

**M.B.MOTORS**

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	10515-03-REST-0326-150	Date	08-03-2026
Customer Name	ADITYA NARAIN PANDEY	Contact No.	6387551230
VIN	MBLHAW483SGL02959	Model	SPLENDOR +
Insurance Company		Reg No.	UP52CK4160
HMCGL Card No	1051526520001124	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
3	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
4	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
5	61100KST940ZAS -FENDER COMPLETE.FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
6	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	51410KWA941S -PIPE COMP. FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
11	53175AAFH00S -LEVER COMP.R STRG.HNDL.	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
12	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00

**Parts Total**

0.00 6,550.00

**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	1,200.00	9.00	9.00	0.00	0.00	0.00	0.00	1,416.00

**Jobs Total**

0.00 1,416.00

Parts Total	6,550.00
Labour Total	1,416.00
SGST (Parts) 9%	499.58
CGST (Parts) 9%	499.58
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
<b>Total</b>	<b>7,966.00</b>

Rupees in Words: Seven Thousand Nine Hundred Sixty Six Only

Authorised Signatory

1. Terms Cash

2. Prices &amp; statutory levies prevailing at the time of delivery shall be charged

10515 - Main W/S

10 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.	ADITYA NARAIN PANDEY 6867 51236
2 Vehicle No. / वाहन संख्या	UP52CK 4160
3 Policy No. / पालिसी संख्या	252400/81/2026/60293
4 Period of Insurance / बीमा अवधि	18/11/25 to 17/11/26
5 Date of loss & Time / दुर्घटना का दिनांक & समय	05/03/2026 6:30PM
6 Place of Accident / दुर्घटना का स्थान	Rajhinagar, Gurgaon
7 Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	ADITYA NARAIN PANDEY UP4220210001987
8 Estimated Loss / अनुमानित हानि	
09. Cause of Accident / दुर्घटना का कारण :	उपरोक्त स्थान पर गाड़ी चलते समय गलत ओर से आ रही गाड़ी ने आगे से बायीं तरफ धक्का मार दिया जिससे गाड़ी दायी ओर गिर के क्षतिग्रस्त हो गई।
10 Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NA
11 Third Party Loss / तृतीय पक्ष हानि / FIR No.	A
12 Name of the Workshop, Address & Contact No. / वर्कशॉप का नाम, पता & मोबाइल / फोन नं.	M.B.MOTOR 8818237680

06/03/26  
Date / दिनांक :  
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 \_\_\_\_\_

Certificate/Policy No. 250400/31/2026/60293

Tel. No. \_\_\_\_\_

Period of Insurance 18/11/25 to 17/11/26  
 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 : Aditya Narain Pandey  
 (b) Address for correspondence : Deoria, UP 6387551250  
 (c) Telephone : \_\_\_\_\_

2. THE INSURED VEHICLE

Make & Year <u>Hero</u> <u>2025</u>	Engine No. <u>03041</u> Chassis No. <u>02959</u>	Registration No. <u>UP52CK</u> <u>4160</u>
---	---	--

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

II. ADDITIONAL INFORMATION (COMMERCIAL VEHICLE)

The following questions need be answered in commercial vehicles only:

- (a) Registered laden weight : 4  
 (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 : A

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Aditya Abhinav Pandey  
(b) Age : 27 years  
(c) Address : Balambur  
(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  
(f) Was he under the influence of intoxication Liquor or drugs?  
(g) Driving Licence Number : UP 47 20210001987  
(h) Issuing Authority : L.A. Balambur  
(i) Date of Expiry : 04/01/2026  
(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 police? 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 : 05/08/2026 6:30 P.M.  
(b) Place : Balambur  
(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 :  
अभिषेक शर्मा सो. डबलवाडी  
बंगला नगर 14

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage  
(b) Estimated cost of repairs : 7366  
(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? : A

8. INJURY TO DRIVER/OCCUPANT

- (a) Was driver/any occupant injured? : 1
- (b) If yes, give full details : \_\_\_\_\_

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : NI
- (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. : \_\_\_\_\_ A

10. THEFT

- (a) Date and Time : NI
- (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 : \_\_\_\_\_ 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 06/03/26 200

Signature of the insured [Signature]



भारत सरकार

Government of India



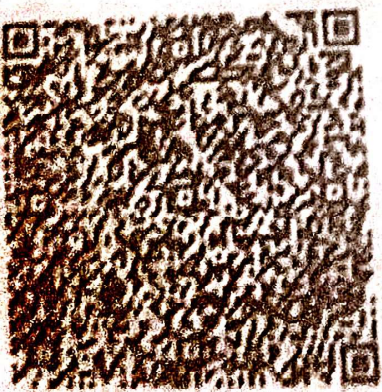
आदित्य नारायण पाण्डेय

Aditya Narain Pandey

जन्म तिथि/DOB: 05/01/2000

पुरुष/ MALE

9209 3899 0634



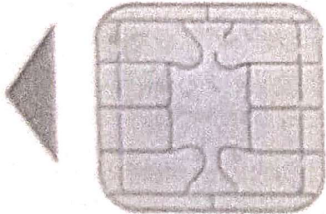
जेरा आधार, जेरी पहचान



Indian Union Driving Licence  
Issued by Uttar Pradesh



UP47 20210001987



Issue Date	Validity (NT)	Validity (TR)*
10-03-2021	04-01-2040	-----



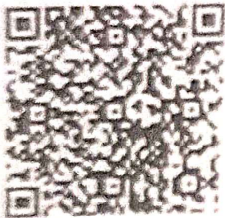
Holder's Signature

Name: ADITYA NARAIN PANDEY  
 Date of Birth: 05-01-2000 Blood Group: Organ Donor: Y  
 Son/Daughter/Wife of: LALIT KUMAR PANDEY  
 Address:  
 A/P-THANA LALIYA PO/PS-LALIYA  
 BALRAMPUR 271861

Date of First Issue (10-03-2021)

DL No: UP47 20210001987

UPDL000005277498



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	UP47	10-03-2021	NT			
	LMV	UP47	10-03-2021	NT			
MVSD							

Form 7 Rule 16(2)

Emergency Contact Number

Licensing Authority  
UP47 BALRAMPUR



भारतीय विशिष्ट पहचान प्राधिकरण

Unique Identification Authority of India

**Address:**

S/O Lalit Kumar Pandey, bhudavar  
banjaria, Banjaria, Deoria,  
Uttar Pradesh - 274704

**पता:**

S/O ललित कुमार पाण्डेय, भुडवार बंजरिया,  
बंजरिया, देवरिया,  
उत्तर प्रदेश - 274704

**9209 3899 0634**

2017

help@uidai.gov.in

www.uidai.gov.in



# PAN CARD

Name : ADITYA NARAIN  
PANDEY  
Gender : MALE  
DOB : 05-01-2000  
Pan Number : EWWPP7561P



Tan to Zoom



**GOVERNMENT OF UTTAR PRADESH**  
**Transport Department DEORIA**  
**FORM 23**  
**CERTIFICATE OF REGISTRATION**

Registration No : UP52CK4160      Registration Date : 19-Nov-2025  
 Description of Vehicle : M-CYCLE/SCOOTER      Purpose For Printing RC : NEW  
 Dealer's Name & Address : M.B. MOTORS, BASARATPUR, MEDICAL ROAD, GORAKHPUR, , 186-273004  
 Owner Name : ADITYA NARAIN PANDEY      Son/wife/daughter of : LALIT KUMAR PANDEY  
 Full Address: (Permanent) : BANJARIA BHUDAVAR BANJARIA, , DEORIA, UTTAR PRADESH-274704  
 Full Address: (Temporary) : BANJARIA BHUDAVAR BANJARIA, , DEORIA-UTTAR PRADESH-274704  
 Fitness Up To : 18-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      Rear HSRP No : AA1047557190  
 Front HSRP No : AA1047461728      Month/Year of Manuf. : 11/2025  
 Type of Body : SOLO WITH PILLION      Chassis No : MBLHAW483SGL02959  
 No of Cylinders : 1      Fuel : PETROL  
 Engine No : HA11F7SGL03041      Cubic Capacity : 97.20  
 Horse Power(BHP) : 8.17      Wheel base : 1235  
 Maker's Classification : SPLENDOR+ (DRS)      Standing Cap : 0  
 Seating Cap(In all) : 2      Unladen Wt (kgs) : 113  
 Sleeper Cap : 0      Laden/GV Wt (kgs) : 243  
 Colour : Black Heavy Grey      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. :	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 BAJAJ FINANCE LIMITED.

GORAKHPUR, , Gorakhpur, Uttar Pradesh-273001 w.o.f. 17-Nov-2025.  
 Purchase dt : 17-Nov-2025      Sale Amt : 73764/-  
 OTT Date : 17-Nov-2025      Amount/Rept No : 7377 / UP52D25110006683  
 Vehicle is Govt/ Pvt. : PRIVATE      Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 12-Dec-2025

**Other State/Transfer/Conversion/Reassign Details**  
 Previous Owner :  
 Old State :  
 Transfer Date :  
 Previous RegNo :  
 Entry Date :  
 Conversion Date :

This certificate is valid from 19-Nov-2025 to 18-Nov-2040

Date : 07-Jan-2026 15:01:01

Taxation Particulars / Advance Registration Mark Fee Details

Signature : \_\_\_\_\_  
 Authority : \_\_\_\_\_



**Q 7186790**

सुखी, अरिन, सब की सुरक्षा हमारे पास  
 दि ओरिएण्टल इन्सुरन्स कम्पनी लिमिटेड  
 (भारत सरकार का उपक्रम)

PRITHVI, AGNI, JAL, AAKASH, SUB KI SURAKSHA HUMARE PASS  
**THE ORIENTAL INSURANCE COMPANY LIMITED**  
 (Govt. of India Undertaking)

U66010DL1947GOI007158 VOICE POLICY SCHEDULE  
 U66010DL1947GOI007158

(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILAHSTAN CINEMA, ALIPUR JAMUIA, BIHAR (GSTIN: 09AAACT0637R4ZU)

Policy Type	BU NDLED POLICY (MOTORISED TWO WHEELERS-4 Years)	Policy Issued On	18-NOV-25
Policy No	252400/31/2024/60293	Proposal No. & Date	7/252400/31/2024/3792 & 18-NOV-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 13-08 ON 18/11/2025 TO MIDNIGHT OF 17/11/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 13-08 ON 18/11/2025 TO MIDNIGHT OF 17/11/2026
Insured Name	ADITYA NAKAIN PANDEY (GSTIN: )	Head Breakin No / Insured State	UTTAR PRADESH
Insured Address	C/O LALIT KUMAR PANDEY, BHUDAVAR BANJARIA, DEORIA, N.A.		

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (In Rs.)	
Make	HERO MOTOCORP		Vehicle	70677
Model & Variant	HERO SPLENDOR PLUS E20		Electrical Accessories	0
Registration No	NHV		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	70677
Engine- Chassis No	HA11F78GL03041 - MBLHAW4838GL02959		TAIF CONTRACT NO	
Cubic Capacity	100		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 Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1174.49	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	1174.49	Legal Liability (VCI) driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employer (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-4)	NA
Sub-Total Additions	0	Legal Liability to Passenger (IMT-6)	NA
Deductibles		Driving Tuition Loading On TP Premium (60%)	0
Voluntary Deductibles (IMT 22A)	0	PA Paid Driver, Conductor, Cleaner-GR1603	3851
Anti-Theft Device (IMT-10)	0	Net Liability Premium (B)	4027
AAI Membership (IMT-8)	0	Total Premium (A+B)	724
No Claim Bonus	0	GST	0
Discount for vehicle designed for handicapped	0	SEWICE TAX	0.00
SIP Discount	998	STAMP DUTY	0
Sub-Total Deductibles	998	Svachchh Bharat Cess @ 0.50%	0
Add-On Coverages		Krishi Kalyan Cess @ 0.50%	0
NIL Depreciation		Gross Premium Paid	4751
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	176		

Notes:  
 1. Policy Issuance is subject to the realization of cheque  
 2. Cover is subject to the realization of cheque  
 3. The Policy is subject to a compulsory deductible of Rs (IMT-22)  
 4. Voluntary excess Rs(0)  
 5. Subject to endorsement IMT 7, 10, 28.

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Amount
Financer Type	Financer Name	Bank Name	4751
POS Name	POS ID	Financer Branch	
		POS PAN NO./Adhar No	NA

In the event of a claim under the policy exceeding Rs.1Lac or a claim for refund of premium exceeding its 10%, the insured will comply with the provisions of the ADDL policy of the Company. The ADDL 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 at company's website www.orientalinsurance.org. In or on demand from the policy testing 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 the start).

Claim is not admissible if driving License is found fake or is not valid whether or not in the Knowledge of the insured.

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 settling during the preceding years (that is for the preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45% 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.

**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 a wider terms appearing in the certificate in order to comply with the MVA 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 baggage) (3) Organized racing (4) Pace Making (5) Speed testing (6) Reliability trials

Driver's Clauses: 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 license may also drive vehicle & that such a person satisfies the requirement of Rule 3 (4) (b) of Central Motor Vehicles Rules, 1988.

Limit of Liability Clause: Under section II-1 (a) 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. Cover under section III for owner-Driver is Rs. 5 lakhs.

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 settling during the preceding years (that is for the preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45% 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: 922137SMO  
 Approved On: 18-NOV-25  
 Place: MRT  
 Printed On: 18-NOV-25

For and on behalf of  
**The Oriental Insurance Company Limited**  
 General Manager  
 Authorized Signature

**M.B MOTORS**

KHARAIYA POKHRA, MEDICAL COLLEGE ROAD, P.O- BASHARATPUR, GORAKHPUR, GORAKHPUR, 273004, UP, INDIA

State Code: 9 Contact: 0551-2503403, , 5512500160 ,

GSTIN No: 09AAKFM8861B1Z1

Authorized Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No. 10515-03-REST-0326-150  
 Customer Name ADITYA NARAIN PANDEY  
 VIN MBLHAW483SGL02959  
 Insurance Company  
 HMCGL Card No 1051526520001124  
 Part Details

Date 08-03-2026  
 Contact No. 6387551230  
 Model SPLENDOR +  
 Reg No. UP52CK4160  
 HMCGL Card Category Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
2	61312AAE330S -STAY METER MOUNTING	87141090	Paid	87.29	1	9.00	9.00	0.00	0.00	0.00	0.00	103.00
3	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
4	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
5	61100KST940ZAS -FENDER COMPLETE FRONT NH-1	87141090	Paid	671.19	1	9.00	9.00	0.00	0.00	0.00	0.00	792.00
6	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
7	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
8	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
9	51410KWA941S -PIPE COMP FR FORK	87141090	Paid	898.31	2	9.00	9.00	0.00	0.00	0.00	0.00	2,120.00
10	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
11	53175AAFH00S -LEVER COMP R STRG HNDL	87141090	Paid	77.97	1	9.00	9.00	0.00	0.00	0.00	0.00	92.00
12	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00
<b>Parts Total</b>											0.00	<b>6,550.00</b>

**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	1,200.00	9.00	9.00	0.00	0.00	0.00	0.00	1,416.00	
<b>Jobs Total</b>											0.00	<b>1,416.00</b>

Parts Total	6,550.00
Labour Total	1,416.00
SGST (Parts) 9%	499.53
CGST (Parts) 9%	499.58
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
<b>Total</b>	<b>7,966.00</b>

Rupees in Words: Seven Thousand Nine Hundred Sixty Six Only

Authorised Signatory

1. Terms Cash
2. Prices & statutory levies prevailing at the time of delivery shall be charged

10515 - Main W/S