

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

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.	RAM JI LAL SRIVASTAVA 9793468484
2	Vehicle No. / वाहन संख्या	UP31BX4429
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/462233
4	Period of Insurance / बीमा अवधि	19/08/2025 से 18/08/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22/01/2026 , 6:30pm
6	Place of Accident / दुर्घटना का स्थान	घर के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	RAM JI LAL SRIVASTAVA UP3120030000430 , 9793468484
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	घर के पास गाड़ी खड़ी कर दी और आवश्यक काम हेतु घर चले गये तभी अचानक उसका मोटर साइकिल वाले ने सामने दायें साइड से तबल्लु मार कर चला गया और गाड़ी दायें साइड 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.	MOSARAM AUTO SALES LRP ROAD WAKHAMPUR KHERI, 9151154036

Date / दिनांक : 25/01/2026  
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 MEERUT

Certificate/Policy No. MS12025/7001/0/46575/4622  
33

Tel. No.

Period of Insurance 19/08/25 to 18/08/26  
 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 : RAM JI LAL SRIVASTAVA  
 (b) Address for correspondence : NO. BAIK ROAD WET BAS. STESAN, BAHADUR NAGAR  
 (c) Telephone : 9793468484 LAKHIMPUR KHERT

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2022</u>	Engine No. <u>HAJ1EANNH47923</u> Chassis No. <u>MBLHAW176NNH10675</u>	Registration No. <u>UP31BX</u> <u>4429</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?  
 (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 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 : RAMJI LAL SRIVASTAVA  
 (b) Age : 01/07/1953  
 (c) Address : MOH. BAHADUR NAGAR SAMSHER NAGAR RAM SADAN BEHIND  
ROADWAYS BUS STATION  
LAKHTIMPUR KHERTA  
 (d) Is the Driver  
 1. Owner : Yes  
 2. paid driver? : No  
 3. Owner's relative or friend? : No  
 (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 20030000430  
 (h) Issuing Authority : 22/07/2023  
 (i) Date of Expiry : 21/07/2028  
 (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 : 22/01/2026 , 6:30 pm  
 (b) Place : घर के पास  
 (c) Speed of vehicle at the time of accident :  
 (d) Give a short description of the accident : घर के पास गाड़ी खड़ी कर ही ड्राइवर अचानक कार में घुस चुके गये  
जो अचानक असाह साइड साइडिल ड्राईव में लगे हुए था  
वे तुरन्त कार से उतर गाड़ी फील्ड हाइड गिराने  
हाइड गिरने से कार  
 (e) If any third party was responsible for this accident give the name and address : हाइड गिराने वाले

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 ARP ROAD  
LAKHTIMPUR KHERTA, 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 :  
 (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
- (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

N/A

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 25/01/2006

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. UP31BX4429 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 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 or 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 RAM JI LAL SRIVASTAVA  
S/O: RAM LAKHAN LAL SRIVASTAV, R/O: BAIK ROAD  
WEJ BAS STESAN, BAHADUR NAGAR LAKHIMPUR-KHERI  
UTTAR PRADESH - 262701

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, RAM JI LAL SRIVASTAVA do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 25/01/2026

Place KHERI

  
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 1<sup>st</sup> 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.

## Program Proposal Two-Wheeler Package Contract - Bundled

Package Contract No.: MS/2025/7001/O/46575/462233

**Company Name:** Motorsathi Private Limited

**Address:** Plot No. 10, Phase 1, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

**Phone:** 7941105043

**Email:** info@motorsathi.com

**Website:** [www.motorsathi.com](http://www.motorsathi.com)

<b>Name of Certificate Holder</b>	<b>Date of Birth</b>	<b>Mobile No.</b>	<b>Father/Husband Name</b>	<b>Make</b>	<b>Model</b>	
RAM JI LAL SRIVASTAV	1953-07-01	9839679620	SRI RAM LAKHAN LAL SRIVASTAV	Hero Motocorp	SPLENDOR PLUS	
<b>Sub Model</b>	<b>Vehicle Regn. No.</b>	<b>Engine No.</b>	<b>Chassis No.</b>	<b>Year of Mfg</b>	<b>Cubic Capacity</b>	<b>Vehicle Type</b>
SPLENDOR PLUS 120	UP31BX4429	HAIHEANHH47923	MBLHAW176NHH10675	2022-08-21	100	1W
<b>Asset Declared Value (ADV)</b>	<b>Side Car ADV</b>	<b>Non-Electrical Accessories ADV</b>	<b>Electrical Accessories ADV</b>	<b>CNG/LPG/Bi-Fuel ADV</b>	<b>Total ADV</b>	
45000.00	NA	0.00	0.00	0.00	45000.00	
<b>Place of Regn.</b>	<b>Body Type</b>	<b>HP/Lease/Hire-Purchase Agreement</b>	<b>Branch Office of HP/Lease/Hire-Purchase</b>	<b>Seating Capacity</b>	<b>Offered Payment (incl. GST)</b>	
	Solo			2	1641.33	
<b>Address</b>			<b>City / District</b>	<b>Pin Code</b>	<b>State</b>	
R.O. BAIK ROAD W/ J. BAS STESAN, BAHADUR NAGAR LAKHIMPUR KHERI, PSKOTWALI				262701	Uttar Pradesh	
<b>Nominee Name</b>	<b>Nominee Gender</b>	<b>Nominee Age</b>	<b>Nominee Relation</b>	<b>Package Start Date</b>	<b>Package End Date</b>	
RAVI SRIVASTAV	Male	37 Years	SON	2025-08-19 10:49	Midnight of 2026-08-18	

**Section A, ARN:** 25290 ICR 424.80 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (30%): 258.18 **Total with GST(A)** 889.52  
**Section B, FC:** 0.00 I.C. Service: 0.00 I.C.P.D. 0.00 **Sub Total:** 0.00 TAC: 0.00 ENC: 0.00 EDC: 0.00 MCPD: 0.00 **Total(B):** 0.00 **GST (CGST @9% + SGST @9%) (B):** 0.00 **Total with GST(B):** 0.00  
**Section C, MS Services(O):** 374.58 MS Services(D): 0.00 MS Services(P): 0.00 **GST (CGST @9% + SGST @9%):** 67.42 **Total MS Services with GST(C):** 442.00  
**Section D, Drive Assure:** 262.55 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 **GST (CGST @9% + SGST @9%):** 47.26 **Total with GST(D):** 309.81  
**Total(Section A+B+C+D) Offered Price After Discount:** 1641

<b>Package Period Covered</b>	2025-08-19 To 2026-08-18	2026-08-19 To 2027-08-18	2027-08-19 To 2028-08-18	2028-08-19 To 2029-08-18	2029-08-19 To 2030-08-18
<b>ADV</b>	45000	NIL	NIL	NIL	NIL
<b>MS Services Period Covered (NODL)</b>	1 Year	NIL	NIL	NIL	NIL

\* THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2027-08-18 (DETAILS ARE AS PROVIDED BY THE CUSTOMER).

**EXCLUDED USES:** 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 baggage) c) Zonal or Inter-Zonal or State Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**EXCLUDED PERSONS:** 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 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 203 of Motor Vehicle Rules, 1939.

**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. 10000/- State. The actual cost of repairs is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal [www.motorsathi.com](http://www.motorsathi.com).

**DISHONOR:** 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 non-compliance with the disclosure of material fact or non-co-operation of the coverage.

**AMOUNT HOLDING 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 amount of Rs 1 lakh shall be held in escrow in the provisions of AMI package of the company. The AML package is available in all our operating offices as well as [Company website](http://www.motorsathi.com).

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: [www.motorsathi.com](http://www.motorsathi.com) Customer Care / Toll Free Phone No. 7941105043



**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 Aligarh.

# Received with Thanks Rs 1641.33 ON 2025-08-16 from Mr./Ms. RAM JI LAL SRIVASTAV against the ARN No. INCP00462233  
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions\*  
 (Please turn overleaf for details) Consolidated Stamp Duty Paid Endorsements: IMT - 22, 16, 18  
 Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31BX4429 Registration Date : 21-Aug-2022  
 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, , , -  
 Owner Name : RAM JI LAL SRIVASTAV Son/wife/daughter of : SRI RAM LAKHAN LAL SRIVASTAV

Full Address: (Permanent) : R/O BAIK ROADWEJ BAS STESAN, BAHADUR NAGAR LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : R/O BAIK ROADWEJ BAS STESAN, BAHADUR NAGAR LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness Up To : 20-Aug-2037 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 : AA2058812941 Rear HSRP No : AA2058050490  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 08/2022  
 No of Cylinders : 1 Chassis No : MBLHAW176NHH10675  
 Engine No : HA11EANHH47923 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ XTEC Wheel base : 1995  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK TORNADO GREY 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 : 19-Aug-2022 Sale Amt : 75528/-  
 OTT Date : 19-Aug-2022 Amount/Rcpt No : 7553 / UP31D22080001179  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 23-Aug-2022

Other State/transfer/Conversion Details

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

This certificate is valid from 21-Aug-2022 to 20-Aug-2037

Date : 26-Aug-2022 13:15:22

Signature of Registering Authority

Date : 26-Aug-2022

Taxation Particulars / Advance Registration Mark Fee Details

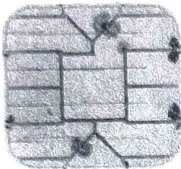
N 4059118



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



**UP31 20030000430**



Issue Date	Validity (NT)	Validity(TR)*
22-07-2023	21-07-2028	-----



Holder's Signature

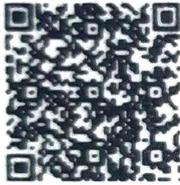
(21-05-2003)

Date of First Issue

Name: **RAMJI LAL SRIVASTAVA**  
Date of Birth: **01-07-1953** Blood Group: **AB+ V** Organ Donor: **N**  
Son/Daughter/Wife of: **RAM LAKHAN LAL SRIVASTAVA**  
Address:  
**MOH. BAHADUR NAGAR SAMSHER NAGAR RAM  
SADAN BEHIND ROAD WAYS BUS STATION  
LAKHIMPUR, KHERI 262701**

**DL No: UP31 20030000430**

UPDL000011384318



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	21-05-2003	NT			
	LMV	UP31	21-05-2003	NT			
MVSD							

Emergency Contact Number

Licensing Authority  
UP31 LAKHIMPURKHERRI

Form 7 Rule 16(2)



भारत सरकार  
GOVERNMENT OF INDIA



राम जी लाल श्रीवास्तव  
Ram Ji Lal Srivastav  
जन्म तिथि/DOB: 01/07/1953  
पुरुष / MALE



7615 0931 0842

आधार-आम आदमी का अधिकार

*Rod*



भारतीय विशिष्ट पहचान प्राधिकरण  
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

पता:

S/O: राम लखन लाल  
श्रीवास्तव, रोडवेज बस  
स्टेशन के पीछे, बहादुर नगर,  
लखीमपुर, लखीमपुर, खीरी,  
उत्तर प्रदेश - 262701

Address:

S/O: Ram Lakhn Lal Srivastav, baik  
roadwej bus station, bahadur nager,  
Lakhimpur, Lakhimpur, Kheri,  
Uttar Pradesh - 262701

7615 0931 0842

Aadhaar-Aam Admi ka Adhikar

*Rod*

**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-0126-816  
 Customer Name RAM JI LAL SRIVASTAV ..  
 VIN MBLHAW176NHH10675  
 Insurance Company  
 HMCGL Card No 1073022800005091

Date 25-01-2026  
 Contact No. 9839679620  
 Model SPLENDOR+ XTEC  
 Reg No. UP31BX4429  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83410AAE300RS -FR VISOR BLACK NH 1 TYPE 1	87141090	Paid	866.95	1	9.00	9.00	0.00	0.00	0.00	0.00	1,023.00
2	61100AAEB00TS -FENDER COMPLETE FRONT (NH-341P)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
3	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
4	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
5	17520AAE3054S -FUEL TANK (BLACK NH 1) TYPE 4	87141090	Paid	4,979.66	1	9.00	9.00	0.00	0.00	0.00	0.00	5,876.00
6	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
<b>Parts Total</b>											0.00	9,618.00

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

Parts Total	9,618.00
Labour Total	2,000.10
SGST (Parts) 9%	733.58
CGST (Parts) 9%	733.58
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
<b>Total</b>	<b>11,618.10</b>

Rupees in Words: Eleven Thousand Six Hundred Eighteen 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.
  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 CITY Jurisdiction Only
- #HeroMotocorp can further contact you via Call, SMS or email for feedback or to give information about New launches.

10730 - Main W/S