

To / सेवा में,
 The Oriental Insurance Co Ltd /
 दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
 MEERUT

ORIENTAL INSURANCE CO. LTD.
 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.	संतोष कुमार, 7307349869
2	Vehicle No. / वाहन संख्या	UP31CT6754
3	Policy No. / पालिसी संख्या	252400/31/2025/75860
4	Period of Insurance / बीमा अवधि	03/01/2025 से 02/01/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/12/2025 और 2:00PM
6	Place of Accident / दुर्घटना का स्थान	वावागंज के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सौरभ कुमार, 9838484328 UP3120250009209
8	Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण : वावागंज के पास सामने से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी दौड़ और गिरकर क्षतिग्रस्त हो गई।		
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.	MASKRAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036

संतोष कुमार

Date / दिनांक : 24/12/2025
 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 MERUT

Certificate/Policy No. 252400/31/2025/75860

Tel. No.

Period of Insurance 03/1/2025 से 02/01/2026
 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 : DANTOSH KUMAR
 (b) Address for correspondence : R/O KARI POKHAR, KHERI, BANIKA, LAKHIMPUR-
 (c) Telephone : 7367349869 KHERI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAIJE8RHM66726</u> Chassis No. <u>MBLHAW234RHM84967</u>	Registration No. <u>UP31CT6754</u>
---	--	---------------------------------------

- (a) Was the vehicle in proper working condition? Yes
 (b) For what purpose was the vehicle being used at the time of accident? N/A
 (c) Was trailer attached? N/A
 (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 : _____

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : SAURABH KUMAR
 (b) Age : 18/03/2000
 (c) Address : BANIKA KART POKHAR, LAKHIMPUR-KHERI,
 UP-262125
 (d) Is the Driver
 1. Owner : No
 2. paid driver? : No
 3. Owner's relative or friend? : NEPHEW
 (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 : UP31 20250009209
 (h) Issuing Authority : 26/06/2025
 (i) Date of Expiry : 17/03/2040
 (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

5. DETAILS OF ACCIDENT

- (a) Date and Time : 22/12/2025 2:00PM
 (b) Place : वावागजक पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : वावागजक के पास सामने से मोटर साइकिल से टक्कर
 (e) If any third party was responsible for this accident give the name and address : हो गई जिससे मेरी गाड़ी बर्त और गिरकर बलियमस हो गयी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM AUTO SALES, ROPROAD
 LAKHIMPUR-KHERI 9151154036

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 : N/A
 (f) Has notice of any claim been given to you? :

8. INJURY TO DRIVER/OCCUPANT

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

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? : N/A
- (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? : N/A
- (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 24/12/2005

Signature of the insured [Signature]

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. UP31CT6754 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 सन्तोष कुमार
Occupation
Address

Bank Account Number
Name of the Bank

FORM 60

[See third provision to of Rule 114B]

Form of Declaration to be filled by a person who does not have either permanent account number of general index Register Number and who makes payment in respect of transaction specified in clauses (c) to (f) of rule 114B of the income Tax Act, 1962.

1. Full Name and Address of the declarant SANTOSH KUMAR S/O RAM
DAYAL, KARTI POKHAR, KHERI, BANIKKI, UTTAR PRADESH
262725

2. Particulars of transaction

Account Type Number

3. Amount of the transaction Rs.

4. Are you assessed to tax? Yes / No

5. If yes,

- i) Details of Ward / Circle / Range where the last return of income was filed.
- ii) Reasons for not having permanent account number / General Index Register Number

6. Details of document being produced in support of address in column (1)

Verification

I, SANTOSH KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 24/12/2025

Place KHERI

SANTOSH KUMAR
Signature of the declarant

Instructions: Documents which can be produced in support of the address are:

- (a) Ration Card
- (b) Passport
- (c) Driving License
- (d) Identity Card issued by any institution
- (e) Copy of Electricity bill or Telephone bill showing residential address.
- (f) Any document of communication issued by authority of Central Government or local bodies showing residential address.
- (g) Any other documentary evidence in support of his address given in the declaration.

Note: Amendment with effect from 1st November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID: PGR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 1 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570... (GSTIN: 09AACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	03-JAN-25
Policy No	252400312025588607	Proposal No. & Date	R/25240031/2025/9487279248 & 03-JAN-2025
Agent/Broker Code	HA0000155144	Policy Period (OWN DAMAGE)	FROM 17:40 ON 03/01/2025 TO MIDNIGHT OF 02/01/2028
Agent/Broker Name	ABHINAV BHATT	Policy Period (LIABILITY)	FROM 17:40 ON 03/01/2025 TO MIDNIGHT OF 02/01/2028
Insured Name	SANTOSH KUMAR (GSTIN: 01)	Lead/Breakin No	0
Insured Address	S/O SRI RAM DVAL, R/O KARI POKHAR, KHERI, BANIKA, PS- KHERILAKHIMPUR KHERI, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOR CORP	Vehicle	73175
Model & Variant	HERO SPLENDOR PLUS E-20	Electrical Accessories	0
Registration No	NRW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	73175
Engine/Chassis No	HA11E8PHM6676-MBIJAW234BAM10907	IME CONTRACT NO	
Cubic Capacity (cc)		Policy Type	Zone B - Rest of India
Seating Capacity		Geographical Area	IND
Type Of Body	SCOOTER	Type Of Eng.	PETROLEUM
RTO Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	3226.41	Basic Third Party Liability	3851
File Accessories	0	Compulsary PA Cover Premium	0
Non-File Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	384.21	Legal Liability (WC) to 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-16)	NA
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT-22A)	0	Net Liabilities Premium (B)	3851
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4035
AMI Membership (IMT-8)	0	GST	726
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
NTF Discount	0	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	0	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4761
Nil Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is the subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No.	
Consumables	0	3. This Policy is subject to a compulsory deductible of Rs.0/IMT-22	
Sub-Total Add-on Coverages	0	4. Voluntary excess Rs.0/-	
Net own Damage Premium(A)	384.21	5. Subject to Endorsements IMT-7 to 25.	

Suminsr Details		Age		Relation	
Payment Details:	Payment Method	Cheque No./Transaction No	Bank Name	Amount	
				4761	
Financer Type	Financer Name	HERO FINCORP LTD	Financer Branch		
POS Name	POS ID	NA	POS PAN NO/Aadhar No	NA	

In the event of a claim under the policy covering the loss or claim for loss of or damage to or destruction of the insured vehicle, the amount will comply with the provisions of the AMI policy of the Company. The AMI 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, AMI and OIL endorsements mentioned herein above which are available on company's website www.orientalinsurance.com or on demand from the policy issuing office.

Warranty 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 the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988 in a fitness whereof the undersigned being authorised by and on behalf of the company has hereunto set his/her hands at 25240031/03-JAN-25.

IMPORTANT NOTICE

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any Payment made by the Company is subject to all the terms and conditions appearing in the certificate in order to comply with the MV Act 1988 as enforceable from the insured see the clause headed 'AVOIDANCE OF CERTAIN AND RIGHTS OF RECOVERY'.

Limitations as to use: (1) 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) Speed testing (6) Reliability trials.

gains Purpose in connection with motor trade.

Driver's Clause: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is qualified from holding or obtaining such a license provided also that the person holding an effective license may also drive vehicle & that such a person satisfies the requirement of Rule 11 of the Central Motor Vehicle Rules, 1989.

Limits of Liability Clause: Under section II-1 (i) of the policy - Death of (or 30) others. Such amount is necessary to meet the requirement of the motor vehicle Act, 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 Lakhs PA Cover under section III for owner-Driver is Rs.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) from the own damage section of the policy if no claim is made or payable during the previous year(s) as per the The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding four consecutive years 45% preceding five consecutive years. 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 M.V. Act 1988.

* This insurance excludes all pre-existing damages.



Approved By: [Signature]
Approved On: 03-JAN-25
Place: MEERUT
Printed On: 03-JAN-25

For and on behalf of
The Oriental Insurance Company Limited

General Manager
Authorized Signature



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CJ6754 Registration Date : 05-Jan-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, , , 153-262701
 Owner Name : SANTOSH KUMAR Son/wife/daughter of : S/O SRI RAM DYAL
 Full Address: (Permanent) : R/O KARI POKHAR, KHERI, BANIKA, PS- KHERI, KHERI, UTTAR PRADESH-262725
 Full Address: (Temporary) : R/O KARI POKHAR, KHERI, BANIKA, PS- KHERI, KHERI-UTTAR PRADESH-262725
 Fitness UpTo : 04-Jan-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 : AA2117953470 Rear HSRP No : AA2118187159
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024
 No of Cylinders : 1 Chassis No : MBLHAW234RHMB4967
 Engine No : HA11E8RHM66726 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Steepear Cap : 0 Unladen Wt (kgs) : 109
 Colour : BLACK GREY STRIPE Laden/GV Wt (kgs) : 239
 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, PUNE, PUNE, , Pune, Maharashtra-411009 w.e.f. 03-Jan-2025.

Purchase dt : 03-Jan-2025 Sale Amt : 77026/-
 OTT Date : 03-Jan-2025 Amount/Rcpt No : 7703 / UP31D25010001009
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 12-Jan-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 05-Jan-2025 to 04-Jan-2040

Date : 22-Jan-2025 10:59:14

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registrar Authority
 Date : 22-Jan-2025

Handwritten signature

P 9521364



**Indian Union Driving Licence
Issued by Uttar Pradesh**

UP31 20250009209



Issue Date: 26-06-2025
Validity (NT): 17-03-2040
Validity (TR)*



Holder's Signature

Name: SAURABH KUMAR
Date of Birth: 18-03-2000 Blood Group:
Son/Daughter/Wife of: PREM PRAKASH Organ Donor: M
Address:
BANIKA KARI POKHAR LAKHIMPUR KHERI
Uttar Pradesh 262725

Date of First Issue: 26-06-2025

DL No: UP31 20250009209

UPDL311000015894



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	UP31	26-06-2025	NT			

Form 7 Rule 16(2)

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERI

सौरभ कुमार

9838 48 4328



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

पता:

संबोधित: राम दयाल, कारी पोखर,
खीरी, बनीका, उत्तर प्रदेश, 262725

Address:

S/O: Ram Dyal, Kari Pokhar,
Kheri, Banika, Uttar Pradesh,
262725

4497 8230 4759



1947
1800 300 1947



help@uidai.gov.in

www

www.uidai.gov.in



भारत सरकार

Government of India



संतोष कुमार

Santosh Kumar

जन्म तिथि / DOB : 01/12/1990

पुरुष / Male



4497 8230 4759

आधार - आम आदमी का अधिकार

संतोष कुमार 7307349869

MOSARAM AUTO SALES

L.R.P.ROAD, LAKHIMPUR KHERI, LAKHIMPUR, KHERI, 262701, UP, INDIA
 State Code: 9 Contact: 7800009643, 7408404715, 7408404714, 7800009644
 GSTIN No: 09AAJFM3951B1ZD
 Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No.	10730-03-REST-1225-730	Date	30-12-2025
Customer Name	SANTOSH KUMAR ...	Contact No.	7307349869
VIN	MBLHAW234RHMB4967	Model	SPLENDOR +
Insurance Company		Reg No.	UP31CJ6754
HMCGL Card No	1073024820005045	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	83410KWHHY0S -FR VISOR	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
3	17500AAEH00ZBS -FUEL TANK-BLACK (NH-1 (TYPE-2))	87141090	Paid	5,000.00	1	9.00	9.00	0.00	0.00	0.00	0.00	5,900.00
4	K50506KCCA900RS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
5	83500AAEH00ZBS -R SIDE COVERBLACK (NH1(TYPE2))	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
6	77300ADH700CS -REAR COWL RIGHT NH303M	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	88110AAFH31ZAS -MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
8	53175KCC840S -LEVER R STRG. HANDLE	87141090	Paid	75.42	1	9.00	9.00	0.00	0.00	0.00	0.00	89.00
9	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
Parts Total											0.00	12,290.00

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total	12,290.00
Labour Total	2,000.10
SGST (Parts) 9%	937.37
CGST (Parts) 9%	937.37
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	14,290.10

Rupees in Words: Fourteen Thousand Two Hundred Ninety and paise Ten Only Authorised 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.
- 10730 - Main W/S