



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department PADRAUNA(KUSHI NAGAR)**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**



Registration No : UP57CB3896 Registration Date : 30-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW  
 Dealer's Name & Address : GUPTA AUTOMOBILES, KASIYA ROAD, PADRAUNA, , , 189-274304  
 Owner Name : ALOK KUMAR SHAHI Son/wife/daughter of : SHRI ARVIND SHAHI  
 Full Address: (Permanent) : VILL-SURYA MANDIR TURKPATTI, POST -MAHUAWA BUZURG, THANA -TURKPATTI,  
 KUSHINAGAR, UTTAR PRADESH-274302  
 Full Address: (Temporary) : VILL-SURYA MANDIR TURKPATTI, POST -MAHUAWA BUZURG, THANA -TURKPATTI,  
 KUSHINAGAR-UTTAR PRADESH-274302  
 Fitness UpTo : 29-Nov-2040 Tax UpTo : One Time

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 : AA2147216571 Rear HSRP No : AA2143880044  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025  
 No of Cylinders : 1 Chassis No : MBLJAW574S9L10189  
 Engine No : JA07A1S9L14080 Fuel : PETROL(E20)  
 Horse Power(BHP) : 11.39 Cubic Capacity : 124.70  
 Maker's Classification : GLAMOUR X 125 DISC Wheel base : 1267  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 127  
 Colour : MAT METLK SILVER ME Laden/GV Wt (kgs) : 257  
 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 : 30-Nov-2025 Sale Amt : 92186/-  
 OTT Date : 30-Nov-2025 Amount/Rcpt No : 9219 / UP57D25110009068  
 TaxUpTo : One Time Vehicle is Govt./ Pvt. : PRIVATE  
 Tax Exempted or Not : NOT EXEMPTED Date of Approval : 22-Jan-2026

**Other State/Transfer/Conversion/Reassign Details**

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

This certificate is valid from 30-Nov-2025 to 29-Nov-2040

Date : 11-May-2026 17:07:40

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 11-May-2026

**A.R.T.O. (A)**  
**KUSHINAGAR (U.P.)**

**Q 8298792**

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इंश्योरेंस 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.	Alok Kumar shahi 7868 51 1313
2	Vehicle No. / वाहन संख्या	UP57CB3896
3	Policy No. / पालिसी संख्या	252400/31/2026 / 64013
4	Period of Insurance / बीमा अवधि	30-11-2025 - 29-11-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	13-06-2026 6:30 P.m
6	Place of Accident / दुर्घटना का स्थान	meer gang
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Amit shahi 7868 51 1313
8	Estimated Loss / अनुमानित हानि	14075
09.	Cause of Accident / दुर्घटना का कारण :	मेरा गाड़ी धक्का खाया था मैं पिछे बैठा था धर धाले समय राकते से मोड़ पर मोड़ते वक्त आगे से एक स्कूटी बल्ला आ गया जिससे गाड़ी टक्कर ले गयी और अग्रां तरफ गाड़ी गिर कर डमेज हो गया -
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	N/A
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	N/A
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	91251971 428 Gupta Automobile padraung

Date / दिनांक : 16-06-2026  
हस्ताक्षर

Alok shahi  
Signature of Insured / बीमाधारक के

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Amit shahi  
(b) Age : \_\_\_\_\_  
(c) Address : \_\_\_\_\_  
(d) Is the Driver : \_\_\_\_\_  
1. Owner : \_\_\_\_\_  
2. paid driver? : \_\_\_\_\_  
 3. Owner's relative or friend? : Brother  
(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 : UP5720160021030  
(h) Issuing Authority : \_\_\_\_\_  
(i) Date of Expiry : 29-12-2036  
(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 : 13-06-2008 6:30 pm  
(b) Place : meer nagj  
(c) Speed of vehicle at the time of accident : \_\_\_\_\_  
(d) Give a short description of the accident : मोटर घर मोड़ते वक्त एक स्कूरी वाला सामने  
(e) If any third party was responsible for this accident give the name and address : या गया जिससे गाड़ी चकर ली गयी ।

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Fender Vhorn. Bms, H/c etc  
(b) Estimated cost of repairs : \_\_\_\_\_  
(c) When and where can the damaged vehicle be inspected : Gupta Automobile polvaung

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 : MI A  
(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 O No. 7637, A-25/25, Asaf Ali Road, New Delhi-110 002

MOTOR CLAIM FORM

See the Office Address

Certificate/Policy No. 252400/81/2926/64 013

To be

Period of Insurance 29-11-2026  
 Claim No.

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

1. INSURED  
 Name Alok Kumar Shukla  
 Address for correspondence  
 Telephone

2. THE INSURED VEHICLE

Make & Year <u>2015</u>	Engine No. (Chassis No.) <u>JA07A169L14000</u> <u>MBLJA057457L10189</u>	Registration No. <u>UP57CB3896</u>
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- 3a) Was the vehicle in proper working condition? yes
- 3b) For what purpose was the vehicle being used at the time of accident? personal use
- 3c) Was driver licensed? yes
- 3d) If a license is produced
- 3e) Was a valid car attached? yes
- 3f) Was a yellow flag attached?

3. EXEMPTED FROM LIABILITY (COMMERCIAL VEHICLE)

- The following questions need be answered in commercial vehicles only.
- 3a) Registered gross weight
  - 3b) Excess weight
  - 3c) Weight of goods carried and (within the
  - 3d) nature of goods
  - 3e) nature of goods carried
  - 3f) Was the vehicle fitted for use
  - 3g) If a valid license is produced, was it used in accordance
  - 3h) nature of goods carried
  - 3i) nature of goods carried

~~NIA~~

8. INJURY TO DRIVER/OCCUPANT

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

~~NIA~~

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. \_\_\_\_\_

~~NIA~~

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 \_\_\_\_\_

~~NIA~~

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 16-06- 20028

Signature of the insured Abk shahi

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 ..... *Alok Shahu* .....  
Occupation .....  
Address .....  
.....  
.....

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

# Gupta

## AUTOMOBILES

**ESTIMATE**

GSTN : 09AHWPG0569P1ZE

AUTHORISED DEALER



Kasia Road, Chhawani, Padrauna (Kushinagar) ☎ : 05564/245445, 9307236635

No. **1964**Date 16-06-20

Name

Alok Kumar shahi

Add.

LP57CB3096

S.NO.	PARTICULARS	QTY.	RATE	AMOUNT Rs.	P.
	Front Fender			1400	
	Visor			1250	
	Visor Dms			400	
	meets Dms			400	
	M/c			3500	
	leg and			675	
	Fork pipe			2400	
	Seat cover (1)			900	
	Levs (1)			250	
	M/c story			300	
	Levs charge			800	
	Side panel (1)			1000	
				/	
			<b>TOTAL</b>	<b>14075</b>	

Authorised Signatory



**UNION OF INDIA DRIVING LICENSE**  
Issuing Authority : ASST.RTO, PADRAUNA (KUSHINAGAR)

**Authorization to Drive : MCWG**

**Date of Issue : 30-12-2016**

**License No. : UP57 20160021030**

**Date of Expiry : 29-12-2036**

**Name : AMIT SHAHI**

**DOB : 23-06-1996**

**Blood Group : Unknown**

**S/W/D : ARBIND KUMAR SHAHI**

**Present Address : VILL-MAHUAWA BUJURG, PO-MAHUAWA BUJURG,PS-TURK  
PATTI, MAHUAWA BUZURG,KUSHINAGAR,UP, 274302**

**Permanent Address : VILL-MAHUAWA BUJURG, PO-MAHUAWA BUJURG,PS-TURK  
PATTI, MAHUAWA BUZURG,KUSHINAGAR,UP, 274302**



Digitally signed on  
Date: 17-06-2026 10:44:08 IST



**Note:**

1. This Driving License Certificate data is accessed using DigiLocker.
2. This certificate is generated by DigiLocker (<https://digilocker.gov.in>) directly from concerned department database.
3. This digitally signed document is valid as per IT Act.
4. To verify the print out of this certificate, download DigiLocker Android application from Google Play store and scan the QR code on the printed certificate.

आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA

ALOK KUMAR SHAHI

ARVIND SHAHI

02/03/1993

Permanent Account Number

FCLPS2274A

*Handwritten signature in Hindi*

Signature



*Vertical handwritten text*



भारत सरकार  
GOVERNMENT OF INDIA



आधार



आलोक कुमार शाही

Alok Kumar Shahi

जन्म तिथि / DOB: 02/03/1993

पुरुष / MALE



8662 9100 8048

मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA



AADHAAR

Download Date: 11/12/2020

S/O: श्री अरविंद शाही, सूर्य मंदिर के पास, तुर्कपट्टी,  
महुआवा, कुशीनगर, उत्तर प्रदेश, 274302

Address:

S/O: Shri Arvind Shahi, near surya  
mandir, Turkpatti, Mahuawa, Kushinagar,  
Uttar Pradesh, 274302



8662 9100 8048



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help@uidai.gov.in



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