

To / 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.	Vishal - 8265980469
2	Vehicle No. / वाहन संख्या	UP05CW7099
3	Policy No. / पालिसी संख्या	R/252400/31/2026/14649
4	Period of Insurance / बीमा अवधि	16/05/2025 - 15/05/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	23/02/2025 . 12:00 PM
6	Place of Accident / दुर्घटना का स्थान	Bajna
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Shamkh - 8265980469 UP0520230016396
8	Estimated Loss / अनुमानित हानि	12114
09.	Cause of Accident / दुर्घटना का कारण :	→ मेरे ताऊ जी का बैरा दार से बापने धा रहा था तभी सामने से एक दम दंपू वाले ने एक दम सामने से बाइक में टक्कर मार दी और बाइक अस्त गस्त होकर बैफ्ट स्याड में जा गिरी और भाई स्याड में जा गिरा!
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.	Durga Auto Naujheel 7078936431

Date / दिनांक

हस्ताक्षर

**DURGA AUTO**  
Near SBI Bajna Road, Teh. Naut  
Naujheel, Mathura - 281203  
(M) 8445277500, 9634181633

विशाल

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. R/252400/31/2026/14642

Tel. No.

Period of Insurance 16/05/2025 - 15/05/2030  
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  
(b) Address for correspondence  
(c) Telephone

: vishal  
: Nayheel  
: 0265900469

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp Ctel</u>	Engine No. <u>MA11F45HE09004</u> Chassis No. <u>MBLHAW4365HE00047</u>	Registration No. <u>UP05CW 7099</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? personal use  
(c) Was trailer attached? No  
(d) If a Motor Cycle/scooter No  
1. Was a side-car attached No  
2. Was a pillion rider carried No

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 : N/A  
(g) If Lorry/Jeep/Tractor, was trailer attached? : \_\_\_\_\_  
(h) Number of passengers carried : \_\_\_\_\_  
(i) Number of Passenger permitted : \_\_\_\_\_



### 3. DRIVER AT THE TIME OF ACCIDENT

- (a) Name : Shahrukh
- (b) Age : 26
- (c) Address : Naujheel
- (d) Is the Driver
1. Owner : Yes
  2. paid driver? : \_\_\_\_\_
  3. Owner's relative or friend? : \_\_\_\_\_
- (e) If paid driver, how long has he been in your employment : N/A
- (f) Was he under the influence of intoxication Liquor or drugs? : \_\_\_\_\_
- (g) Driving Licence Number : UP0520230016396
- (h) Issuing Authority : 16/05/2025
- (i) Date of Expiry : 15/05/2030
- (j) Was the licence temporary/permanent : Permanent
- (k) Details of endorsement/suspension, if any : Na
- (l) Has he been involved in any accident before? : Na
- (m) Has he been charged by the policy? If so, Why? : Na

### 4. OTHER INSURANCE

Details of other insurance Policies indemnifying you in respect of this accident

### 5. DETAILS OF ACCIDENT

- (a) Date and Time : 23-12-2025 12:00 PM
- (b) Place : Naujheel
- (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 : मेरे हाक का लडका द्वार से बायने चार हाथा लभी सामने से एक ठम ठम्पू बाले ने एक ठम सामने से लाईक में खबर मार दी और लाईक अस्त अस्त होकर लेफ्ट साइड में

### 6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front end dent
- (b) Estimated cost of repairs : 12114
- (c) When and where can the damaged vehicle be inspected : Durga Auto Naujheel

### 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? : N/A  
(b) If yes, give full details : \_\_\_\_\_

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 24-12-2025 200

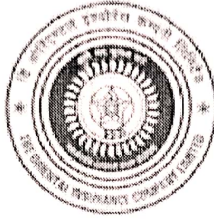
Signature of the insured *[Signature]*

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. \_\_\_\_\_ 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. \_\_\_\_\_

विशाल  
One Rupee  
Revenue Stamp  
When Amount  
Exceeds Rs. 5000/-

Witness  
Name .....  
Signature .....  
Address .....

Signature .....  
Occupation .....  
Address .....  
.....  
.....

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



The Oriental Insurance Company Ltd.  
Policy Schedule

Report ID: PGIR0928

Page No: 1

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	16-MAY-25
Policy No	252400/16/2026/14642	Proposal No. & Date	R/252400/31/2026/10084 & 16-MAY-2025
Agent/Broker Code	HA0000155144	Policy Period (OWN DAMAGE)	FROM 17.41 ON 16/05/2025 TO MIDNIGHT ON 15/05/2026
Agent/Broker Name	AMHINAV BHATI	Policy Period (LIABILITY)	FROM 17.41 ON 16/05/2025 TO MIDNIGHT ON 15/05/2026
Insured Name	VISHAL (GSTIN: 0)	Lead/Breakin No	
Insured Address	C/O SAHEED, R/O NAUHHILL BANGER PO NAUHHILL DIST.NA.MATHURA, N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS			INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP		Vehicle	61750
Model & Variant	HERO HE DELUXE SELF 120		Electrical Accessories	0
Registration No	NEW		Non Electrical Accessories	0
Year Of Manufacture	2025		Total IDV	61750
Engine / Chassis No	HA11H4SH109004 - MBLHAW436SH108047		IME 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	1034.93	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	972.93	Legal Liability (WC) to driver (IMT-28)	0
Geographical Area Extn (IMT -1)	0	Legal Liability to Employees (IMT-29)	0
Driving Tuition Loading On OD Premium (60%)	0	Legal Liability to Passenger (IMT-16)	0
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)	0
Deductibles		PA Paid Driver, Conductor, Cleaner-GR36B3	0
Voluntary Deductibles (IMT 22A)	0	Net Liability Premium (B)	3851
Anti- Theft Device (IMT-10)	0	Total Premium (A+B)	4098
AAI Membership (IMT-8)	0	GST	738
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SLP Discount	880	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	880	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4836
NH Depreciation	154	Note:	
Return to Invoice	0	1. Policy Issuance is the 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	154	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	247	5. Subject to Endorsements IMT.7,10,28.	

Nominee Details:	Nominee Name	Age	Relation
Payment Details:	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	HDB FINANCIAL SERVICES LIMITED	Financer Branch
POS Name	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 Rs.1lac, 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 cheques 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.

We hereby certify that the policy to which this 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 16-MAY-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 (7) 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 (1) of the policy - Death of or body injury - Such amount is necessary to meet their requirement of the motor vehicle act 1998. Under Section II-1 (1)(c) 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 pending during the preceding year(s) as per the following table: The preceding year 20% preceding two consecutive years 25% preceding three consecutive years 35% preceding five consecutive years 45% preceding five 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.

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 : 9221378MD

Approved On : 16-MAY-25

Place : MRT

Printed On : 15-JUN-25

For and on behalf of  
The Oriental Insurance Company Limited

General Manager  
Authorized Signature

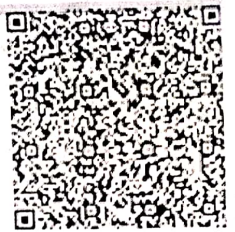


# GOVERNMENT OF UTTAR PRADESH

## Transport Department MATHURA

### FORM 23

### CERTIFICATE OF REGISTRATION



Registration No : UP85CW7099  
 Description of Vehicle : M-CYCLE/SCOOTER  
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004  
 Owner Name : VISHAL  
 Full Address: (Permanent) : NAUHJHEEL BANGER, PO NAUHJHIL DIST, , MATHURA, UTTAR PRADESH-281203  
 Full Address: (Temporary) : NAUHJHEEL BANGER, PO NAUHJHIL DIST, , MATHURA-UTTAR PRADESH-281203  
 Fitness UpTo : 17-May-2040

Registration Date : 18-May-2025  
 Purpose For Printing RC : NEW

Son/wife/daughter of : SAHEED  
 Owner Serial No : 1

#### Detailed Description

Class of Vehicle : M-CYCLE/SCOOTER  
 Ownership : INDIVIDUAL  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA1041195094  
 Type of Body : SOLO WITH PILLION  
 No of Cylinders : 1  
 Engine No : HA11F4SHE09004  
 Horse Power(BHP) : 8.17  
 Maker's Classification : HF DELUXE (DRS)  
 Seating Cap(in all) : 2  
 Sleepar Cap : 0  
 Colour : BLACK NEXUS BLUE  
 Other Criteria :  
 Vehicle Purchase As : Fully Built

Link Vehicle No :  
 Norms : BHARAT STAGE VI

Rear HSRP No : AA1041024069  
 Month/Year of Manuf. : 05/2025  
 Chassis No : MBLHAW436SHE08047  
 Fuel : PETROL  
 Cubic Capacity : 97.20  
 Wheel base : 1235  
 Standing Cap : 0  
 Unladen Wt (kgs) : 112  
 Laden/GV Wt (kgs) : 242  
 AC Fitted : NO

#### 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 HDB FINANCIAL SERVICES LTD, AGRA, , Agra, Uttar Pradesh-282001 w.e.f. 17-May-2025.

Purchase dt : 16-May-2025  
 OTT Date : 16-May-2025  
 Vehicle is Govt./ Pvt. : PRIVATE  
 Date of Approval : 24-May-2025

Sale Amt : 65000/-  
 Amount/Rcpt No : 6500 / UP85D25050003366  
 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 18-May-2025 to 17-May-2040

Date : 10-Jun-2025 18:11:44

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority  
 Signature of Registering Authority  
 Motor Vehicle No. :  
 Date : 10-Jun-2025  
 MATHURA

3891232

Aadhaar no. issued: 30/06/2015



भारत सरकार  
Government of India



विशाल  
Vishal  
जन्म तिथि/DOB: 01/01/1995  
पुरुष/ MALE

आधार पहचान का प्रमाण है, नागरिकता या जन्मतिथि का नहीं।  
इसका उपयोग सरकारों (ऑनलाइन प्रमाणीकरण) या केंद्रों (सर्वो-ऑफलाइन एकरूपता) की स्कीमों के साथ किया जा सकता है।  
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).

2560 5482 2931

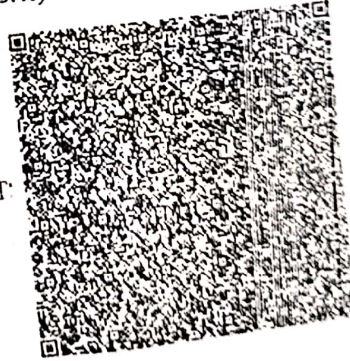
मेरा आधार, मेरी पहचान



भारतीय विशिष्ट पहचान प्राधिकरण  
Unique Identification Authority of India



पता:  
आत्मज: सहीद, नौहजील बांगर, नौहजील, मथुरा,  
उत्तर प्रदेश - 281203  
Address:  
S/O: Saheed, Nauhjheel Banger, PO: Nauhjhil, DIST:  
Mathura,  
Uttar Pradesh - 281203



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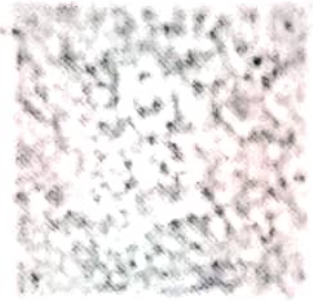
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help@uidai.gov.in

www.uidai.gov.in

आयकर विभाग  
INCOME TAX DEPARTMENT

भारत सरकार  
GOVT OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card

**BMDPV0896H**

नाम  
VISHAL

पिता का नाम / Father's Name  
SAHEED

जन्म तिथि / Date of Birth  
01/01/1995



हस्ताक्षर  
Signature



Indian Union Driving Licence  
Issued by Uttar Pradesh

UP

UP85 20230016396



Issue Date 21-09-2023    Validity (NT) 31-12-2038    Validity(TR)\* \_\_\_\_\_



Holder's Signature

(21-09-2023)

Date of First Issue

Name: **SHAHRIKH**  
 Date of Birth: **01-01-1999**    Blood Group: \_\_\_\_\_    Organ Donor: **N**  
 Son/Daughter/Wife of: **LIYAKAT**  
 Address:  
**.toli Nauhheel Banger Mathura Uttar Pradesh 281203**

DL No: UP85 20230016396

UPDL000011819990



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		UP85	21-09-2022	NT			
LMV		UP85	21-09-2023	NT			
MVSD							

Form 7 Rule 16(2)

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

Licensing Authority  
UP85 MATHURA



**DURGA AUTO**  
 NEAR SBI BRANCH, BAJNA ROAD, NAUJHEEL, MATHURA, MATHURA, 281210, UP, India  
 State Code: 9 Contact: 9634181633, , ,  
 GSTIN No: 09AJSPN4601K2ZQ  
 Associate Dealer: Hero MotoCorp Ltd.

**ESTIMATE**

Estimate No.	23791-02-REST-1225-49	Date	24-12-2025
Customer Name	The Oriental Insurance Com LTD	Contact No.	8265988469
VIN	MBLHAW436SHE08047	Model	HF DELUXE
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CW7099
HMCGL Card No		HMCGL Card Category	

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	3310BAAH10099S -LIGHT ASSY. HEAD	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
2	83550AEC230S -UTILITY BOX L COVER	87141090	Paid	81.36	1	9.00	9.00	0.00	0.00	0.00	0.00	96.00
3	3345BAAH001S -WINKER ASSY L FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
4	17520ACK400SS -FUEL TANK(BLACK (TYPE-2)NH-1 (T2)(S)	87141090	Paid	5,741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	6,775.00
5	83400ACK410SS -FRONT VISOR(BLACK (TYPE-2)NH-1 (T2)(S)	87141090	Paid	597.46	1	9.00	9.00	0.00	0.00	0.00	0.00	705.00
6	83402ACK000S -PANEL INNER	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	138.00
7	61312ACK000S -STAY METER MTG	87141090	Paid	58.47	1	9.00	9.00	0.00	0.00	0.00	0.00	69.00
8	61000AAHF00RS -FENDER FRONT NH-1	87141090	Paid	687.29	1	9.00	9.00	0.00	0.00	0.00	0.00	811.00
9	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
10	K50506KCCA900LS -KIT STEP	87141090	Paid	190.68	1	9.00	9.00	0.00	0.00	0.00	0.00	225.00
11	53166KTC900S -GRIP L HANDLE	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
12	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
13	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
<b>Parts Total</b>											0.00	10,698.00

**Labour Details**

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	550.00	9.00	9.00	0.00	0.00	0.00	0.00	649.00	
2	102046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00	
<b>Jobs Total</b>											0.00	1,416.00

Parts Total	10,698.00
Labour Total	1,416.00
SGST (Parts) 9%	815.95
CGST (Parts) 9%	815.95
SGST (Labour) 9%	108.00
CGST (Labour) 9%	108.00
<b>Total</b>	<b>13,774.00</b>

**DURGA AUTO**  
 Near SBI Bajna Road, Teh. Mani  
 Naujheel, Mathura - 281210  
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