

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.	अरुण 98303549210
2	Vehicle No. / वाहन संख्या	UP 31CK 3617
3	Policy No. / पालिसी संख्या	252400/31/2025/87543
4	Period of Insurance / बीमा अवधि	19/02/2025 से 18/02/2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	24/12/2025 समय - 10:00am.
6	Place of Accident / दुर्घटना का स्थान	जलमवन चौराहा के पास
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	सोहन 9696034409 UP31 20190004224
8	Estimated Loss / अनुमानित हानि	
09.	Cause of Accident / दुर्घटना का कारण :	जलमवन चौराहा के पास सामने से बाईं ओर से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर सातप्रस्त 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 / फोन नं.	MOSARAM AUTO SALES, LRP ROAD LAKHIMPUR-KHERI, 9151154036

Date / दिनांक : 26/12/2025  
हस्ताक्षर

अरुण  
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. 252400/31/2025/875/43

Tel. No.

Period of Insurance 19/02/2025 से 18/02/2026  
 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 : ARUN  
 (b) Address for correspondence : R1078, OELKHERI PS-KHERI, LAKHIMPUR-KHERI  
 (c) Telephone : 98303549210

2. THE INSURED VEHICLE

Make & Year <u>HERO</u> <u>2025</u>	Engine No. <u>HA11F7SHB49498</u> Chassis No. <u>MBLWAW215SHB07349</u>	Registration No. <u>UP31CK</u> <u>3617</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 : SONU  
 (b) Age : 20/05/1998  
 (c) Address : VILL- DITMOUHRA, PS- MUDIA KHERA, THANA- KHERI, LAKHIMPUR- KHERI  
 (d) Is the Driver  
 1. Owner : No  
 2. paid driver? : No  
 3. Owner's relative or friend? : FRIEND  
 (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 : UP31 20190004224  
 (h) Issuing Authority : 11/04/2019  
 (i) Date of Expiry : 10/04/2039  
 (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 : 24/12/2025 10:00am.  
 (b) Place : जलमवन चौराहा के पास  
 (c) Speed of vehicle at the time of accident : 30-40  
 (d) Give a short description of the accident : जलमवन चौराहा के पास सामने से वाहन से मोटरसाइकिल से टक्कर हो गई जिससे मेरी गाड़ी बाईं ओर गिरकर  
 (e) If any third party was responsible for this accident give the name and address : सतिशस्त हो गयी

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, FRP ROAD 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 : N/A  
 (e) Full details of property damaged :  
 (f) Has notice of any claim been given to you? :

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? : N/A  
(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 26/12/2015

Signature of the insured 3-12-15

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. UP31CK3617 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 दीपक .....  
Occupation .....  
Address .....  
.....  
.....

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

CERTIFICATE OF REGISTRATION

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 ARUN S/O BRAJ KISHOR, R/O  
78, OEL, KHERI, UTTAR PRADESH, 262725

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, ARUN do hereby declare that what is stated above is true to the best of my knowledge and belief.

Date 26/12/2025

Place KHERI

Arjun  
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.

**Note:** Amendment with effect from 1<sup>st</sup> November, 1998 as per Income Tax Act, 1962 Rule 114 B: para (c) A time deposit exceeding Rs. 50,000/- with a banking company : para (f) opening an account with a Banking Company.



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID PGR0928

Page No 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE (FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)			
DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, PIN-0121406/3570... (GSTIN: 09AAACT0627R4ZU)			
Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS (5 Years))	Policy Issued On	19-FEB-25
Policy No	252400/31/2025/87543	Proposal No. & Date	R/252400/31/2025/96887701 5 & 19-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:21 ON 19/02/2025 TO MIDNIGHT OF 18/02/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 16:21 ON 19/02/2025 TO MIDNIGHT OF 18/02/2026
Insured Name	ARUN (GSTIN: )	Lead / Breakin No	
Insured Address	C/O SRI BRAJ KISHOR, R/O 78, OEL KHERLPS- KHERILAKHIMPUR KHERI, NA.0	Insured State	UTTAR PRADESH
INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	77521
Model & Variant	HERO SPLENDOR PLUS XTECH F-20	Electrical Accessories	0
Registration No	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	77521
Engine - Chassis No	HA11E7SHB49498 - MBLHAW215SHB07349	TMF CONTRACT NO	
Cubic Capacity	100	Policy Type	Zone B - Rest of India
Seating Capacity	1 + 1	Geographical Area	
Type Of Body	SOLO	Type Of Fuel	PETROL
RTO Location			

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1299.25	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
		Legal Liability (WC) to driver (IMT-28)	0
Basic Premium	195.25	Legal Liability to Employees (IMT-29)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Passenger (IMT-46)	NA
Driving Tuition Loading On OD Premium (60%)	0	Driving Tuition Loading On TP Premium (60%)	0
Sub-Total Additions	0	PA Paid Driver, Conductor, Cleaner-GR36B3	3851
		Net Liability Premium (B)	4046
Deductibles		Total Premium (A+B)	728
Voluntary Deductibles (IMT 22A)	0	GST	0
Anti- Theft Device (IMT-10)	0	SERVICE TAX	0.00
AAI Membership (IMT-8)	0	STAMP DUTY	0
No Claim Bonus	0	Swachh Bharat Cess@0.50%	0
Discount for vehicle designed for handicapped	0	Krishi Kalyan Cess@0.50%	4774
SIP Discount	0	Gross Premium Paid	
Sub -Total Deductibles	0		
Add-On Coverages			
NIL Depreciation	0	Note:	
Return to Invoice	0	1. Policy Issuance is not subject to the realisation of cheque	
Key Replacement	0	2. Consolidated Stamp Duty paid via Challan No	
Consumables	0	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Sub Total Add-on Coverages	0	4. Voluntary excess is 0	
Net own Damage Premium(A)	195	5. Subject to Endorsements IMT.7.10.28.	

Nominee Details :	Nominee Name	Age	1	Relation	
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name	Amount	4774
Financer Type	Financer Name	Cash	Financer Branch		
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs1 lac, 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](http://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-FEB-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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989

**Limits of Liability Clause:** Under section II-1 (i) of the policy - Death or body injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (ii) of the policy - Damage to third party property is Rs. 7.5 lakhs P.A. Cover under section III for owner-Driver is RS 0

**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 ten 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 :	UNIV@252400		For and on behalf of	The Oriental Insurance Company Limited
	Approved On :	19-FEB-25		General Manager	
	Place :	MRT		Authorized Signature	
	Printed On :	19-FEB-25			



GOVERNMENT OF UTTAR PRADESH

Transport Department LAKHIMPUR KHERI

FORM 23

CERTIFICATE OF REGISTRATION

Registration No : UP31CK3617 Registration Date : 21-Feb-2025  
 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 : ARUN Son/wife/daughter of : SRI BRAJ KISHOR  
 Full Address: (Permanent) : R/O 78, OEL KHERI, R/O 78, OEL KHERI, PS- KHERI, KHERI, UTTAR PRADESH-262725  
 Full Address: (Temporary) : R/O 78, OEL KHERI, R/O 78, OEL KHERI, PS- KHERI, KHERI-UTTAR PRADESH-262725  
 Fitness UpTo : 20-Feb-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 : AA1040066416  
 Front HSRP No : AA2121945678 Month/Year of Manuf. : 02/2025  
 Type of Body : SOLO WITH PILLION Chassis No : MBLHAW215SHB07349  
 No of Cylinders : 1 Fuel : PETROL  
 Engine No : HA11E7SHB49498 Cubic Capacity : 97.20  
 Horse Power(BHP) : 7.91 Wheel base : 1235  
 Maker's Classification : SPLENDOR+ XTEC (DRS) Wheel base : 0  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 112  
 Colour : BLACK TORNADO GREY Laden/GV Wt (kgs) : 242  
 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)
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 : 19-Feb-2025 Sale Amt : 81601/-  
 OTT Date : 19-Feb-2025 Amount/Rcpt No : 8161 / UP31D25020003504  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 04-Mar-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 21-Feb-2025 to 20-Feb-2040

Date : 20-Mar-2025 17:43:07

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Date : 20-Mar-2025  
 लखीमपुर खैरी

Q 2471571

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

**UP31 20190004224**

Issue Date: 11-04-2019    Validity (NT): 10-04-2039    Validity (TR)\*: \_\_\_\_\_

Name: **SONU**    Date of Birth: **20-05-1998**    Blood Group: \_\_\_\_\_    Organ Donor: **N**

Son/Daughter/Wife of: **RAM LAKHAN**

Address:  
**VILL DIMOUHRA POST MUDIA KHERA DEMOUHRA**  
**THANA KHERI Lakhimpur, Kheri, UP 262701**

Date of First Issue: (11-04-2019)

**DL No: UP31 20190004224**

Invalid Carriage (Regn Numbers)  
 Hazardous Validity<sup>a</sup>    Hill Validity<sup>a</sup>

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issued Date <sup>a</sup>	Badge Issued By <sup>a</sup>
MCWG	UP31	11-04-2019	NT				
LNV	UP31	11-04-2019	NT				
MVSD							

Emergency Contact Number \_\_\_\_\_

Licensing Authority  
**UP31 LAKHIMPUR KHERI**

Form 7 Rule 16(2)

~~2117~~

9696034409

**भारत सरकार**  
Government of India






**अरुण**  
Arun  
जन्म तिथि / DOB 02/06/1995  
पुरुष / MALE



**9232 9580 0950**

**मेरा आधार, मेरी पहचान**

**आरतीय विभिन्न पहचान प्राधिकरण**  
Unique Identification Authority of India

**पता:**  
S/O: ब्रज किशोर, 78, ओवल, खीरी, उत्तर प्रदेश - 262725

**Address:**  
S/O: Braj Kishor, 78, , Oel, Kheri, Uttar Pradesh - 262725

**9232 9580 0950**

1647 | help@uidai.gov.in | www.uidai.gov.in

Microam Auto  
DL Copy  
10730  
Lakhimpur Kheri

**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-1225-731	Date	30-12-2025
Customer Name	ARUN ..	Contact No.	8303549210
VIN	MBLHAW215SHB07349	Model	SPLENDOR+ XTEC
Insurance Company		Reg No.	UP31CK3617
HMCGL Card No	1073024800004495	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
2	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
3	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
4	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
5	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
6	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
7	53200ADH600S -STEM COMPLETE STEERING	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
8	51410KCC900S -PIPE COMP.FR.FORK	87141090	Paid	663.56	2	9.00	9.00	0.00	0.00	0.00	0.00	1,566.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	53178AAFH00S -LEVER COMP.L STRG.HNDL.	87141090	Paid	71.19	1	9.00	9.00	0.00	0.00	0.00	0.00	84.00
11	24701AAE300S -PEDAL GEAR CHANGE	87141090	Paid	151.69	1	9.00	9.00	0.00	0.00	0.00	0.00	179.00
12	45010AAHF00S -PANEL SUB COMP FRONT BRAKE	87141090	Paid	515.25	1	9.00	9.00	0.00	0.00	0.00	0.00	608.00
13	51103AAEH00S -GUARD SAREE	87141090	Paid	319.49	1	9.00	9.00	0.00	0.00	0.00	0.00	377.00
14	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
<b>Parts Total</b>											0.00	<b>7,849.00</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+ XTEC	998729	Paid	1,272.00	9.00	9.00	0.00	0.00	0.00	0.00	1,500.96	
<b>Jobs Total</b>											0.00	<b>1,500.96</b>

<b>Parts Total</b>	<b>7,849.00</b>
<b>Labour Total</b>	<b>1,500.96</b>
<b>SGST (Parts) 9%</b>	<b>598.65</b>
<b>CGST (Parts) 9%</b>	<b>598.65</b>
<b>SGST (Labour) 9%</b>	<b>114.48</b>
<b>CGST (Labour) 9%</b>	<b>114.48</b>
<b>Total</b>	<b>9,349.96</b>