

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 / Fatal 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.	Bobita 9368412051
2	Vehicle No. / वाहन संख्या	UP25E05182
3	Policy No. / पालिसी संख्या	252400/31/2026/66818
4	Period of Insurance / बीमा अवधि	19/12/25 To 18/12/26
5	Date of loss & Time / दुर्घटना का दिनांक & समय	17/02/26, 0:00 Pm
6	Place of Accident / दुर्घटना का स्थान	बिलशराम के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Sukhveer Singh, UP252070015231 7248792222
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	मेरी गाड़ी लेकर गुरे देकर घर से मेरी बिलशराम के पास पीछे से आ रहे अनजान छोटे हाड़ी वाले ने गाड़ी पीछे से टक्कर मार दी जिससे गाड़ी आगे चल रहे ट्रैम्प को टकरा गई और गिबकर क्षतिग्रस्त हो गई।
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Na -
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Mosaram Auto world, 100 Pita T- Point Pilibhit Bypass Bareilly 7302818015

Date / दिनांक : 19/02/2026
हस्ताक्षर

Signature of Insured / बीमाधारक के

बबीता



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. 252400/31/2026/66818

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 : Babita
(b) Address for correspondence : 127, CIVIL Lines Bareilly.
(c) Telephone : 9368412051

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp</u> <u>2025</u>	Engine No. <u>NCR5ACSGL00285</u> Chassis No. <u>MBLNCU016SGL00309</u>	Registration No. <u>UP25EQ</u> <u>5182</u>
----------------------------------------------------	--------------------------------------------------------------------------	--------------------------------------------------

- (a) Was the vehicle in proper working condition?
(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

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 trailor attached? : _____
(h) Number of passengers carried : _____
(i) Number of Passenger permitted : _____
- N/A

3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Sukhveer Singh
(b) Age : 31
(c) Address : 127, Civil Lines Bareilly
(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 : UP2520170015251
(h) Issuing Authority : Union Of India Driving Licence
(i) Date of Expiry : 11/03/2037
(j) Was the licence temporary/permanent : Permanent
(k) Details of endorsement/suspension, if any :
(l) Has he been involved in any accident before?:
(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 : 17/02/2026, 01:00 Pm
(b) Place : Bareilly
(c) Speed of vehicle at the time of accident :
(d) Give a short description of the accident :
(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 :
(b) Estimated cost of repairs :
(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 :
(e) Full details of property damaged :
(f) Has notice of any claim been given to you? : NIA

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : _____
(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? : _____
(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? : _____
(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 19/02 2006

Signature of the insured बुवीता

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. _____ 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

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

Bank Account Number
Name of the Bank

श्री अक्षय विभागी

श्री अक्षय

INCOME TAX DEPARTMENT

GOVT. OF INDIA

BABITA



PANM PRASAD

15/03/1982

Permanent Account Number

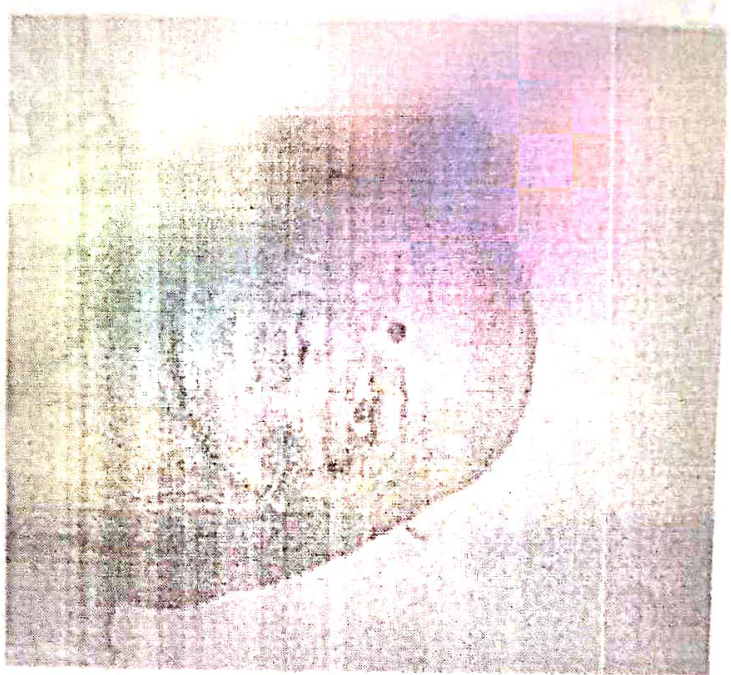
BZKPB3704L

Signature





GOVERNMENT OF INDIA



बबिता

Babita

जन्म तिथि / DOB: 02/04/1980

सहिला / FEMALE



7303 1908 4129

पता:

W/O: सुधीर, 127, सिविल
लाइन्स, 6 कोठी, बरेली,
बरेली, बरेली,
उत्तर प्रदेश - 243001

Address:

W/O: Sudheer, 127, Civil Lines, 6
Kothi, bareilly, Bareilly, Bareilly,
Uttar Pradesh - 243001

7303 1908 4129



Rolls Type
Paks N



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGIR0928

Page No: 1

This Document is Digitally Signed
Signed By: THE ORIENTAL INSURANCE COMPANY LIMITED
Date: 19-DEC-2025 11:13:47 AM
Reason: Signed by OIC

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-3 Years)	Policy Issued On	19-DEC-25
Policy No	252400/31/2026/66818	Proposal No. & Date	R/252400/31/2026/45083 & 19-DEC-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:09 ON 19/12/2025 TO MIDNIGHT OF 18/12/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:09 ON 19/12/2025 TO MIDNIGHT OF 18/12/2030
Insured Name	BABITA (GSTIN:)		
Insured Address	CO SUDHEER, 127, CIVIL LINES, 6 KOTILBARHILLY, , NA,		
		Lead / Break In No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (In Ra.)	
Make	HERO MOTOCORP	Vehicle	170905
Model & Variant	XTREME 250R	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	170905
Engine - Chassis No	NC25ACSGLO0285 - MBLNCU016SGL00309	TMF CONTRACT NO	
Cubic Capacity	250	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	INDIA
Type Of Body	SOLO		
Type Of Fuel	PETROL		
RTO Location			

Schedule Of Premium (Amount in Ra.)			
OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	3007.93	Basic Third Party Liability	7365
Elec Accessories	0	Compulsary PA Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Ra (0) each (IMT-16)	0
Basic Premium	3007.93	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		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	7365
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	7816
AAI Membership (IMT-8)	0	GST	1406
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	2557	Swachh Bharat Cess@0.50%	0
Sub -Total Deductibles	2557	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	9222
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub Total Add-on Coverages	0		
Net own Damage Premium(A)	451		

Note:
1. Policy Insurance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Ra 0(IMT-22)
4. Voluntary excess Ra(0)
5. Subject to Endorsements IMT, 7, 10, 28,

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			9222
Financer Type	Financer Name	L&T Finance Limited	Financer Branch
POS Name	POS ID	NA	POS PAN NO/Aadhar No
			NA

In the event of a claim under the policy exceeding Ra.1lac or a claim for refund of premium exceeding Ra.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, clauses, 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.
Warranted 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.
I/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 witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 19-DEC-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
(g) 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 requirements 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 these requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Ra.7.5 lakhs P.A. Cover under section III for owner-Driver is R5
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/35%, preceding five consecutive years/45%, 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
I/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 :	9221378MD	For and on behalf of The Oriental Insurance Company Limited General Manager Authorized Signature
	Approved On :	19-DEC-25	
	Place :	MRT	
	Printed On :	19-DEC-25	

GOVERNMENT OF UTTAR PRADESH

Transport Department BAREILLY

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP25EQ5182
Description of Vehicle : M-CYCLE/SCOOTER
Registration Date : 24-Dec-2025
Dealer's Name & Address : MOSARAM AUTO WORLD PRIVATE LIMITED, 65/2, 1ST FLOOR, 100 FITA T-POINT, TULAPUR, PILIBHIT BYPASS, BAREILLY, , , 150-243122
Purpose For Printing RC : NEW
Owner Name : BABITA
Son/wife/daughter of : W/O: SUDHEER
Full Address: (Permanent) : 127 CIVIL LINES BAREILLY 6 KOTHI, , BAREILLY, UTTAR PRADESH-243001
Full Address: (Temporary) : 127 CIVIL LINES BAREILLY 6 KOTHI, , BAREILLY-UTTAR PRADESH-243001
Fitness UpTo : 23-Dec-2040
Owner Serial No : 1
Class of Vehicle : M-CYCLE/SCOOTER
Link Vehicle No :
Ownership : INDIVIDUAL
Nominee Name : SHIVANSH BHARTI
Relationship with the Nominee : Son
Norms : BHARAT STAGE VI
Maker's Name : HERO MOTOCORP LTD
Front HSRP No : AA2146388419
Rear HSRP No : AA1047613069
Type of Body : SOLO WITH PILLION
Month/Year of Manuf. : 11/2025
No of Cylinders : 1
Chassis No : MBLNCU016SGL00309
Engine No : NC25ACSG00285
Fuel : PETROL
Horse Power(BHP) : 29.57
Cubic Capacity : 249.03
Maker's Classification : XTREME 250R
Wheel base : 1357
Seating Cap(In all) : 2
Standing Cap : 0
Sleepar Cap : 0
Unladen Wt (kgs) : 169
Colour : STEALTH BLACK
Laden/GV Wt (kgs) : 319
Other Criteria : AC Fitted : NO
Vehicle Purchase As : Fully Built

Additional Particulars of all transport vehicles other than motor cabs (Gross Vehicle Weight)

Table with 3 columns: By Manuf., Description, As Regd., Weight(in kgs). Rows include Front, Rear, Other, Tandem.

The motor vehicle above described is subject to Hypothecation in favour of L&T FINANCE LIMITED, , , Bareilly, Uttar Pradesh-243001 w.e.f. 19-Dec-2025.

Purchase dt : 19-Dec-2025 Sale Amt : 165844/-
OTT Date : 19-Dec-2025 Amount/Rcpt No : 16585 / UP25D25120005169
Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
Date of Approval : 02-Jan-2026
Other State/Transfer/Conversion/Reassign Details
Previous Owner : Previous RegNo :
Old State : Entry Date :
Transfer Date : Conversion Date :

This certificate is valid from 24-Dec-2025 to 23-Dec-2040

Date : 12-Jan-2026 17:51:39

Taxation Particulars / Advance Registration Mark Fee Details

Registration Authority stamp with signature, date 12-Jan-2026, and phone/fax number 0581-2490030.

Q 6719676

UNION OF INDIA Driving Licence



UP25 2017011 5051



नाम / Name

SUKAVEER SINGH

पिता/श्री का नाम / Son/Daughter/Wife of

CHARANJEET SINGH

जारी करने की तिथि
Date of Issue

02/08/2017

वैधता की तिथि
Validity

01/01/2030

जन्म तिथि
Date of Birth

21/07/1995

रक्त समूह
Blood Group

Unknown

2017015251

12/06/2017

UPPER



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MOSARAM AUTO WORLD PRIVATE LIMITED

100 FITA T-POINT, PILIBHIT BYPASS, TULAPUR, BAREILLY, BAREILLY, 243122, UP, India

State Code: 9 Contact: 9415148200, , ,

GSTIN No: 09AASCM0223E1ZL

Authorized Dealer: Hero MotoCorp Ltd.

ESTIMATE

Estimate No. 17032-03-REST-0226-25

Customer Name BABITA .

Aadhaar Card 4129

VIN MBLNCU016SGL00309

Insurance Company

HMCGL Card No

Part Details

Date

Contact No.

Model

Reg No.

HMCGL Card Category

19-02-2026

9368412051

XTREME 250R

UP25EQ5182

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	53100ACW000S -PIPE STRG HANDLE	87141090	Paid	382.20	1	9.00	9.00	0.00	0.00	0.00	0.00	451.00
2	18314ACW000LS -ASSY COVER MUFFLER NH-303M	87141090	Paid	257.63	1	9.00	9.00	0.00	0.00	0.00	0.00	304.00
3	53200ACW000S -STEM COMPLETE STEERING	87141090	Paid	1,250.00	1	9.00	9.00	0.00	0.00	0.00	0.00	1,475.00
4	64315ACW000S -STAY FRONT NUMBER PLATE	87141090	Paid	30.51	1	9.00	9.00	0.00	0.00	0.00	0.00	36.00
5	61150ACW000S - MUDGUARD FRONT FENDER	87141090	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
6	ACWAS6A0000AYGS - FENDER FRONT BK(BR)-008P (G)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
7	ACWAS6A0190AYGS - SHROUD TANK LEFT BK(BR)- 008P(G)	87141090	Paid	624.58	1	9.00	9.00	0.00	0.00	0.00	0.00	737.00
8	ACWAA7L000000GS - SWITCH WINKER ASSY	85365020	Paid	1,381.36	1	9.00	9.00	0.00	0.00	0.00	0.00	1,630.00
9	24701ACW000S -PEDAL GEAR CHANGE	87141090	Paid	109.32	1	9.00	9.00	0.00	0.00	0.00	0.00	129.00
10	33700ACA001S -UNIT TAIL LIGHT	85122010	Paid	1,305.08	1	9.00	9.00	0.00	0.00	0.00	0.00	1,540.00
11	88150ACW000S -TAIL LIGHT	87141090	Paid	300.00	1	9.00	9.00	0.00	0.00	0.00	0.00	354.00
12	50400ACW010LS -GRIP REAR RIGHT NH-303M	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
13	50450ACW010LS -GRIP REAR LEFT NH-303M	87141090	Paid	483.90	1	9.00	9.00	0.00	0.00	0.00	0.00	571.00
14	33650ACD002S -WINKER ASSEMBLY LEFT REAR	85122010	Paid	288.14	1	9.00	9.00	0.00	0.00	0.00	0.00	340.00
15	ACWAS6A0060AYGS -SIDE COVER RIGHT BK(BR)-008P (G)	87141090	Paid	1,077.97	1	9.00	9.00	0.00	0.00	0.00	0.00	1,272.00
16	53178ACD000S -LEVER COMPLETE LEFT STEERING HANDLE	87141090	Paid	136.44	1	9.00	9.00	0.00	0.00	0.00	0.00	161.00
17	45508ACP000S -LEVER SET	87141090	Paid	288.98	1	9.00	9.00	0.00	0.00	0.00	0.00	341.00
18	77300ACW000S -SEAT COMPLETE PILLION	87141090	Paid	859.32	1	9.00	9.00	0.00	0.00	0.00	0.00	1,014.00
19	77230ACW000S -COWL INNER REAR	87141090	Paid	85.59	1	9.00	9.00	0.00	0.00	0.00	0.00	101.00
20	24711ACW000S -ARM GEAR CHANGE	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00

	24720ACW000S -TIE ROD	87141090	Paid	27.12	1	9.00	9.00	0.00	0.00	0.00	0.00	32.00
22	24781KR3770S -RUBBER CHANGE PEDAL	87141090	Paid	13.14	1	9.00	9.00	0.00	0.00	0.00	0.00	15.50
23	50406ACW000ES -GRIP COVER RIGHT G(D)-008M(F)	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
24	50456ACW000ES -GRIP COVER LEFT G(D)-008M(F)	87141090	Paid	144.07	1	9.00	9.00	0.00	0.00	0.00	0.00	170.00
25	64400ACW000LS -UNDER COWL LEFT NH-303M	87141090	Paid	175.42	1	9.00	9.00	0.00	0.00	0.00	0.00	207.00
26	ACWAC3H018000GS - FORK FRONT	87141090	Paid	11,714. 41	1	9.00	9.00	0.00	0.00	0.00	0.00	13,823. 00
Parts Total											0.00	26,729.5 0

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102046 - ADDITIONAL REPAIR CHARGES-XTREME 250R	998729	Paid	2,000.00	9.00	9.00	0.00	0.00	0.00	0.00	2,360.00	
Jobs Total											0.00	2,360.00

Parts Total	26,729.50
Labour Total	2,360.00
SGST (Parts) 9%	2,038.69
CGST (Parts) 9%	2,038.69
SGST (Labour) 9%	180.00
CGST (Labour) 9%	180.00
Total	29,089.50

Rupees in Words: Twenty Nine Thousand Eighty Nine and paise Fifty Only

Authorised Signatory

17032 - 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 BAREILLY Jurisdiction Only