

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

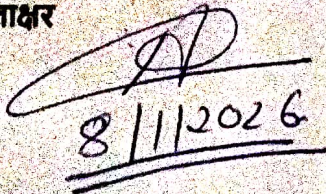
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .

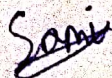
Sir / महोदय ,

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.	MOHD SAMI 9935758888
2	Vehicle No. / वाहन संख्या	UP-78-JK-5468
3	Policy No. / पालिसी संख्या	252400/31/2026/60937
4	Period of Insurance / बीमा अवधि	19/11/2025 to midnight of 18/11/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	7/1/2026 3:16 PM
6	Place of Accident / दुर्घटना का स्थान	LAL Bangla Kanpur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	MOHD SAMI / 9935758888 / UP7820190033514
8	Estimated Loss / अनुमानित हानि	17107 Rs.
09.	Cause of Accident / दुर्घटना का कारण :	I was going in the evening at around 3:16 PM. An accident occurred at Lal Bangla Kanpur. in which my vehicle was damaged. No one was seriously injured
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.	Morarom premia 7081166066, madhanchandran

Date / दिनांक : 8/1/2026.
हस्ताक्षर


8/1/2026


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. 252400/31/2026/60937

Tel. No. _____

Period of Insurance _____

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 : MOHD SAMI
- (b) Address for correspondence : R/O 89/209 A-2, DALEL PURWA, KANPUR NAGAR (U.P.)
- (c) Telephone : 99357 58888

2. THE INSURED VEHICLE

Make & Year <u>Hero</u>	Engine No. <u>KFOIACSG100196</u>	Registration No.
	Chassis No. <u>MBLKFU027SG100239</u>	<u>UP-78-JK 5468</u>

- (a) Was the vehicle in proper working condition?
- (b) For what purpose was the vehicle being used at the time of accident? Personal
- (c) Was trailer attached?
- (d) If a Motor Cycle/scooter
 - 1. Was a side-car attached
 - 2. Was a pillion rider carried N/A

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need to 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 : N/A
- (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 : MOHD SAMI
- (b) Age : 40
- (c) Address : R/o 89/209, A-2, DALEL PURWA, KANPUR NAGAR (C.P.)
- (d) Is the Driver
 - 1. Owner : owner
 - 2. paid driver? :
 - 3. Owner's relative or friend? :
- (e) If paid driver, how long has he been in your employment : N/A
- (f) Was he under the influence of intoxication Liquor or drugs? : N/A
- (g) Driving Licence Number : UP7820190033514
- (h) Issuing Authority :
- (i) Date of Expiry : 22-09-2029
- (j) Was the licence temporary/permanent : permanent
- (k) Details of endorsement/suspension, if any :
- (l) Has he been involved in any accident before? : No
- (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 : 7/11/2026 3:16 PM
- (b) Place : LAL Bangla KANPUR (C.P.)
- (c) Speed of vehicle at the time of accident : 5-10 km/h
- (d) Give a short description of the accident : Bike hit at left side and bike drop down to right side.
- (e) If any third party was responsible for this accident give the name and address :

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Right side
- (b) Estimated cost of repairs : -17107 Rs.
- (c) When and where can the damaged vehicle be inspected :

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

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? : N/A
- (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 8/1/2026

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. UP79JK5468 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 Soni
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department KANPUR NAGAR

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP78JK5468 Registration Date : 23-Nov-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 : MOHD SAMI Son/wife/daughter of : JAVED AKHTAR
 Full Address: (Permanent) : R/O 89/209 A-2, DALEL PURWA, KANPUR NAGAR, KANPUR NAGAR, UTTAR PRADESH-
 208001
 Full Address: (Temporary) : R/O 89/209 A-2, DALEL PURWA, KANPUR NAGAR, KANPUR NAGAR-UTTAR PRADESH-
 208001

Fitness UpTo : 22-Nov-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 : AA2144553036 Rear HSRP No : AA2138233061
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2025
 No of Cylinders : 1 Chassis No : MBLKFU027SGL00239
 Engine No : KF01ACSGL00196 Fuel : PETROL
 Horse Power(BHP) : 14.61 Cubic Capacity : 156.00
 Maker's Classification : XOOM 160 Wheel base : 1348
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 142
 Colour : MAT RAINFOREST GREEN Laden/GV Wt (kgs) : 272
 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 : 19-Nov-2025 Sale Amt : 138188/-
 OTT Date : 19-Nov-2025 Amount/Rcpt No : 13819 / UP78D25110012089
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 15-Dec-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 23-Nov-2025 to 22-Nov-2040

Date : 15-Dec-2025 14:40:11

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Date : 15-Dec-2025

Q 6813005

Government of Uttar Pradesh Government of Uttar Pradesh
 Government of Uttar Pradesh Government of Uttar Pradesh



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 NEEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZLU)					
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)		Policy Issued On	19-NOV-25	
Policy No	25240031/2026/60937		Proposal No. & Date	R/25240031/2026/40415 & 19-NOV-2025	
Agent/Broker Code	BA0000155144		Policy Period (OWN DAMAGE)	FROM 19:14 ON 19/11/2025 TO MIDNIGHT OF 18/11/2026	
Agent/Broker Name	ABHINAV RHATI		Policy Period (LIABILITY)	FROM 19:14 ON 19/11/2025 TO MIDNIGHT OF 18/11/2030	
Insured Name	MOHD SAMI (GSTIN:)			Lead /Breakin No	
Insured Address	C/O JAVED AKHTAR, R/O B/9/209 A-2, DALEI PURWA, KANPUR NAGAR, KANPUR NAGAR, KANPUR			Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)		
Make	HERO MOTOCORP		Vehicle	131279	
Model & Variant	HERO MOTOCORP XOOM 160 ZX		Electrical Accessories	0	
Registration No	NEW		Non Electrical Accessories	0	
Year Of Manufacture	2025		Total IDV	131279	
Engine-Chassis No	KF01ACSGLO196 + MBLKFL027SGL00239		TNF CONTRACT NO		
Cubic Capacity	156		Policy Type	Zone B - Rest of India	
Seating Capacity	1 + 0		Geographical Area	INDIA	
Type Of Body	SOLO	Type Of Fuel	PETROL		
RTO Location					
Schedule Of Premium (Amount in Rs.)					
OWN DAMAGE SECTION(A)			LIABILITY SECTION (B)		
Vehicle	2310.51		Basic Third Party Liability	7365	
Elec Accessories	0		Compulsory PA Cover Premium	0	
Non-Elec Accessories	0		PA Cover for 0 Person Of Rs (0) each (IMT-16)	0	
Basic Premium	2310.51		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-46)	NA	
Sub-Total Additions	0		Driving Tuition Loading On TP Premium (60%)	NA	
Deductibles	0		PA Paid Driver, Conductor, Cleaner-GR36R3	0	
Voluntary Deductibles (IMT 22A)	0		Net Liability Premium (B)	7365	
Anti-Theft Device (IMT-10)	0		Total Premium (A+B)	7712	
AAI Membership (IMT-6)	0		GST	1388	
No Chain Bonus	0		SERVICE TAX	0	
Discount for vehicle designed for handicapped	0		STAMP DUTY	0.00	
SIP Discount	1964		Swachh Bharat Cess@0.50%	0	
Sub-Total Deductibles	1964		Krishi Kalyan Cess@0.50%	0	
Add-On Coverages	0		Gross Premium Paid	9100	
NIL Depreciation	0		Note:	1. Policy issuance is the subject to the realisation of cheque	
Return to Invoice	0			2. Consolidated Stamp Duty paid via Challan No	
Key Replacement	0			3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Consumables	0			4. Voluntary excess Rs(0)	
Sub Total Add-on Coverages	0			5. Subject to Endorsements IMT,7,10,28.	
Net own Damage Premium(A)	347				
Number Details :	Nominee Name	Age	Relation		
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	9100
POS Name	NA	POS ID	NA	POS PAN No/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, 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, terms, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranty that in case of dishonour of premium cheque(s) 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 by 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 authorised by and on behalf of the company has hereon set his/his hands at 252400 on 19-NOV-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 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, i.e. 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) Profitability tests (7) Any Purpose in connection with motor trade.

Driver's Clause: Any person including the insured, provided that a person driving vehicle 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 driver's license may also drive vehicle A, but such a person shall be the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limit of Liability Clause: Under section II-1 (1) 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 is Rs. 7.5 lakhs P.A. under section III for person/cover is Rs. 10 lakhs.

No Chain Bonus: The insured is entitled for a No Chain 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 preceding year(s) 20%, preceding two consecutive years 25%, preceding three consecutive years 30%, preceding four consecutive years 35%, preceding five consecutive years 40%, preceding six consecutive years 45% NCB on OD premium. No Chain bonus only be allowed provided the policy is renewed within 90 days of the previous policy.

We hereby certify that the policy is issued in accordance with the provisions of chapter X and XI of MV Act, 1988 as well as the conditions of insurance are issued in accordance with the provisions of chapter X and XI of MV Act, 1988.

* This insurance excludes all pre-existing damage.

Approved By: 6095280405
 Approved On: 19-NOV-25
 Place: MBT
 Printed On: 19-NOV-25

For and on behalf of
The Oriental Insurance Company Limited
 DC-0011
 General Manager
 Authorized Signatory

Indian Union Driving Licence
Issued by Uttar Pradesh

UP78 20190033514

Issue Date: 23-09-2019 Validity (NT): 22-09-2029 Validity (TR):

Name: MOHD SAMI

Date of Birth: 01-07-1985 Blood Group: Organ Donor: N

Son/Daughter/Wife of: JAVED AKHTAR

Address: A-2 DALEL PURWA, Kanpur, Kanpur
Pin: UP 208001

Holder's Signature

Date of First Issue: 23-09-2019

DL No: UP78 20190033514 UPDL 0000012 18 130

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
Car	MCVNS	UPPN	23-09-2019	M			
Car	LMV	UPPN	25-09-2019	M*			

Emergency Contact Number

Licensing Authority
UPPS KANPUR NAGAR

Form 7 (Rule 162)



भारत सरकार
Government of India



Aadhaar no. issued: 28/02/2015



मो समी
Mohd Sami
जन्म तिथि/DOB: 01/07/1985
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएमएल की स्कैनिंग) के साथ किया जाना चाहिए।
Aadhaar is proof of identity, not of citizenship
or date of birth. It should be used with verification (online
authentication, or scanning of QR code / offline XML).

6900 7874 7620

मेरा आधार, मेरी पहचान



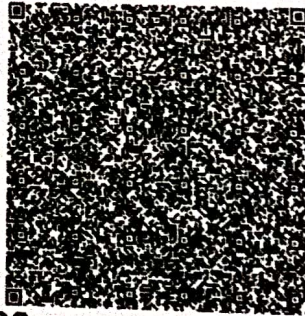
भारत सरकार
Government of India



Details as on: 07/10/2025

पता:
आत्मज: जावेद अख्तर, 89/209 ए-2, दलेल पुरवा, कानपुर
नगर, फ़हिमाबाद, कानपुर नगर,
उत्तर प्रदेश - 208001

Address:
S/O: Javed Akhtar, 89/209 A-2, Dalel Purwa, Kanpur
Nagar, PO: Fahimabad, DIST: Kanpur Nagar,
Uttar Pradesh - 208001



6900 7874 7620

VID : 9127 8256 3825 7751

1947

help@uidai.gov.in

www.uidai.gov.in



आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVT. OF INDIA

MOHD SAMI
JAVED AKHTAR
01/07/1985
Permanent Account Number
BEJPS2574B

Signature



ASARAM BUSINESS & SERVICES PVT LTD
 MANA 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-0126-76	Date	08-01-2026
Customer Name	MOHD SAMI	Contact No.	9935758888
Aadhaar Card	7620		
VIN	MBLKFU027SGL00239	Model	XOOM 160
Insurance Company	THE ORIENTAL CLAIM	Reg No.	UP78JK5468
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	64350ABR000US -COVER FRONT RIGHT GR(DU)-007M (F)	87141090	Paid	639.83	1	9.00	9.00	0.00	0.00	0.00	0.00	755.00
2	64309ABR000S -FRONT COVER LOWER	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
3	50621ABR000S -COVER UNDER	87141090	Paid	370.34	1	9.00	9.00	0.00	0.00	0.00	0.00	437.00
4	53178ABR000S -LEVER COMPLETE LEFT HANDLE	87141090	Paid	159.32	1	9.00	9.00	0.00	0.00	0.00	0.00	188.00
5	64300ABR000US -COVER FLOOR B RIGHT GR(DU)-007M(F)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
6	64320ABR000US -COVER RIGHT FLOOR SIDE GR(DU)-007M(F)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
7	64321ABR000S -COVER RIGHT FLOOR SIDE A	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
8	64335ABR000RS -COVER FRONT SIDE RIGHT R-195C	87141090	Paid	1,015.25	1	9.00	9.00	0.00	0.00	0.00	0.00	1,198.00
9	64380ABR000S -PANEL FLOOR RIGHT	87141090	Paid	413.56	1	9.00	9.00	0.00	0.00	0.00	0.00	488.00
10	53100ABR000S -HANDLE COMPLETE STEERING	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	705.00
11	53205ABR000US -HANDLE COVER UPPER GR (DU)-007M (F)	87141090	Paid	507.63	1	9.00	9.00	0.00	0.00	0.00	0.00	599.00
12	53206ABR000S -HANDLE COVER LOWER	87141090	Paid	148.31	1	9.00	9.00	0.00	0.00	0.00	0.00	175.00
13	80151ABR000S -COVER CENTER	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
14	83500ABR000US -BODY COVER RIGHT GR(DU)-007M (F)	87141090	Paid	1,171.19	1	9.00	9.00	0.00	0.00	0.00	0.00	1,382.00
15	83532ABR000S -INNER SIDE COVER RIGHT	87141090	Paid	61.86	1	9.00	9.00	0.00	0.00	0.00	0.00	73.00
16	50460ABR000S -GRIP INNER RIGHT REAR	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
17	8015BABR000S -TRAY FUEL SUB ASSEMBLY	87141090	Paid	370.34	1	9.00	9.00	0.00	0.00	0.00	0.00	437.00
18	83402ABR000S -PANEL INNER	87141090	Paid	167.80	1	9.00	9.00	0.00	0.00	0.00	0.00	198.00
19	81131ABR000S -COVER INNER	87141090	Paid	417.80	1	9.00	9.00	0.00	0.00	0.00	0.00	493.00
20	64221ABR000XS -COVER FRONT UPPER MAT BLACK	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00

(NH-105)

	6451AABR000S -FAIRING SUPPORT BRACKET ASSEMBLY	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
22	61000ABR000US -FENDER FRONT GR(DU)-007M(F)	87141090	Paid	780.51	1	9.00	9.00	0.00	0.00	0.00	0.00	921.00
23	ABRAC0G000000GS - LEVER KIT	87141090	Paid	327.97	1	9.00	9.00	0.00	0.00	0.00	0.00	387.00
24	18318ABR000S - PROTECTOR MUFFLER	87141090	Paid	347.46	1	9.00	9.00	0.00	0.00	0.00	0.00	410.00
25	80156ABR000S -LID FUEL INNER SUB ASSEMBLY	87141090	Paid	54.24	1	9.00	9.00	0.00	0.00	0.00	0.00	64.00
Parts Total											0.00	14,157.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-XOOM 160	998729	Paid	2,500.00	9.00	9.00	0.00	0.00	0.00	0.00	2,950.00	
Jobs Total											0.00	2,950.00
Parts Total											14,157.00	
Labour Total											2,950.00	
SGST (Parts) 9%											1,079.77	
CGST (Parts) 9%											1,079.77	
SGST (Labour) 9%											225.00	
CGST (Labour) 9%											225.00	
Total											17,107.00	

Rupees in Words: Seventeen Thousand One Hundred Seven Only

Authorised Signatory

17011 - Main W/S

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

SGST (Labour) 9%

225.00

