

MOSARAM BUSINESS & SERVICES PVT LTD
 THANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD, LUCKNOW, LUCKNOW, 226024, UP,
 India
 State Code: Contact: 7408404728,
 GSTIN No: 09AAQCM8045C1Z7
 Authorised Dealer: Hero MotoCorp Ltd.

JOB CARD /

17011-03-RJC-1225-2036

Date & Time :24/12/2025 16:46:31



CUSTOMER DETAILS / MOBILE #/Aadhaar Card
 J.C TYPE / KMS / REVISIT
 REG NO / COLOUR / MODEL
 VIN / ENGINE NO / D.O.S
 GL Card # / Category / Points / Expiry Dt
 Insurance Expiry Date
 JR Expiry/JR Balance
 Supervisor Remarks

:AHMAD ALI (7705954359)/9600
 :Accidental / 1753 / N
 :UP32QW8215 / TRD / HARLEY X440
 :MBLYGU000S4B00166 / YG01AAS4B00145/ 31/08/2025
 : / / /
 :--
 :/
 :Accidental

Accessories Check:
 Helmet, Seat Cover, Grip Cover,
 Protector Grill, Floor Mat, Tyre Pressure Valve(TPMS)

Approved Preventive Parts:

Customer refused for which is due as per the recommended Preventive Maintenance Schedule^^

Customer Request	Job Description	Job Repair Order	Billing Type	Supervisor Remarks
Accidental Job				

Vehicle Inspection Details			Customer Permission for Additional Jobs YES/NO
Lights HL/TL/Win/ Pilot	Fuel Level(cm)	Calling time:	Tool Kit
Fuel Level	Choke Cap	Accessories	Sup Sign
Mirrors L / R	Battery No		
Battery			

Vehicle Cleanliness (Ok / Not Ok)	Demanded Repairs (Nos)	Completed Repair (Nos)	Repair Inspection (Status)	Technician Signature/ Date

I authorize to execute all the above listed jobs using the necessary material at my cost. I understand that the vehicle is being stored, repaired and tested at my risk.
 Promised Delivery Time: 24/12/2025 18:45:10

Estimated Repair Value : 5000

Customer Signature _____ Technician _____ Supervisor's Name: MOHD FAIZ W.M
 ^^Preventive Maintenance helps in Optimum performance of the vehicle. Any non-adherence may lead to warranty rejection.
 DELIVERY FEEDBACK

I have received the vehicle duly serviced/repared to my entire satisfaction & replaced parts, if any are returned to me.
 Customer Signature _____ Supervisor's Name & Signature _____

Last Time Advice Jobs



MBLYGU000S4B00166 Contact: 7408404728,
 MOSARAM BUSINESS & SERVICES PVT LTD
 DELIVERY RECIEPT (To be retained by the customer & submitted at the time of the vehicle delivery)
 Job Card No 17011-03-RJC-1225-2036 Reg No UP32QW8215 Agreed Delivery Date 24/12/2025-18:45:10

GoodLife Card # / Category / Points / Expiry Dt: / / /
 Kindly Contact MOHD FAIZ W.M(Mobile# 7081166066) for any further clarification.

Estimated Repair Value 5000

- vehicles in this workshop are handled/driven and kept at owner's risk
 - Garage charges are Rs 50/- per day if bike not taken by the customer on delivery date
 - All disputes subject to jurisdiction of LUCKNOW Jurisdiction.
- I give Hero MotoCorp Ltd. (HMCL) and its agents/partners consent to contact me for any marketing or promotional communications through any medium and enable WhatsApp assistance. I understand HMCL privacy policy as mentioned on www.heromotocorp.com.

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरिस 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.	AHMAD ALI 7388637762
2	Vehicle No. / वाहन संख्या	UP32 QW8215
3	Policy No. / पालिसी संख्या	292406/31/2026/35069
4	Period of Insurance / बीमा अवधि	31/8/25 - 30/8/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/25 2:00 p.m.
6	Place of Accident / दुर्घटना का स्थान	AMITY LUCKNOW
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ALI MIRZA UP32 20220039963, 7388637762
8	Estimated Loss / अनुमानित हानि	281048
09.	Cause of Accident / दुर्घटना का कारण:	HIT BY A HIGH SPEEDING CAR
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.	

Date / दिनांक :
हस्ताक्षर

24/12/2025

Ahmad ALI
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. 252402/31/2026/35069
 Tel. No. _____ Period of Insurance 31/8/26 - 30/8/26
 Claim No. _____

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

I. INSURED
 (a) Name : AHMAD ALI
 (b) Address for correspondence : 233/115, MANKHAS, LUCKNOW - 226003
 (c) Telephone : 7388637762

2. THE INSURED VEHICLE

Make & Year <u>HERO HARLEY DAVIDSON X440 2025</u>	Engine No. <u>Y601A434B00195</u> Chassis No. <u>MBLY6U00054B00166</u>	Registration No. <u>UP32 QW8215</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? NO
 (d) If a Motor Cycle/scooter
 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 : NA
 (b) Unladen Weight : NA
 (c) Weight of goods carried/Load Challan No. : NA
 (d) Nature of permit : NA
 (e) Nature of goods carried : NA
 (f) Was the vehicle plying for hire : NA
 (g) If Lorry/Jeep/Tractor, was trailer attached? : NA
 (h) Number of passengers carried : NA
 (i) Number of Passenger permitted : NA

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : ALIMIRZA
(b) Age : 25
(c) Address : 238/115, KATRA LUCKNOW-226003
(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 :
(f) Was he under the influence of intoxication Liquor or drugs? : NO
(g) Driving Licence Number : UP32 20220039953
(h) Issuing Authority : RTO UP
(i) Date of Expiry : 9-06-2040
(j) Was the licence temporary/permanent : PERMANENT
(k) Details of endorsement/suspension, if any : NO
(l) Has he been involved in any accident before? : NO
(m) Has he been charged by the policy? If so, Why? : NO

4. OTHER INSURANCE

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

5. DETAILS OF ACCIDENT

(a) Date and Time : 24-12-25, 2:00 PM
(b) Place : MITY LUCKNOW
(c) Speed of vehicle at the time of accident : 25-30 KMPH
(d) Give a short description of the accident : HIT BY A CAR
(e) If any third party was responsible for this accident give the name and address : NA

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front Right side.
(b) Estimated cost of repairs : 281092
(c) When and where can the damaged vehicle be inspected :

7. THIRD PARTY INJURY/PROPERTY DAMAGE

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

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : NO
(b) If yes, give full details : NA

9. WITNESS

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

10. THEFT

- (a) Date and Time : NA
(b) Place : NA
(c) What was stolen? : NA
(d) Estimated cost of replacement? : NA
(e) By whom discovered and reported? : NA
(f) Has the ft been reported to Police? : NA
(g) When? : NA
(h) Which Police Station? : NA
(i) C.R. diary Number : NA

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 24-12-2025

Ahmad Ali
Signature of the insured

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. UP32 8W 20017 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 Ahmad Ali
Occupation
Address
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department TRANSPORT NAGAR RTO LUCKNOW (UP32)

FORM 23

CERTIFICATE OF REGISTRATION

Registration No	: UP32QW8215	Registration Date	: 04-Sep-2025
Description of Vehicle	: M-CYCLE/SCOOTER	Purpose For Printing RC	: NEW
Dealer's Name & Address	: MOSARAM BUSINESS AND SERVICES PRIVATED LIMITED, 101,SITAPUR RD,MANDION POLICE STN, MOHIBULLAPUR,WARD FAIZULLAGANJ, , 157-226021		
Owner Name	: AHMAD ALI	Son/wife/daughter of	: MOHD. ALI ASHHAR
Full Address: (Permanent)	: R/O 238/111, KATRA ABUTURAB KHAN, NAKKHAS, LUCKNOW, LUCKNOW, UTTAR PRADESH-226003		
Full Address: (Temporary)	: R/O 238/111, KATRA ABUTURAB KHAN, NAKKHAS, LUCKNOW, LUCKNOW-UTTAR PRADESH-226003		
Fitness Up To	: 03-Sep-2040	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	: AA2134295968	Rear HSRP No	: AA2134823765
Type of Body	: SOLO WITH PILLION	Month/Year of Manuf.	: 02/2025
No of Cylinders	: 1	Chassis No	: MBLYGU000S4B00166
Engine No	: YG01AAS4B00145	Fuel	: PETROL
Horse Power(BHP)	: 26.97	Cubic Capacity	: 439.91
Maker's Classification	: HARLEY-DAVIDSON X440 VI	Wheel base	: 1418
	VID		
Seating Cap(in all)	: 2	Standing Cap	: 0
Sleeper Cap	: 0	Unladen Wt (kgs)	: 191
Colour	: THICK RED	Laden/GV Wt (kgs)	: 341
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 IDFC FIRST BANK LTD,

LUCKNOW, , Lucknow, Uttar Pradesh-226001 w.e.f. 31-Aug-2025.

Purchase dt	: 31-Aug-2025	Sale Amt	: 259500/-
OTT Date	: 31-Aug-2025	Amount/Rcpt No	: 25950 / UP32D25090001833
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 17-Sep-2025		

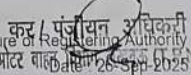
Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 04-Sep-2025 to 03-Sep-2040

Date : 26-Sep-2025 17:43:18

Taxation Particulars / Advance Registration Mark Fee Details


 कर् / पंजीयन अधिकारी
 Signature of Registering Authority
 मोटर वाहन विभाग, लखनऊ (UP32)
 Date: 26-Sep-2025

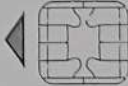
Q 5727818



Indian Union Driving Licence
Issued by Uttar Pradesh

UP

UP32 20220039953



Issue Date 02-09-2022 Validity (NT) 09-06-2040 Validity (TR)*



(02-09-2022)

Name: ALI MIRZA
Date of Birth: 10-06-2000 Blood Group: B+ VE Organ Donor: N
Son/Daughter/Wife of: TANVEER MIRZA
Address:
238/115 KATRA ABUTURAB KHAN RAJA BAZAR
Lucknow, UP 226003

Licence Holder's Signature

Date of First Issue

DL No: UP32 20220039953

UPDL000009181134



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	UP32	02-09-2022	NT			
	LMV	UP32	02-09-2022	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

Lucknow Municipality
UP32 LUCKNOW TP NAGAR

भारत सरकार
Government of India

अहमद अली
Ahmad Ali
जन्म तिथि/DOB: 20/06/1974
लिंग/ GENDER: MALE

7215 0057 9600
VID : 9171 4485 5366 3300
मेरा आधार, मेरी पहचान

Issue Date: 04/11/2011



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

पता:
S/O मो. अली अशहर, 238/111, कट्रा अबतुराब खान,
नक्खास, लखनऊ,
उत्तर प्रदेश - 226003

Address:
S/O Mohd. Ali Ashhar, 238/111, katra
abuturab khan, nakkhas, Lucknow,
Uttar Pradesh - 226003

7215 0057 9600
VID : 9171 4485 5366 3300

1947 | help@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

CNKPA1880P



नाम / Name
AHMAD ALI

पिता का नाम / Father's Name
MOHD A. JASHHAR

जन्म की तिथि / Date of Birth
20/06/1974

Ahmad Ali
हस्ताक्षर / Signature

49499



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, GSTIN: 09AACT062784ZU

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	31-AUG-25
Policy No	25240031/2026-35069	Proposal No. & Date	R/25240031/2026/103821/5/2 & 31-AUG-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 23.34 ON 31.08.2025 TO MIDNIGHT OF 30/08/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 23.34 ON 31.08.2025 TO MIDNIGHT OF 30/08/2026
Insured Name	AHMAD ALI (GSTIN: 0)	Lead / Breakin No	0
Insured Address	C/O MOHD. ALI ASBIHAR, R.O 238/111, KATRA ABUTURAB KHAN, NAKKHAS,LUCKNOW,LUCKNOW, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HARLEY DAVIDSON	Vehicle	246525
Model & Variant	HARLEY X400	Electrical Accessories	0
Registration No	NEW	Non-Electrical Accessories	0
Year of Manufacture	2025	Total IDV	246525
Engine-Chassis No	YG01AAS4B00143-MBLYG000NS4B00166	TME CONTRACT NO	
Cubic Capacity	440	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	IND
Type Of Body	SOLO	Type Of Fuel	PETROL
KTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	4541.92	Basic Third Party Liability	15117
Elec Accessories	0	Compulsory P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	145.92	Legal Liability (MC) for driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading (On OD Premium (60%))	0	Legal Liability to Passenger (IMT-44)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	NA
Voluntary Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Anti-Theft Device (IMT-10)	0	Net Liability Premium (B)	15117
AAI Membership (IMT-8)	0	Total Premium (A+B)	16489
No Claim Bonus	0	GST	2968
Discount for vehicle designed for handicapped	0	SERVICE TAX	0
SIP Discount	0	STAMP DUTY	0.60
Sub-Total Deductibles	0	Swachh Bharat Cess@0.50%	0
Add-On Coverages	966	Kirishik Kalyan Cess@0.50%	0
NIL Depreciation	0	Gross Premium Paid	19457
Returns to Invoice	0		
Acc Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	966		
Net own Damage Premium(A)	1372		

Nominee Details :		Agreement		Relation	
Nominee Name	Age	Bank Name	Amount	Financer Name	Financer Branch
		IDFC FIRST BANK LTD	19457		
Payment Details :		Cheque No./Transaction No.	Bank Name	Amount	
				19457	
Financer Type :		Financer Name	IDFC FIRST BANK LTD	Financer Branch	
POS Name	NA	POS ID	NA	POS PAN No./Aadhar No	NA

In the event of a claim under the policy exceeding Rs 1 lac or a claim for refund of premium exceeding Rs 1 lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, IMTs and O/C endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org or on demand from the policy issuing office.

We warrant that in case of dishonour of premium cheques the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Claim is not admissible if driving License is found fake or is not valid whether or not in the knowledge of the insured.

We hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorized by and on behalf of the company has hereunto set his/her hand at 25/08/2025.

IMPORTANT NOTICE

The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Premium made by the company by reason of wider terms appearing in the certificate in order to comply with the MV Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY".

Limitations as to use: Use only for social, domestic and pleasure purposes and the insured's business. The Policy does not cover the use for: (1) Hire or reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace Making (5) Special testing (6) Reliability trials.

g) Any Purpose in connection with motor trade.

Driver's Consent: Any person including the insured 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 learner's license may also drive a vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability - Chassis/Under section II-1 (a) of the policy: Death of or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988 Under Section II-1 (a) of the policy. Damage to third party property as per 7.5 lakhs P.A. cover under section II for owner driver is RS.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s) as per the. The preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 30%, preceding five consecutive years 40%, preceding five consecutive years 50% of NCB on OD premium. No Claim Bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy to which this certificate relates as well as the certificate of insurance are issued in accordance with the provisions of Chapter X and XI of MV Act, 1988.

* This insurance excludes all pre-existing damages.

	Approved By :	UNV@252400
	Approved On :	31-AUG-25
	Place :	MRT
	Printed On :	31-AUG-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Lucknow

MOSARAM BUSINESS & SERVICES PVT LTD

THANA MADIION, NEAR ENGINEERING COLLEGE TANTA SQUARE, SITAPUR ROAD,LUCKNOW, LUCKNOW,

226024, UP, India

State Code: 9 Contact: 7408404728, , ,

GSTIN No: 09AAQCM8045C1Z7

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	17011-03-REST-1225-73	Date	24-12-2025
Customer Name	AHMAD ALI	Contact No.	7705954359
Aadhaar Card	9600		
VIN	MBLYGU000S4B00166	Model	HARLEY X440
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP32QW8215
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	HDH53105RAA000S -END STEERING HANDLE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
2	HDH17520RAA020BS - FUEL TANK RD(D)-025M(G)	87141090	Paid	14,843.22	1	9.00	9.00	0.00	0.00	0.00	0.00	17,515.00
3	HDH33400RAA001S - WINKER ASSEMBLY RIGHT FRONT	85122010	Paid	716.10	1	9.00	9.00	0.00	0.00	0.00	0.00	845.00
4	HDH53100RAA000GS - PIPE STEERING HANDLE MATTE BLACK	87141090	Paid	2,100.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,478.00
5	HDH45508ACP000S - LEVER SET	87141090	Paid	361.02	1	9.00	9.00	0.00	0.00	0.00	0.00	426.00
6	KHDH5080BRAA000S -KIT ENGINE GUARD	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
Parts Total											0.00	22,204.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HARLEY X440	998729	Paid	5,000.00	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00	
Jobs Total											0.00	5,900.00

Parts Total	22,204.00
Labour Total	5,900.00
SGST (Parts) 9%	1,693.53
CGST (Parts) 9%	1,693.53
SGST (Labour) 9%	450.00
CGST (Labour) 9%	450.00
Total	28,104.00

Rupees in Words: Twenty Eight Thousand One Hundred Four Only

Authorized Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged
3. Vehicles in this workshop are handled/driven and kept at owner's risk.
4. Customers are requested to satisfy themselves with the quality of work done before taking the delivery
5. Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
6. Actual amount may vary from estimate
7. Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
8. All disputes subject to jurisdiction of LUCKNOW Jurisdiction Only

17011 - Main W/S