



GOVERNMENT OF UTTAR PRADESH
Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CD9733
 Description of Vehicle : M-CYCLE/SCOOTER
 Dealer's Name & Address : MUSA RAM AUTO SALES, L R P ROAD, LAKHIMPUR KHERI, ... 153-262701
 Owner Name : RASHI DEVI
 Full Address: (Permanent) : R/O GRAM- CHIKNAJATI POST-, SAMADAHA KHERI, PS- KAMARIYA, KHERI, UTTAR PRADESH-262723
 Full Address: (Temporary) : R/O GRAM- CHIKNAJATI POST-, SAMADAHA KHERI, PS- KAMARIYA, KHERI-UTTAR PRADESH-262723
 Fitness UpTo : 22-Mar-2039

Registration Date : 23-Mar-2024
 Purpose For Printing RC : NEW
 Son/wife/daughter of : D/O SRI PAHALAD KUMAR

Fitness UpTo

Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER
 Ownership : INDIVIDUAL
 Maker's Name : HERO MOTOCORP LTD
 Front HSRP No : AA1032441091
 Type of Body : SOLO WITH PILLION
 No of Cylinders : 1
 Engine No : HA11E8RHC20575
 Horse Power(BHP) : 7.91
 Maker's Classification : SPLENDOR+ (DRS)
 Seating Cap(in all) : 2
 Sleeper Cap : 0
 Colour : BLACK GREY STRIPE
 Other Criteria : Fully Built
 Vehicle Purchase As : Fully Built

Owner Serial No : 1
 Link Vehicle No :
 Norms : BHARAT STAGE VI
 Rear HSRP No : AA1032583976
 Month/Year of Manuf. : 03/2024
 Chassis No : MBLHAW238RHC40506
 Fuel : PETROL
 Cubic Capacity : 97.20
 Wheel base : 1236
 Standing Cap : 0
 Unladen Wt (kgs) : 109
 Laden/GV Wt (kgs) : 239
 AC Fitted : NO

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

By Manuf. 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 : 20-Mar-2024
 OTT Date : 20-Mar-2024
 Vehicle is Govt./ Pvt. : PRIVATE
 Date of Approval : 01-May-2024

Sale Amt : 74991/-
 Amount/Rcpt No : 7500 / UP31D24030003922
 Tax Exempted or Not : NOT EXEMPTED

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

This certificate is valid from 23-Mar-2024 to 22-Mar-2039

Date : 06-May-2024 10:57:27
 Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी
 मोटर वाहन विभाग
 लखीमपुर खेरी
 Signature of Registering Authority
 Date : 06-May-2024

P 6788759

Program Proposal Two-Wheeler Package Contract - Bundled



Package Contract No.: MS/2025-7001/O/46575-418137

Motorsathi Care Private Limited

B DASS Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) 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	
RASHI DEVI	2008-01-02	9653020894	D/O SRI PAHALAD KUMAR	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
DRUM SELF E20	UP31CD9733	HAI1E8RHC20575	MBLHAW238RHC40506	2024	100	TW
Asset Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
57000.00	NA	0.00	0.00	0.00	57000.00	
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	1801.13	
Address			City / District	Pin Code	State	
ROGRAM-CHIKNAJATI POST-, SAMADHA KHERI, PS- KAMARIYA, Kheri, Uttar Pradesh, 262723				262723	Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
VISHAL KUMAR	Male	24 Years	HUSBAND	2025-03-20 15:49	Midnight of 2026-03-19	

Section A VRC: 765.06 TCR: 269.04 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 **Total with GST(A): 1032.10**

Section B TC: 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: 277.14 AHDC, DOC & Additional External Tyre Cover(AFTC) Other Discount: 0.00 GST (CGST @9% + SGST @9%): 49.89 **Total with GST(D): 327.03**

Total(Section A+B+C+D) Offered Price After Discount: 1801

Package Period Covered	2025-03-20 To 2026-03-19	2026-03-20 To 2027-03-19	2027-03-20 To 2028-03-19	2028-03-20 To 2029-03-19	2029-03-20 To 2030-03-19
ADV	57000	NIL	NIL	NIL	NIL
MS Services Period Covered (NODI)	1 Year	NIL	NIL	NIL	NIL

THE VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-03-19 (DETAILS ARE PROVIDED BY THE CUSTOMER)

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) Transport of passengers d) Race Making e) Speed Testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

DRIVER: 100% person(s) holding 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 new 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 Motor Vehicle Act, 1989.

LIMIT OF ACCOUNTABILITY: Limit of the amount of the Company's accountability in respect of any one request or series of requests arising out of one event: Up to Rs - 100000. Actual Costs and Terms & Conditions are in package document which can be downloaded only via authorized portal www.motorsathi.com.

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 the insured's intentional fraud or material fact or non-co-operation of the coverage.

ANTI-MONEY LAUNDERING CLAUSE: In the event of a request under the package exceeding Rs 1 lakh or a request for refund of payment exceeding Rs 1 lakh, the accountability of the insured shall be the provisions of AMI package of the company. The AMI package is available in all our operating offices as well as Company website.

TO REGISTER REQUEST PLEASE CONNECT WITH MOTORSAATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care / Toll Free Phone No. 7941050643



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 jurisdiction of the courts at Aligarh.

Received with Thanks Rs 1801.12 ON 2025-03-19 from Mr./Ms. RASHI DEVI against the ARN No. INCP00418137
 The acknowledgement is subject to a compulsory excess of Rs. 100/- & Depreciation is applicable as per terms & conditions*
 (For more details visit www.motorsathi.com) 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.



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 / फाइनल

1	Name of the Insured & Mobile No./ बीमाधारक का नाम & मोबाइल नं.	राशि देवी, 9653020894
2	Vehicle No. / वाहन संख्या	UP31CD 9733
3	Policy No. / पालिसी संख्या	MS/2025/7001/0/46575/418137
4	Period of Insurance / बीमा अवधि	20/03/2025 से 19/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	14/03/2026 8:00PM
6	Place of Accident / दुर्घटना का स्थान	छाऊँ IOCL Plant के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	विराज कुमार, 9653020894 UP31 202400/2374
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	छाऊँ IOCL Plant के पास सामने से दौंधी ओर से साइ से चक्कर हो गई जिससे मेरी गाड़ी बाँधी ओर गिरकर गतिमस्त 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, LPPROAD LAKHTIMPUR-KHERI, 9151154036

राशि देवी

Date / दिनांक : 15/03/2026
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. MS/2025/2001/0/46575/41

Tel. No.

Period of Insurance 20/03/2025 से 19/03/2026
 Claim No. 8137

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 : KASHI DEVI
 (b) Address for correspondence : RIOGRAM-CHIKNAJATI PS-SAMADHA KHERI, PS-
 (c) Telephone : 9653020894 KAMARTYA, KHERI, UP, 262723

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>HRA1E8RHC20575</u> Chassis No. <u>MBLHAL238RHC40506</u>	Registration No. <u>UP31CD</u> <u>9733</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 : VISHAL KUMAR
(b) Age : 01/01/2000
(c) Address : R/O Vill - GADHURWA KALRAM, GATHRUWA,
LAKHIMPUR-KHERI, UP, 262701.
(d) Is the Driver
1. Owner :
2. paid driver? : NO
3. Owner's relative or friend? : NO
Husband
(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 : UP3120040012374
(h) Issuing Authority : 09/11/2024
(i) Date of Expiry : 31/12/2039
(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 : 14/03/2026 8:00PM.
(b) Place : एडिशनल टोएल प्लान्ट के पास
(c) Speed of vehicle at the time of accident : 30-40km/h
(d) Give a short description of the accident : एडिशनल टोएल प्लान्ट के पास समाने से लॉड ओर सेसाइ
(e) If any third party was responsible for this accident give the name and address : मे लककर एट गड्ड जिससे मेरी गाड़ी बर्खा और गिरकर
गिरकर एट गड्ड

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : FRONT AND RIGHT AND LEFT
(b) Estimated cost of repairs :
(c) When and where can the damaged vehicle be inspected : MOSARRAM AUTO SALES, LRPRAD
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? :
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? : _____
- (g) When? : N/A
- (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 15/03/2006

Signature of the insured शोभा देवी

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. UP31C09133 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/-

राश्री देवी

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 of 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 RASHI DEVI D/O SRI PAHALAD
KUMAR R/O GRAM-CHIKNARIATI, PS-SAMADRAHA, KHERI
UTTAR PRADESH, 262723

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, RASHI DEVI D/O SRI PAHALAD KUMAR do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 15/03/2016

Place KHERI

रशी देवी

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.



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



UP31 20240012374



Issue Date Validity (NT) Validity(TR)*
09-11-2024 31-12-2039



Holder's Signature

Name: **VISHAL KUMAR**

Date of Birth: **01-01-2000**

Blood Group:

Organ Donor: **N**

Son/Daughter/Wife of: **SURESH KUMAAR**

Address:

**VILL-GADHURWA KALAAM GATHRUWA LAKHIMPUR
KHERRI UTTAR PRADESH 262701**

Date of First Issue 09-11-2024

DL No: **UP31 20240012374**

UPDL000014529955



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	09-11-2024	NT				
LMV	UP31	09-11-2024	NT				
MVSD							

Emergency Contact Number

Pankaj
Licensing Authority
UP31 LAKHIMPUR KHERRI

Form 7 Rule 16(2)



भारत सरकार
Government of India



Print Date: 28/03/2022



राशी देवी
Rashi Devi
जन्म तिथि / DOB : 02/01/2008
महिला / Female

8467 4330 6832

मेरा आधार, मेरी पहचान



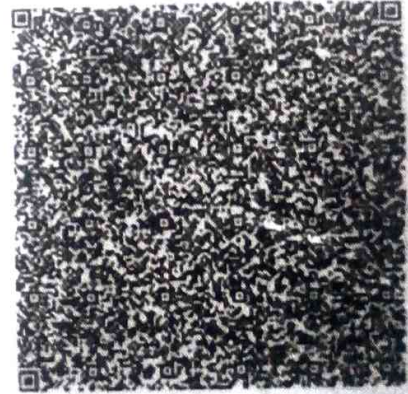
भारतीय दिशेष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Print Date : 28/03/2022

पता: आत्मजा: पहलाद कुमार, ग्राम
चिकनाजती, पोस्ट समदहा, चिवनाजती, खीरी,
उत्तर प्रदेश, 262723

Address: D/O: Pahalad Kumar, gram
chiknajati, post samadaha, Chivanajati,
Kheri, Uttar Pradesh, 262723



8467 4330 6832



help@uidai.gov.in



www.uidai.gov.in

HOSKAR 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-0326-939
 Customer Name RASHI DEVI
 VIN MBLHAW238RHC40506
 Insurance Company
 HMCGL Card No 1073024830000467

Date 18-03-2026
 Contact No. 9653020894
 Model SPLENDOR +
 Reg No. UP31CD9733
 HMCGL Card Category Platinum

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200WS -FRONT FENDER (NH-194M-U)	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,336.00
2	64311KCC860S -BRACKET COMPLETE FRONT NUMBER PLATE	87141090	Paid	27.12	1	9.00	9.00	0.00	0.00	0.00	0.00	32.00
3	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
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	83402AAE940S -INNER PANEL	87141090	Paid	222.03	1	9.00	9.00	0.00	0.00	0.00	0.00	262.00
6	3340AKCC710S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
7	3345AKCC710S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	177.97	1	9.00	9.00	0.00	0.00	0.00	0.00	210.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
9	53200AAE200S -STEM COMP STRG	87141090	Paid	738.14	1	9.00	9.00	0.00	0.00	0.00	0.00	871.00
10	K44446AAMB000S -"KIT, WHEEL COMP. FRONT"	87141090	Paid	3,968.64	1	9.00	9.00	0.00	0.00	0.00	0.00	4,683.00
11	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
12	51104KCC900S -STEP PILLION WOMEN	87141090	Paid	128.81	1	9.00	9.00	0.00	0.00	0.00	0.00	152.00
13	51103AAEH00S -GUARD SAREE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
14	61311KCC840S -STAY HEAD LIGHT BRACKET	87141090	Paid	132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	156.00
15	61312ADH600S -STAY METER	87141090	Paid	81.36	1	9.00	9.00	0.00	0.00	0.00	0.00	96.00
16	3365AKCC710S -WINKER ASSY L RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
Parts Total											0.00	13,695.00

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	1,695.00	9.00	9.00	0.00	0.00	0.00	0.00	2,000.10	
Jobs Total											0.00	2,000.10

Parts Total 13,695.00
Labour Total 2,000.10
SGST (Parts) 9% 1,044.53
CGST (Parts) 9% 1,044.53

CGST (Labour) 9%
Total

152.55
15,695.10

Rupees in Words: Fifteen Thousand Six Hundred Ninety Five and paise Ten Only. Authorised Signatory

1. Terms Cash
 2. Prices & statutory levies prevailing at the time of delivery shall be charged 10730 - Main W/S
 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.