026
Last Endorsed Office	ASST.RTO, PADRAUNA (KUSHINAGAR)
Last Completed Transaction	REPLACEMENT OF DL

Driving License Validity Details

Non-Transport	From: 14-Oct-2011	To: 13-Oct-2031	
Transport	From: NA	To: NA	
Hazardous Valld Till	NA	Hill Valld Till	NA

Class Of Vehicle Details

COV Category	Class Of Vehicle	COV Issue Date
NT	LMV	14-Oct-2011
NT	MCWG	14-Oct-2011

Note: Driving Licence number can be entered in any of the following formats: DL-1420110012345 or
- DL14<space>20110012345

Total number of input characters should be exactly 16 (including space (" ") or hyphen ("-")).

If you hold an old driving license with a different format, please convert the format as per below rule before entering.

SS-RRYYYYNNNNNN OR SSRR<space>YYYYNNNNNN

Where

SS - Two character State Code (like RJ for Rajasthan, TN for Tamil Nadu etc)

RR - Two digit RTO Code

YYYY - 4-digit Year of Issue (For Example: If year is mentioned in 2 digits, say 99, then it should be converted to 1999. Similarly use 2012 for 12).

Rest of the numbers are to be given in 7 digits. If there are less number of digits, then additional zeros (0's) may be added to make the total 7.

For example: If the Driving Licence Number is RJ-13/DLC/12/123456 then please enter RJ-1320120123456 or RJ13<space>20120123456.

Terms Of Uses

- The content on this portal is meant for sharing information regarding vehicles on the basis of information available on centralized VAHAN and vehicle National Register. Using content of this portal for any commercial purpose or any derivative work or misuse of any kind is strictly prohibited and may invite legal consequences.
- The content can be removed from the portal without notice and at any time as per Ministry of Road Transport and Highways/NIC direction.
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- These terms and conditions shall be governed by and construed in accordance with the Indian Laws. Any dispute arising under these terms and conditions shall be subject to the jurisdiction of the courts of Indian territory only.

FIRST INFORMATION REPORT

(Under Section 173 B.N.S.S)

प्रथम सूचना रिपोर्ट
(धारा 173 बी एन एस एस के तहत)

1. District/Unit (जिला/इकाई): कुशी नगर

P.S. (थाना): कुबेर स्थान

Year (वर्ष): 2026

FIR No.(प्र.सू.रि. सं.): 0028

Date & Time of FIR(प्र.सू.रि. की दिनांक/समय): 09/02/2026 17:25

2. S.No. (क्र.सं.)	Acts (अधिनियम)	Sections (धारा(एँ))
1	भारतीय न्याय संहिता (बी एन एस), 2023	303

3.(a) Occurrence of offence (अपराध की घटना) :

1. Day रविवार
(दिन):

Date From 08/02/2026
(दिनांक से):

Date To 08/02/2026
(दिनांक तक):

Time Period पहर 6
(समय अवधि):

Time From 17:00 बजे
(समय से):

Time To 17:00
(समय तक): बजे

(b) Information received at P.S. (थाना जहां सूचना प्राप्त हुई):

Date 09/02/2026
(दिनांक):

Time (समय): 17:25 बजे

(c) General Diary Reference (रोजनामचा संदर्भ):

Entry No. 023
(प्रविष्टि सं.):

Date & Time
(दिनांक और समय):

09/02/2026 17:25 बजे

4. Type of Information (सूचना का प्रकार): लिखित

5. Place of Occurrence (घटनास्थल):

Direction and distance from P.S. दक्षिण, 02 Beat No.
1. (a) (थाना से दूरी और दिशा): किमी (बीट सं.):
(b) Address कस्बा कुबरेस्थान
(पता):

(c) In case, outside the limit of this Police Station, then
(यदि थाना सीमा के बाहर है तो):
Name of P.S. District(State)
(थाना का नाम): (ज़िला (राज्य)):

6. Complainant / Informant (शिकायतकर्ता/सूचनाकर्ता):

(a) Name (नाम): संजय प्रसाद

(b) Father's Name (पिता का नाम): रामचन्द्र

(c) Date/Year of Birth (जन्म तिथि / वर्ष): 1998

(d) Nationality (राष्ट्रीयता): भारत

(e) UID No. (यूआईडी सं.):

(f) Passport No. (पासपोर्ट सं.):

Date of Issue (जारी करने की तिथि):

Place of Issue (जारी करने का स्थान):

(g) Id details (Ration Card, Voter ID Card, Passport, UID No., Driving License, PAN)

S.No. (क्र.सं.) Id Type (पहचान पत्र का प्रकार) Id Number (पहचान संख्या)

1		
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(h) Address (पता):

S.No. (क्र.सं.)	Address Type (पता का प्रकार)	Address (पता)
1	वर्तमान पता	अमवा बुजुर्ग, कुबेर स्थान, कुशी नगर, उत्तर प्रदेश, भारत
2	स्थायी पता	अमवा बुजुर्ग, कुबेर स्थान, कुशी नगर, उत्तर प्रदेश, भारत

(i) Occupation (व्यवसाय):

(j) Phone number (दूरभाष सं.):

Mobile (मोबाइल सं.): 91-9670340367

7. Details of known/suspected/unknown accused with full particulars
(ज्ञात / संदिग्ध / अज्ञात अभियुक्त का पूरे विवरण सहित वर्णन):

Accused More Than (अज्ञात आरोपी एक से अधिक हों तो संख्या):

S.No. (क्र.सं.)	Name (नाम)	Alias (उपनाम)	Relative's Name (रिश्तेदार का नाम)	Present Address (वर्तमान पता)
1	अज्ञात1			

8. Reasons for delay in reporting by the complainant/informant
(शिकायतकर्ता / सूचनाकर्ता द्वारा रिपोर्ट देरी से दर्ज कराने के कारण):

9. Particulars of properties of interest (संबन्धित सम्पत्ति का विवरण):

S.No. (क्र.सं.)	Property Category (संपत्ति श्रेणी)	Property Type (सम्पत्ति का प्रकार)	Description (विवरण)	Value (In Rs/-) (मूल्य (रु में))
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10. Total value of property (In Rs/-)-सम्पत्ति का कुल मूल्य(रु

11. Inquest Report / U.D. case No., if any (मृत्यु समीक्षा रिपोर्ट / यू.डी. प्रकरण सं., यदि कोई हो):

S.No.	UIDB Number
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12. First Information contents (प्रथम सूचना तथ्य):

नकल चिक..... सेवा मे, श्रीमान थानाध्यक्ष महोदय थाना कुबेरस्थान जनपद कुशीनगर (उ0प्र0) विषय... मोटरसाईकिल चोरी होने के सम्बन्ध में, महोदय निवेदन है कि सविनय निवेदन है कि मै प्रार्थी संजय प्रसाद ग्रा0 अमवा बुजुर्ग थाना कुबेरस्थान जनपद कुशीनगर उ0प्र0 का0 स्थाई निवासी हूँ दिनांक 08.02.2026 दिन रविवार को शाम 05 बजे कुबेरस्थान बाजार करने गया था। तथा कुबेरस्थान शिव मंदिर के दक्षिण गेट के बगल मे किराने दुकान के सामने मोटरसाईकिल खड़ी कर सब्जी खरिदने चला गया। इस स्पलेन्डर प्लस बाइक का नम्बर UP57 AU3981 है। बाजार करने के उपरान्त ज्यो ही अपने गाड़ी के पास आये तो गाड़ी वहां नही मिली जिसकी सूचना तत्काल 112 पर दिया गया गाड़ी के डिक्री मे कुछ जरूरी पेपर भी थे। अतः श्रीमान जी से निवेदन है कि मेरे खोये हुए मोटरसाईकिल के सम्बन्ध मे विधिक कार्यवाही करने की कृपा करें। दिनांक 09.02.2025 प्रार्थी संजय प्रसाद S/O रामचन्द्र ग्रा0 अमवा बुजुर्ग पो0 थाना कुबेरस्थान

जनपद कुशीनगर मो0न0- 9670340367,9598691653 HM/CM कृ0 नियामानुसार
कार्यवाही करें। ह0 अपठीय व0उ0नि0 राजेश कुमार गौतम नोट ... एफ.आई.आर
लेखक..... का0 मु0 राधेश्याम राय)

13. Action taken: Since the above information reveals commission of
offence(s) u/s as mentioned at Item No. 2.

(की गयी कार्यवाही : चूंकि उपरोक्त जानकारी से पता चलता है कि अपराध करने का
तरीका मद सं. 2 में उल्लेख धारा के तहत है।)

(1) Registered the case and took up
the investigation: (प्रकरण दर्ज किया
गया और जांच के लिए लिया गया):

or
(या)

(2) Directed (Name of I.O.) RAMAKANT
(जांच अधिकारी का नाम):

Rank SI (Sub-Inspector)
(पद):

No. 892170254
(सं.):

to take up the Investigation
(को जांच अपने पास में लेने के लिए निर्देश दिया गया) or (या)

(3) Refused investigation due to (जांच के लिए):

or (के कारण इंकार किया या)

(4) Transferred to P.S.
(थाना):

District
(ज़िला):

on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant, admitted to be correctly
recorded and a copy given to the complainant / informant free of cost.
(शिकायतकर्ता / सूचनाकर्ता को प्राथमिकी पढ़ कर सुनाई गयी, सही दर्ज हुई माना और
एक कॉपी निशुल्क शिकायतकर्ता को दी गयी।)

R.O.A.C.(आर. ओ .ए .सी.)

N.C.R.B (एन.सी.आर.बी)
I.I.F.-I (एकीकृत जाँच फार्म -I)

14 Signature/Thumb impression of the
complainant / informant.(शिकायतकर्ता /
सूचनाकर्ता के हस्ताक्षर / अंगूठे का निशान):

15 Date and time of dispatch to the court
(अदालत में प्रेषण की दिनांक और समय):

P. Kubersthan
9/3/25

Signature of Officer in charge.

Police Station

(थाना प्रभारी के हस्ताक्षर)

Name PS KUBERSTHAN

Rank SI (Sub-Inspector)

No. 9454403812

