

To / सेवा में,
The Oriental Insurance Co Ltd /
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड
M.E.EROT

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.	SUDHIR KUMAR VERMA 9918155950
2	Vehicle No. / वाहन संख्या	UP31CE0115
3	Policy No. / पालिसी संख्या	MS/2025/700/0/46575/19346
4	Period of Insurance / बीमा अवधि	23/03/2025 To 22/03/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/03/2026, 11:00 AM
6	Place of Accident / दुर्घटना का स्थान	मथना मंदि के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	SUDHIR KUMAR VERMA, 9918155950 UP3120230008653
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण : अलीगंज रोड बिल्डिंग मथना मंदि के पास पीछे वाई ओर से आंरो वाले ने तक्कर मार दी जिससे मेरी गाड़ी थमा और बिरफा हिलगठ हो गई।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	NIA
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	NIA
12	Name of the Workshop, Address & Contact No./वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	MOSARAM AUTO SALES LRROAD LAKHIMPUR KHERRI, 9151154036

Date / दिनांक : 17/03/2026
हस्ताक्षर

सुधीर कुमार वर्मा
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/2025/7001/0/46575/4193
46

Tel. No.

Period of Insurance 23/03/25 To 22/03/26
 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 : SUDHIR KUMAR VERMA
 (b) Address for correspondence NO : CHUNMUNPUR PO - DEVKALI, BERTHATAR ANPDR KHART
 (c) Telephone : 9918155950 PS-PHARWAN, U.P.

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2024</u>	Engine No. <u>NAJSE7R9B02068</u> Chassis No. <u>MBLHAW221R9B01979</u>	Registration No. <u>UP3ICE</u> <u>0115</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 : SUDHIR KOMAR VERMA
 (b) Age : 11/07/1999
 (c) Address : CHUNMONPUR PG-DEVKALI, BERHATARANPUR KHERI
 (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 :
 (h) Issuing Authority : UP3120230008653
 (i) Date of Expiry : 16/09/2023
 (j) Was the licence temporary/permanent : 10/07/2039 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 : 15/03/2026 11:00 AM
 (b) Place : मथना मीर के पास
 (c) Speed of vehicle at the time of accident : 30-40
 (d) Give a short description of the accident : अलीगंज रोड निकट मथना मीर के पास पीछे की ओर से आती कार ने अचानक गाड़ी में बिसुल से ले आड़ी चलाई और बाइक को बुरा कर दिया।
 (e) If any third party was responsible for this accident give the name and address : बिरज क. बिरजपुर 81 115 4036

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : BACK/LEFT/RIGHT/FRONT
 (b) Estimated cost of repairs :
 (c) When and where can the damaged vehicle be inspected : MOSARAM 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?
- (b) If yes, give full details

Handwritten mark

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.

N/A

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

N/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 17/03/2026

Signature of the insured *[Handwritten Signature]*

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. UP 31CF 0115 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 [Handwritten Signature]
Occupation
Address
.....
.....

Bank Account Number
Name of the Bank

Motorsathi Care Private Limited

Plot No. 10, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

Phone: 79-53 18 821

Website: www.motorsathi.com

www.motorsathi.com

Name of Certificate Holder	Date of Birth	Mobile No.	Father/Husband Name	Make	Model	
SUDHIR KUMAR VERMA	2009-07-14	9918155950	SRI BADRI PRASAD VERMA	Hero Motocorp	SPLENDOR PLUS	
Sub Model	Vehicle Regn. No.	Engine No.	Chassis No.	Year of Mfg	Cubic Capacity	Vehicle Type
138 SELF DRUM	UP31CB0115	HA11E7R9B02068	MBLHAW221R9B01979	2024	100	TW
Declared Value (ADV)	Side Car ADV	Non-Electrical Accessories ADV	Electrical Accessories ADV	CNG/LPG/Bi-Fuel ADV	Total ADV	
59500.00	NA	0.00	0.00	0.00	59500.00	
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	1860.74	
Address			City / District	Pin Code	State	
DCHUSMUNPUR POST DEVKALL BERIHATARANPUR KHERI, PS-PHARDHAN, Kheri, Uttar Pradesh,					Uttar Pradesh	
Nominee Name	Nominee Gender	Nominee Age	Nominee Relation	Package Start Date	Package End Date	
SHIVANGI DEVI	Female	25 Years	WIFE	2025-03-23 15:25	Midnight of 2026-03-23	

A. V.R. 79-53 TCR 280 84 Less Handicapped Discount: 0.00 For Anti-Theft Discount: 0.00 PA BONUS (0%): 0.00 Total with GST(A) 1077.37

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

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

D. Drive Assure: 289.30 AHDC, DOC & Additional External Tyre Cover(AFTC): Other Discount: 0.00 GST (CGST @9% + SGST @9%): 52.07 Total with GST(D): 341.37

Section A-B+C+D) Offered Price After Discount: 1861

Period Covered	2025-03-23 To 2026-03-22	2026-03-23 To 2027-03-22	2027-03-23 To 2028-03-22	2028-03-23 To 2029-03-22	2029-03-23 To 2030-03-22
59500	NIL	NIL	NIL	NIL	NIL
Services Period Covered (NODL)	1 Year	NIL	NIL	NIL	NIL

VEHICLE COVERED IN THIS CONTRACT HAVE A VALID TP COVERAGE TAKEN FROM AN INSURANCE COMPANY VALID UPTO 2029-03-20 (DETAILS ARE PROVIDED BY THE CUSTOMER).

RESTRICTIONS 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) 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 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 Motor Vehicle Rules, 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. Limit 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.

CLAIMER: 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 non-representation, nondisclosure of material fact or non-co-operation of the coverage.

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 shall be subject to the provisions of AML package of the company. The AML package is available in all our operating offices as well as Company website.

FOR FURTHER SERVICE REQUEST PLEASE CONNECT WITH MOTORSATHI CARE PVT LTD AT: Website: www.motorsathi.com Customer Care: Toll Free Phone No: 79-53 18 821 Email: 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 Aligarh.



Received with Thanks Rs 1860.74 ON 2025-03-23 from Mr./Ms. SUDHIR KUMAR VERMA against the ARN No. INCP00419346

This acknowledgement is subject to a compulsory excess of Rs 100 - & Depreciation is applicable as per terms & conditions.

For further details turn overleaf for details) Consolidated Stamp Duty Paid Endorsements IMI - 22, 16, 18

Customer Service Address: B.Dass Compound Opposite, DAV Public School, Naurangabad, Grand Trunk Road, Naurangabad, Aligarh, Aligarh, Uttar Pradesh, (202001) India

सुधीर कुमार वर्मा



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CE0115 Registration Date : 24-Mar-2024
 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 : SUDHIR KUMAR VERMA Son/wife/daughter of : SRI BADRI PRASAD VERMA
 Full Address: (Permanent) : R/O CHUNMUNPUR POST DEVKALI, BERIHATARANPUR KHERI, PS- PHARDHAN, KHERI, UTTAR PRADESH-262701
 Full Address: (Temporary) : R/O CHUNMUNPUR POST DEVKALI, BERIHATARANPUR KHERI, PS- PHARDHAN, KHERI-UTTAR PRADESH-262701
 Fitness UpTo : 23-Mar-2039 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 : AA1032441403 Rear HSRP No : AA1032584288
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 02/2024
 No of Cylinders : 1 Chassis No : MBLHAW221R9B01979
 Engine No : HA11E7R9B02068 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ I3S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper 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)
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- 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	: 21-Mar-2024	Sale Amt	: 77926/-
OTT Date	: 21-Mar-2024	Amount/Rcpt No	: 7793 / UP31D24030004247
Vehicle is Govt./ Pvt.	: PRIVATE	Tax Exempted or Not	: NOT EXEMPTED
Date of Approval	: 02-May-2024		

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 24-Mar-2024 to 23-Mar-2039

Date 06-May-2024 11:20:24

Taxation Particulars / Advance Registration Mark Fee Details

पजीयन अधिकारी
 मोटर विभाग
 लखीमपूर-खीरी
 Signature of Registering Authority
 Date : 06-May-2024

P 7335246

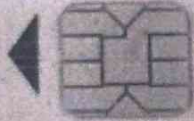
सुधीर कुमार वर्मा



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



UP31 20230008653



Issue Date: 16-09-2023 Validity (NT): 10-07-2039 Validity (TR): _____



Holder's Signature

(16-09-2023)

Date of First Issue

Name: **SUDHIR KUMAR VERMA**
 Date of Birth: **11-07-1999** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **BADRI PRASADVERMA**
 Address:
**chunmunpur post deokali Berihatranpur
 Khari Uttar Pradesh 262701**

DL No: UP31 20230008653

UP31 000011282286



Invalid Carriage (Regn Numbers)

Hazardous Validity^a _____ Hill Validity^a _____

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Sadge Number ^a	Sadge Issued Date ^a	Sadge Issued By ^a
	MCWG	UP31	16-09-2023	NT			
	LMV	UP31	16-09-2023	NT			
	MVSD						

Form 7 Rule 16(2)

Emergency Contact Number

[Signature]
 Issuing Authority
UP31 LAKHIMPUR KHARI



भारत सरकार
Government of India

भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

नामांकन क्रम/ Enrolment No.: 0221/01102/03581

To
सुधीर कुमार वर्मा
Sudhir Kumar Verma
S/O: Badri Prasad Verma,
chunmunpur post devkali,
VTC: Berihatranpur,
PO: Udaipur Mahewa,
Sub District: Lakhimpur,
District: Kheri,
State: Uttar Pradesh,
PIN Code: 262701,
Mobile: 9918155950

Signature valid

Digital Signature of Unique Identification Authority of India
Date: 2023-09-28 19:07:19



आपका आधार क्रमांक / Your Aadhaar No. :

3752 4261 0686

VID : 9130 5246 3289 3258

मेरा आधार, मेरी पहचान



भारत सरकार
Government of India



Aadhaar no. issued: 2011/2014



सुधीर कुमार वर्मा
Sudhir Kumar Verma
जन्म तिथि/DOB: 11/07/1999
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।
इसका उपयोग सत्यापन (ऑनलाइन प्रमाणीकरण, या क्यूआर कोड/
ऑफलाइन एक्सएनएल 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).

3752 4261 0686

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 www.uidai.gov.in पर उपलब्ध सुरक्षित क्यूआर कोड रीडर का उपयोग करके इत्यदिगित किया जाना चाहिए।
- आधार विशिष्ट और सुरक्षित है।
- पहचान और पते के समर्थन में दस्तावेजों को आधार के लिए नामांकन की तारीख से पहले 10 वर्ष में कम से कम एक बार अपडेट में अपडेट कराना चाहिए।
- आधार विभिन्न सरकारों और गैर-सरकारी फायदा/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।
- आधार 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.



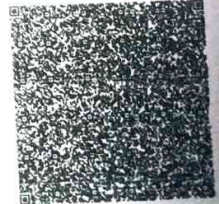
भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India



Details as on: 13/08/2025

पता:
संबोधित: बदी प्रसाद वर्मा, चुनमुनपुर पोस्ट देवकली,
बेरिहतारपुर, उदैपुर महवा, खीरी,
उत्तर प्रदेश - 262701

Address:
S/O: Badri Prasad Verma, chunmunpur post devkali,
Berihatranpur, PO: Udaipur Mahewa, DIST: Kheri,
Uttar Pradesh - 262701



3752 4261 0686

VID : 9130 5246 3289 3258

1947

help@uidai.gov.in

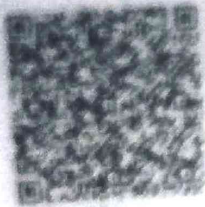
www.uidai.gov.in

सुधीर कुमार वर्मा

आयकर विभाग
INCOME TAX DEPARTMENT

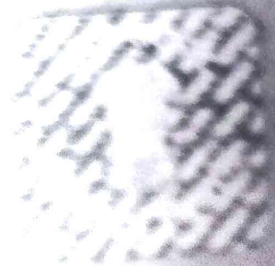


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

BLXPV5110R



नाम/ Name
SUDHIR KUMAR VERMA

पिता का नाम/ Father's Name
BADRI PRASAD VERMA

जन्म की तारीख/ Date of Birth
11/07/1999

सह्यो कृतं नमः
Holder's Signature



SHARMA 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-0326-940
 Customer Name SUDHIR KUMAR VERMA ...
 VIN MBLHAW221R9B01979
 Insurance Company
 HMCGL Card No 1073024880000097
 Part Details

Date 18-03-2026
 Contact No. 9918155950
 Model SPLENDOR +
 Reg No. UP31CE0115
 HMCGL Card Category Platinum

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	80100KWH970SR -FENDER COMP REAR	99990000	Paid	257.81	1	14.00	14.00	0.00	0.00	0.00	0.00	330.00
3	80102KCC900SR -BASE TAIL LIGHT	99990000	Paid	24.58	1	9.00	9.00	0.00	0.00	0.00	0.00	29.00
4	3360AKCC710S -WINKER ASSY R RR (W/O BULB)	85122010	Paid	173.73	1	9.00	9.00	0.00	0.00	0.00	0.00	205.00
5	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
6	88110AAFH31ZAS - MIRROR ASSEMBLY RIGHT BACK NH-1 TYPE-1	70091090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
Parts Total											0.00	2,017.00

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	2,017.00
Labour Total	2,000.10
SGST (Parts) 14%	36.09
SGST (Parts) 9%	128.67
CGST (Parts) 14%	36.09
CGST (Parts) 9%	128.67
SGST (Labour) 9%	152.55
CGST (Labour) 9%	152.55
Total	4,017.10

Rupees in Words: Four Thousand Seventeen and paise Ten 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