

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.	रोहित कश्यप, UP31CK2934
2	Vehicle No. / वाहन संख्या	UP31CK2934
3	Policy No. / पालिसी संख्या	252400/31/2025/86340
4	Period of Insurance / बीमा अवधि	16/02/2025 से 15/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	27/01/2026 2:00PM.
6	Place of Accident / दुर्घटना का स्थान	ओयल के पास दुर्घटना का स्थान
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रोहित कश्यप, 9696957091 UP3120210012946
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : ओयल के पास सामने से मोटर साइकिल से जोरदार टक्कर हो गई। जिससे मेरी गाड़ी बायीं ओर 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.	MOSKRAM AUTO SALES, LRPRD, LAKHIMPUR KHERI, 9151154036

Date / दिनांक : 29/01/2026  
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. 252400/31/2025/86340

Tel. No.

Period of Insurance 16/02/2025 to 15/02/2026  
 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 : ROHIT KASHYAP  
 (b) Address for correspondence : R/O SHIVCOLONY, KAMLA PUR LAKHIMPUR-KHERI,  
 (c) Telephone : 9696957091 PS. KOTWALI

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HAJE7RHM67593</u> Chassis No. <u>MBLHAN221RHM64639</u>	Registration No. <u>UP3JCK</u> <u>2934</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? N/A  
 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 : \_\_\_\_\_
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : ROHIT KASHYAP
- (b) Age : 12/06/1994
- (c) Address : MO-SHIV COLONY, KANHLAPUR, LAKHIMPUR-KHERI,  
UP, 262701
- (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 20210012 946
- (h) Issuing Authority : 02/09/2021
- (i) Date of Expiry : 11/06/2034
- (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: other insurance Policies indemnifying you in re

5. DETAILS OF ACCIDENT

- (a) Date and Time : 27/01/2026 2:00PM
- (b) Place : अपल के पास
- (c) Speed of vehicle at the time of accident : 30-40
- (d) Give a short description of the accident : अपल के पास सामने से मोटर साइकिल से जोरदार टक्कर
- (e) If any third party was responsible for this accident give the name and address : ही गाडी / जिससे मेरी गाडी काफी जोर से टक्कर खाते फरस्त हो गई

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT
- (b) Estimated cost of repairs : MOSARRAM AUTO SALES, LRROAD
- (c) When and where can the damaged vehicle be inspected : 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 : \_\_\_\_\_
- (f) Has notice of any claim been given to you? : \_\_\_\_\_
- NIP

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 Police 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 29/01/2006

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. UP31CK 2934 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/-



*Artist*

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID : PG00928

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 THEATRE, MEERUT, U.P. (GSTIN: 09AAACT0627RAZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	16-FEB-25
Policy No	252400/1/2025/R6340	Proposal No. & Date	R/252400/31/2025/65286 & 16-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13-57 ON 16-02-2025 TO MIDNIGHT OF 15-02-2026
Insured Name	ROHIT KASHYAP (GSTIN: 0)	Policy Period (LIABILITY)	FROM 13-57 ON 16-02-2025 TO MIDNIGHT OF 15-02-2026
Insured Address	C/O. SRI MISHRI LAL, I/O SHIV COLONY KANLAPUR AKHIMPUR KHERI, DIST. OTWALLI, AKHIMPUR KHERI, NA,	Lead/Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTORCORP	Vehicle	75873
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	75873
Engine - Chassis No	HA1E7RHM67593 - MBLHAW221RHM64639	IMEI CONTRACT NO	
Color	RED	Policy Type	Zone B - Rest of India
Seating Capacity	2	Geographical Area	INDIA
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1271.63	Basic Third Party Liability	3851
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	1271.63	Legal Liability (WC) to driver (IMT-28)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Employees (IMT-29)	0
Sub-Total Additions	0	Legal Liability to Passenger (IMT-16)	NA
Deductibles		Driving Tuition Loading On TP Premium (60%)	0
Voluntary Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR36B3	0
Anti-Theft Device (IMT-10)	0	Net Liability Premium (B)	3851
AAI Membership (IMT-8)	0	Total Premium (A+B)	4042
No Claim Bonus	0	GST	728
Discount for vehicle designed for handicapped	0	SERVICE TAX	0
SIP Discount	1081	STAMP DUTY	0.00
Sub-Total Deductibles	1081	Swachh Bharat Cess @ 0.50%	0
Add-On Coverages		Kristi Aayan Cess @ 0.50%	0
Key Replacement	0	Gross Premium Paid	4770
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	191		

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4770
POS Name	NA	POS ID	NA
			POS PAN NO/Aadhar No.
			NA

In the event of a claim under the policy exceeding Rs. One or a claim for refund of premium exceeding Rs. One, 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 OIC\* endorsements, in and to be in above which are available on company's website.

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 provision 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/have herein to set his/their hands at 252400 on 16-FEB-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:** 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) Speed testing (6) Reliability trials (7) Any 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 not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive vehicle & that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Limits of Liability Clause:** Under section II-1 (i) 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 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is 15.

**No Claim Bonus:** The insured is entitled for a No Claim Bonus (NCH) 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 years 25% preceding three years 30% preceding four years 35% preceding five years 40% preceding six years 45% preceding seven years 50% preceding eight years 55% preceding nine years 60% preceding ten years. No Claim Bonus only be allowed provided the policy is renewed.

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, 1998.

\* This insurance excludes all pre-existing damages.



Approved By : 059258MD

Approved On : 16-FEB-25

Place : MRT

Printed On : 16-FEB-25

For and on behalf of

**The Oriental Insurance Company Limited**

General Manager

Authorized Signature



Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK2934 Registration Date : 18-Feb-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 : ROHIT KASHYAP Son/wife/daughter of : S/O SRI MISHRI LAL  
 Full Address: (Permanent) : R/O SHIV COLONY KAMLAPUR, LAKHIMPUR KHERI, PS- KOTWALI, KHERI, UTTAR PRADESH-262701  
 Full Address: (Temporary) : R/O SHIV COLONY KAMLAPUR, LAKHIMPUR KHERI, PS- KOTWALI, KHERI-UTTAR PRADESH-262701  
 Fitness UpTo : 17-Feb-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 : AA2120939148 Rear HSRP No : AA2120645436  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 12/2024  
 No of Cylinders : 1 Chassis No : MBLHAW221RHM64639  
 Engine No : HA11E7RHM67593 Fuel : PETROL  
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+ 13S (DRS) Wheel base : 1250  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleepar Cap : 0 Unladen Wt (kgs) : 111  
 Colour : MATT GREY Laden/GV Wt (kgs) : 241  
 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 : 16-Feb-2025 Sale Amt : 79866/-  
 OTT Date : 16-Feb-2025 Amount/Rcpt No : 7987 / UP31D25020002807  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 03-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 18-Feb-2025 to 17-Feb-2040

Date : 08-Mar-2025 10:28:10

Taxation Particulars / Advance Registration Mark Fee Details

पंजीयन अधिकारी  
 Signature of Registering Authority  
 लखीमपूर जिला  
 Date : 08-Mar-2025

1643741



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



**UP31 20210012946**



Issue Date: 02-09-2021    Validity (NT): 11-06-2034    Validity (TR)\*: \_\_\_\_\_



Date of First Issue (02-09-2021)

Name: **ROHIT KASHYAP**  
 Date of Birth: **12-06-1994**    Blood Group: \_\_\_\_\_  
 Son/Daughter/Wife of: **MISHRI LAL KASHYAP**  
 Address:  
**NO : SHIV COLONY KANLAPUR Lakhimpur**  
**(NPP) Lakhimpur, Lakhimpur (Bhar), UP**  
**262701**

Holder's Signature

Organ Donor: **N**

**DL No: UP31 20210012946**

UPDL000006255820



Invalid Carriage (Regn Numbers)\*

Hazardous Validity\*    Hill Validity\*

Class of Vehicle	Code	Issued By	Date of Issue	Category	Badge Issued Date	Badge Issued By
	MCWG	UP31	02-09-2021	NT		
	LAW	UP31	02-09-2021	NT		
	MVSD					

Form 7 Rule 16(2)

Emergency Contact No: \_\_\_\_\_

**UP31 20210012946**  
 LICENSING  
 U.P. LAKHIMPUR



भारत सरकार  
Government of India

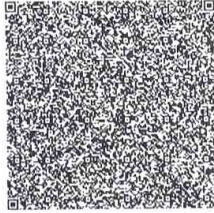
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 2017/79554/73577

To  
रोहित कश्यप  
Rohit Kashyap  
S/O Mishri Lal  
-  
shiv colony, kamlapur  
Lakhimpur  
Kheri Uttar Pradesh - 262701  
9696957091

Signature valid

Digitally signed by  
UNIQUE IDENTIFICATION  
AUTHORITY OF INDIA  
Date: 2023.04.10 10:42:06  
UTC



आपका आधार क्रमांक / Your Aadhaar No. :

**9670 1453 2176**

VID : 9180 2819 3321 0495

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



रोहित कश्यप  
Rohit Kashyap  
जन्म तिथि/DOB: 12/06/1994  
पुरुष/ MALE

Issue Date: 07/04/2012

**9670 1453 2176**

VID : 9180 2819 3321 0495

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- आधार विशिष्ट और सुरक्षित है।
- सुरक्षित क्यूआर कोड/ऑफलाइन एक्सएमएल/ऑनलाइन प्रमाणीकरण का उपयोग करके पहचान सत्यापित करें।
- आधार के सभी रूप जैसे आधार पत्र, पीवीसी कार्ड, ई-आधार और एम-आधार समान रूप से मान्य हैं। १२ अंकों की आधार संख्या के स्थान पर आभासी (वर्चुअल) आधार पहचान (VID) का भी उपयोग किया जा सकता है।
- १० साल में कम से कम एक बार आधार अपडेट जरूर करें।
- आधार आपको विभिन्न सरकारी और गैर-सरकारी योजनाओं /सेवाओं का लाभ उठाने में मदद करता है।
- आधार में अपना मोबाइल नंबर और ई-मेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ उठाने के लिए स्मार्टफोन पर mAadhaar ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स को लॉक/अनलॉक करने की विशेषता का उपयोग सुरक्षा सुनिश्चित करने के लिए करें।
- आधार (पत्र/ नंबर) चाहने वाली संस्थायों को उचित सहमति लेने के लिए बाध्य किया गया है।
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



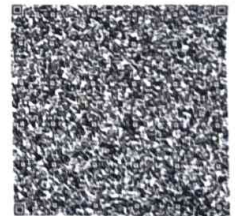
भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
S/O मिश्री लाल, -, -, शिव कालोनी, कमलापुर, लखीमपुर,  
खीरी,  
उत्तर प्रदेश - 262701

Address:  
S/O Mishri Lal, -, -, shiv colony, kamlapur,  
Lakhimpur, Kheri,  
Uttar Pradesh - 262701

Download Date: 05/11/2023



**9670 1453 2176**

VID : 9180 2819 3321 0495

1947 | help@uidai.gov.in | www.uidai.gov.in

आयकर विभाग

INCOME TAX DEPARTMENT

ROHIT KASHYAP

MISHRI LAL

12/06/1994

Permanent Account Number

EMBPK8679C

*Rohit*

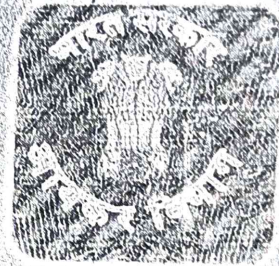
Signature



सत्यमेव जयते

भारत सरकार

GOVT. OF INDIA



12072016

**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-0126-832  
 Customer Name ROHIT KASHYAP  
 VIN MBLHAW221RHM64639  
 Insurance Company  
 HMCGL Card No 1073024800004457  
 Part Details

Date 31-01-2026  
 Contact No. 9696957091  
 Model SPLENDOR +  
 Reg No. UP31CK2934  
 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	3340AKCC830S -WINKER ASSY.R FR.(W/O BULB)	85122010	Paid	161.02	1	9.00	9.00	0.00	0.00	0.00	0.00	190.00
3	37100ADHB1099S -METER ASSEMBLY COMB	87141090	Paid	1,288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	1,521.00
4	33100AAE941S -LIGHT ASSEMBLY HEAD LAMP	85122010	Paid	2,542.37	1	9.00	9.00	0.00	0.00	0.00	0.00	3,000.00
5	61000AAE200VS -FRONT FENDER (NH-35M)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
7	53200KCC690S -STEM COMP STRG	87141090	Paid		1	0.00	0.00	0.00	0.00	0.00	0.00	0.00
8	51410KTC901S -PIPE COMP.FR.FORK	87141090	Paid	859.32	2	9.00	9.00	0.00	0.00	0.00	0.00	2,028.00
Parts Total											0.00	9,098.00

**Labour Details**

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
Jobs Total											0.00	1,500.96

Parts Total	9,098.00
Labour Total	1,500.96
SGST (Parts) 9%	693.92
CGST (Parts) 9%	693.92
SGST (Labour) 9%	114.48
CGST (Labour) 9%	114.48
<b>Total</b>	<b>10,598.96</b>

Rupees in Words: Ten Thousand Five Hundred Ninety Eight and paise Ninety Six Only

Authorised Signatory

1. Terms Cash

2. Prices &amp; 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