

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.	रजत मिश्रा, 8052512171
2	Vehicle No. / वाहन संख्या	UP31BZ 2254
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/410070
4	Period of Insurance / बीमा अवधि	26/02/2025 से 25/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	20/02/2026 01:00PM
6	Place of Accident / दुर्घटना का स्थान	संकल देवी चौराहे के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	रजत मिश्रा, 8052512171 UP3120190004737
8	Estimated Loss / अनुमानित हानि	
9	Cause of Accident / दुर्घटना का कारण	गुल्लिया बाग से संकल देवी जा रहे थे कि लक्ष्मी अचानक संकल देवी चौराहे के पास सामने से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी बायीं ओर गिरकर सातमस्त हो गयी
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, LRPR ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 22/02/2026  
हस्ताक्षर

रजत मिश्रा  
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. MS/2025/700/0/46575/10070

Tel. No.

Period of Insurance 26/02/25 to 25/02/26

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 : RAJAT MISHRA  
 (b) Address for correspondence : R/O NIKAT KABRISTAN, GOLA ROAD, MO-GOTAIYABAG,  
 (c) Telephone : 8052512171 LAKHIMPUR, Ps-KHERI DS-KHERI  
UP, 262701

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2023</u>	Engine No. <u>HAJIECPHB00934</u> Chassis No. <u>MBLHAWJ4XPHB00979</u>	Registration No. <u>UP31BZ</u> <u>2254</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 : RAJAT MISHRA  
 (b) Age : 04/06/1998  
 (c) Address : House No-065, Mo-GOTTAIYA BAGI, AJAY MOTORS, GALI, 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 : UP3120190004737  
 (h) Issuing Authority : 24/04/2019  
 (i) Date of Expiry : 23/04/2039  
 (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 : 22/02/2026 1:00 PM.  
 (b) Place : सिकता देवी चौराहे के पास  
 (c) Speed of vehicle at the time of accident : 30-40 Km/h.  
 (d) Give a short description of the accident : सिकता देवी चौराहे 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 बर्बाद और गिरकर सातेंगस्त हो गई

6. DAMAGE TO INSURED VEHICLE

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

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? : 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 22/02/2006

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. UP31B22254 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 ..... [Signature] .....  
Occupation .....  
Address .....  
.....

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

# Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025/7001/O/46575/410070

**Motorsathi Care Private Limited**  
D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004) India  
Contact us at:  
Phone: +91 79410 50643  
Email: info@motorsathi.com  
Visit the help section of www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
RAJAT MISHRA		8052512171		Hero	HF DELUXE	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
XTEC DISC		HA11ECPHB00934	MBLHAW14XPB00979	2023		TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
0.95	NA	0.00	0.00	0.00	0.95	
Place of Regn.	Body Type	HP/Lease/Hire-Purchase Agreement	Branch Office of HP/Lease/Hire-Purchase	Seating Capacity	Offered Payment (incl. GST)	
	Solo			2	1471.45	
Address			City / District	Pin Code	State	
					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
ANJALI MISHRA	Female	25 Years	WIFE	2025-02-26 00:00	Midnight of 2026-02-25	

Section A, VRC: 291.24 TCR: 325.68 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA Bonus ND Discount (Default) Total with GST(A) 752.34

Section B, EC: 0.00 EC Service: 0.00 ECPD: 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: 234.84 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 42.27 Total with GST(D): 277.11

Total(Section A+B+C+D) Offered Price After Discount: 1471

Package Period Covered	2025-02-26 To 2026-02-25	2026-02-26 To 2027-02-25	2027-02-26 To 2028-02-25	2028-02-26 To 2029-02-25	2029-02-26 To 2030-02-25
ADV	0.95	NIL	NIL	NIL	NIL
MS Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

\*THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY.

**LIMITATIONS AS TO USE:** 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 luggage) c) Organized Racing d) Pace Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

**DRIVER:** Any person 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 such 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 3 of the Central Motor Vehicle Rules, 1989.

**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 - 100000/ Note The amount mentioned is estimated breakup. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com or MotorSathi App.

**DISCLAIMER:** 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 fraud misrepresentation, nondisclosure of material fact or non-co-operation of the coverage.

**ANTI MONEY LAUNDERING 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 accountability will comply with the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

**TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT:** Website: www.motorsathi.com Customer Care / Toll Free Phone No.:794105064; email id: info@motorsathi.com



**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 Meerut.

: Received with Thanks Rs 1471.45 ON 2025-02-25 from Mr./Ms. RAJAT MISHRA

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: D-27, Shastri Nagar, Meerut, Uttar Pradesh, (250004), India



# GOVERNMENT OF UTTAR PRADESH

## Transport Department LAKHIMPUR KHERI

### FORM 23

### CERTIFICATE OF REGISTRATION

Registration No : UP31BZ2254 Registration Date : 02-Mar-2023  
 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 : RAJAT MISHRA Son/wife/daughter of : S/O SRI RAM KISHOR MISHRA

Full Address: (Permanent) : R/O NIKAT KABRISTAAN, GOLA ROAD,, MOH GOTTAIYABAG, LAKHIMPUR KHERI, PS-KOTWALI, KHERI, UTTAR PRADESH-262701

Full Address: (Temporary) : R/O NIKAT KABRISTAAN, GOLA ROAD,, MOH GOTTAIYABAG, LAKHIMPUR KHERI, PS-KOTWALI, KHERI-UTTAR PRADESH-262701

Fitness UpTo : 01-Mar-2038 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	Rear HSRP No	: AA2068845278
Front HSRP No	: AA1024405380	Month/Year of Manuf.	: 02/2023
Type of Body	: SOLO WITH PILLION	Chassis No	: MBLHAW14XPHB00979
No of Cylinders	: 1	Fuel	: PETROL
Engine No	: HA11ECPHB00934	Cubic Capacity	: 97.20
Horse Power(BHP)	: 7.91	Wheel base	: 1235
Maker's Classification	: HF DELUXE (DRS)	Standing Cap	: 0
Seating Cap(in all)	: 2	Unladen Wt (kgs)	: 112
Sleeper Cap	: 0	Laden/GV Wt (kgs)	: 242
Colour	: BLACK NEXUS BLUE	AC Fitted	: NO
Other Criteria	:		
Vehicle Purchase As	: Fully Built		

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

By Manuf.	:	As Regd.	:
	:	Description	:
	:	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	: 26-Feb-2023	Sale Amt	: 66003/-
OTT Date	: 26-Feb-2023	Amount/Rcpt No	: 6601 / UP31D23030000238
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED

#### Other State/Transfer/Conversion Details

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

This certificate is valid from 02-Mar-2023 to 01-Mar-2038

पंजीयन अधिकारी  
मोटर वाहन विभाग  
लखीमपुर-खीरी

Date : 15-Mar-2023 15:59:00

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority

Date : 15-Mar-2023

P 1532386



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



**P31 20190004737**



Issue Date **24-04-2019** Validity (NT) **23-04-2039**

Validity (TR)\*



Holder's Signature

Date of First Issue (24-04-2019)

Name: **RAJAT MISHRA**  
Date of Birth: **04-06-1998** Blood Group:  
Son/Daughter/Wife of: **RAM KISHORMISHRA**

Organ Donor: **N**

Address:  
**HOUSE NO 065 MO GOTTAIYA BAG AJAY**  
**MOTORES GALI LAKHIMPUR**  
**Lakhimpur, Kheri, UP 262701**

**DL No: UP31 20190004737**

UPDL000030LHW7C4



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	UP31	24-04-2019	NT			
LNV	UP31	UP31	24-04-2019	NT			
MVSD							

Form / Rule 10(2)

Emergency Contact Number

Licensing Authority  
**UP31 LAKHIMPUR KHERI**



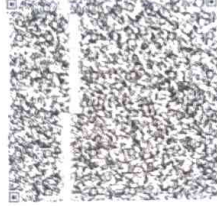
भारत सरकार  
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0221/011103/00173

To  
रजत मिश्रा  
Rajat Mishra  
C/O Ram Kishor Mishra,  
Nikat Kabristaan,  
Gola Road, Moh. Gottaiyabag,  
VTC: Lakhimpur,  
PO: Kheri,  
Sub District: Lakhimpur,  
District: Kheri,  
State: Uttar Pradesh,  
PIN Code: 262701,  
Mobile: 8052512171

Signature Not Verified  
Digitally signed by Rajat Mishra  
Identification Agency of India  
DN: cn=Rajat Mishra, o=UIDAI, ou=Ministry of Information and Public Relations, email=Rajat.Mishra@uidai.gov.in, c=IN  
Date: 2025.11.11 11:07:09  
IST



आपका आधार क्रमांक / Your Aadhaar No. :

2271 7582 6832  
VID : 9183 5367 1074 6300

मेरा आधार, मेरी पहचान



भारत सरकार  
Government of India



Aadhaar no. issued: 15/01/2014



रजत मिश्रा  
Rajat Mishra  
जन्म तिथि/DOB: 04/06/1998  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। इसका उपयोग सत्यापन (ऑनलाइन प्रमाणिकरण, 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).

2271 7582 6832

मेरा आधार, मेरी पहचान



Government of India



सूचना / INFORMATION

- आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं। जन्मतिथि आधार नंबर धारक द्वारा प्रस्तुत सूचना और विनियमों में विनिर्दिष्ट जन्मतिथि के प्रमाण के दस्तावेज पर आधारित है।
- इस आधार पत्र को यूआईडीएआई द्वारा नियुक्त प्रमाणीकरण एजेंसी के जरिए ऑनलाइन प्रमाणीकरण के द्वारा सत्यापित किया जाना चाहिए या ऐप स्टोर में उपलब्ध एमआधार या आधार क्यूआर कोड स्कैनर ऐप से क्यूआर कोड को स्कैन करके या 19183536710746300 पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके सत्यापित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से प्रत्येक 10 वर्ष में कम से कम एक बार आधार में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारी और गैर-सरकारी फायदों/सेवाओं का लाभ लेने में सहायता करता है।
- आधार में अपना मोबाइल नंबर और ईमेल आईडी अपडेट रखें।
- आधार सेवाओं का लाभ लेने के लिए एमआधार ऐप डाउनलोड करें।
- आधार/बायोमेट्रिक्स का उपयोग न करने के समय सुरक्षा सुनिश्चित करने के लिए आधार/बायोमेट्रिक्स लॉक/अनलॉक सुविधा का उपयोग करें।
- भारत की मांग करने वाले सहमति लेने के लिए बाध्य हैं।
- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



Details as on: 10/11/2025

पता:  
C/O राम किशोर मिश्रा, निकट कब्रिस्तान, गोला रोड, मोह.  
गोतायाबाग, लखीमपुर, खीरी, खीरी,  
उत्तर प्रदेश - 262701

Address:  
C/O Ram Kishor Mishra, Nikat Kabristaan, Gola  
Road, Moh. Gottaiyabag, Lakhimpur, PO: Kheri,  
District: Kheri,  
Uttar Pradesh - 262701



2271 7582 6832

VID : 9183 5367 1074 6300

1947

help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

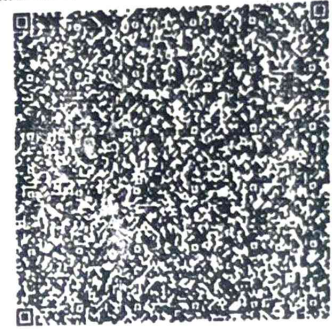


भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**FEWPM9678K**



नाम / Name  
**RAJAT MISHRA**

पिता का नाम / Father's Name  
**RAM KISHOR MISHRA**

जन्म की तारीख /  
Date of Birth  
**04/06/1998**

*Rajat*  
हस्ताक्षर / Signature

03022019

**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-0226-887	Date	25-02-2026
Customer Name	RAJAT MISHRA	Contact No.	8052512171
VIN	MBLHAW14XPHB00979	Model	HF DELUXE
Insurance Company		Reg No.	UP31BZ2254
HMCGL Card No	1073024860003600	HMCGL Card Category	Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	83400KSTH50ZDS -FR VISOR(CBR)	87141090	Paid	937.29	1	9.00	9.00	0.00	0.00	0.00	0.00	1,106.00
2	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
3	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
4	83600AAH100RS -L SIDE COVER(BLACK NH-1(TYPE-1))	87141090	Paid	452.54	1	9.00	9.00	0.00	0.00	0.00	0.00	534.00
<b>Parts Total</b>											0.00	<b>2,487.00</b>

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount	
1	102032 - ACCIDENTAL LABOUR-HF DELUXE	998729	Paid	848.00	9.00	9.00	0.00	0.00	0.00	0.00	1,000.64	
<b>Jobs Total</b>											0.00	<b>1,000.64</b>

Parts Total	2,487.00
Labour Total	1,000.64
SGST (Parts) 9%	189.69
CGST (Parts) 9%	189.69
SGST (Labour) 9%	76.32
CGST (Labour) 9%	76.32
<b>Total</b>	<b>3,487.64</b>

Rupees in Words: Three Thousand Four Hundred Eighty Seven and paise Sixty Four 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