

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.	Rahul - 0532977388
2	Vehicle No. / वाहन संख्या	UP05CV0314
3	Policy No. / पालिसी संख्या	252400/31/2025/03267
4	Period of Insurance / बीमा अवधि	05/02/2025 - 04/02/2030
5	Date of loss & Time / दुर्घटना का दिनांक & समय	15/01/2026 - 08:00 PM
6	Place of Accident / दुर्घटना का स्थान	Naujheel
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Rahul - 0532977388 UP0520230016356
8	Estimated Loss / अनुमानित हानि	12920 .
09.	Cause of Accident / दुर्घटना का कारण :	मैं नौहशील से गांव मुसमुना को जा रहा था पीछे से ट्रैक्टर आया एक दम से टक्कर मार दी भाग गया गाडी पैड से टकरा गयी और मे स्पाइड मे गिर गया !
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.	Dwaga Auto Naujheel 7070936431

Date / दिनांक
हस्ताक्षर
Near Dwaga Auto Naujheel, Mathura - 281203
(M) 8445277500, 9634181633

शुद्ध
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. 252400/31/2025/03267

Tel. No.

Period of Insurance 05/02/2025 - 04/02/2030
 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 : Rahul
 (b) Address for correspondence : Naujheel
 (c) Telephone : 8532977380

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp</u> <u>ctel</u>	Engine No. <u>HAIIE7RHLO7095</u> Chassis No. <u>MBLMAW22RHLO2967</u>	Registration No. <u>UP05CV</u> <u>0314</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 to 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? N/A
 (h) Number of passengers carried _____
 (i) Number of Passenger permitted _____

3. DRIVER AT THE TIME OF ACCIDENT

(a) Name : Rahul

(b) Age : 34

(c) Address : Naujheel

(d) Is the Driver yes

1. Owner

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 : UP0520230016367

(h) Issuing Authority : 05/02/2025

(i) Date of Expiry : 04/02/2030

(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 : 15/01/2026

(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 :

मैं नौहिल से गांव मुझमुना पार हुआ पीछे से टक्कर आया एक दम से टक्कर मार दी और आगे गया गाड़ी पट से टकरा गया और मेरे सार में गिर गया।

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Back end, dent, light

(b) Estimated cost of repairs : 12920

(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? : _____
(b) If yes, give full details : _____ NIA

9. WITNESS

- (a) Give names and addresses of passengers/other Witness, if any : _____
(b) Did a Police Constable take particulars of The accident? : _____ NIA
(c) Was accident reported to Police? If not, Why? : _____
(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? : _____ NIA
(g) When? : _____
(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 16/01/2026 200

Signature of the insured राहुल

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. _____

2154

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 : PGR0928

Page No: 1

Signer: RAJIV KUMAR GUPTA
Date: Wed, Feb 5, 2025 7:29:22 IST
Reason: Signing Policy for OICL

TAX INVOICE/CERTIFICATE CUM POLICY SCHEDULE
(FORM 51 OF THE CENTRAL MOTOR VEHICLES RULES, 1989)

DIVISIONAL OFFICE, 346 KHAIR NAGAR, OPP. FILMISTAN CINEMA MEERUT, 01214063570, (GSTIN: 09AAACT0627R4ZU)

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	05-FEB-25
Policy No	252400/31/2025/83267	Proposal No. & Date	R/252400/31/2025/63002 & 05-FEB-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 17:15 ON 05/02/2025 TO MIDNIGHT OF 04/02/2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17:15 ON 05/02/2025 TO MIDNIGHT OF 04/02/2030
Insured Name	RAHUL (GSTIN: 0)		
Insured Address	C/O LAXMAN PRASAD, R/O WARD NO 15 SHERGARH ROAD HOLI VALI GALI HOLI CHOK NAUJHIL NAUJHEEL BANGER NAUJHIL, NA, MATHURA, NA,	Lead / Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS				INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	HERO MOTOCORP	75873	
Model & Variant	HERO SPLENDOR PLUS FI	Electrical Accessories	HERO SPLENDOR PLUS FI	0	
Registration No	NEW	Non Electrical Accessories	NEW	0	
Year Of Manufacture	2025	Total IDV	2025	75873	
Engine - Chassis No	HA11E7RHL07095 - MBLHAW229RHL02967	TMF CONTRACT NO	HA11E7RHL07095 - MBLHAW229RHL02967		
Cubic Capacity	100	Policy Type	100	Zone B - Rest of India	
Seating Capacity	1 + 1	Geographical Area	1 + 1	INDIA	
Type Of Body	SOLO				
Type Of Fuel	PETROL				
FO Location					

OWN DAMAGE SECTION(A)		Schedule Of Premium (Amount in Rs.)		LIABILITY SECTION (B)	
Vehicle	1271.63	Basic Third Party Liability		3851	
Elec Accessories	0	Compulsary PA Cover Premium		0	
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)		0	
Basic Premium	1195.63	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-46)		NA	
Sub-Total Additions	0	Driving Tuition Loading On TP Premium (60%)		NA	
Deductibles	0	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)		4156	
AA1 Membership (IMT-8)	0	GST		748	
No Claim Bonus	0	SERVICE TAX		0	
Discount for vehicle designed for handicapped	0	STAMP DUTY		0.00	
SIP Discount	0	Swachh Bharat Cess@0.50%		0	
Sub-Total Deductibles	1081	Krishi Kalyan Cess@0.50%		0	
Add-On Coverages	1081	Gross Premium Paid		4904	
NIL Depreciation	190				
Return to Invoice	0				
Key Replacement	0				
Consumables	0				
Sub Total Add-on Coverages	190				
Net own Damage Premium(A)	305				

Note:
1. Policy Issuance is the subject to the realisation of cheque
2. Consolidated Stamp Duty paid via Challan No
3. The Policy is subject to a compulsory Deductible of Rs 0(IMT-22)
4. Voluntary excess Rs(0)
5. Subject to Endorsements IMT, 7, 10, 28,

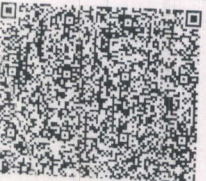
Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
Financer Type	Financer Name	SHRIRAM FINANCE LIMITED	Amount
POS Name	POS ID	NA	4904
		Financer Branch	
		POS PAN NO/Aadhar No	NA

In the event of a claim under the policy exceeding Rs.1 lac 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 insured 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 or on demand from the policy issuing office.
We warrant that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (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 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.
I witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/his hands at 252400 on 05-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 M.V 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 trails
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 of 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
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 years(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.
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, 1998.
This insurance excludes all pre-existing damages

Approved By : 255092SMD
Approved On : 05-FEB-25
Place : MRT
Printed On : 05-FEB-25

For and on behalf of
The Oriental Insurance Company Limited





GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CV0314 Registration Date : 07-Feb-2025
 Description of Vehicle : M-CYCLE/SCOOTER Purpose For Printing RC : NEW
 Dealer's Name & Address : JAIN MOTORCYCLE COMPANY, NEAR ALWAR BRIDGE NH-2, MATHURA, U.P., , 145-281004
 Owner Name : RAHUL Son/wife/daughter of : LAXMAN PRASAD
 Full Address: (Permanent) : WARD NO 15 SHERGARH ROAD, HOLI VALI GALI, CHOK NAUHJHIL, NAUHJHEEL BANGER, NAUHJHIL, MATHURA, UTTAR PRADESH-281203
 Full Address: (Temporary) : WARD NO 15 SHERGARH ROAD , HOLI VALI GALI, CHOK NAUHJHIL, NAUHJHEEL BANGER, NAUHJHIL, MATHURA-UTTAR PRADESH-281203
 Fitness UpTo : 06-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
 Front HSRP No : AA1039012497 Rear HSRP No : AA1039405590
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 11/2024
 No of Cylinders : 1 Chassis No : MBLHAW229RHL02967
 Engine No : HA11E7RHL07095 Fuel : PETROL
 Horse Power(BHP) : 7.91 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+ 13S (DRS) Wheel base : 1236
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleepar 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)
a) Front:			
b) Rear:			
c) Other:			
d) Tandem:			

The motor vehicle above described is subject to Hypothecation in favour of SHRIRAM FINANCE LTD, MATHURA, , Mathura, Uttar Pradesh-281001 w.e.f. 06-Feb-2025.

Purchase dt : 05-Feb-2025 Sale Amt : 79866/-
 OTT Date : 05-Feb-2025 Amount/Rcpt No : 7987 / UP85D25020001274
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 20-Feb-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 07-Feb-2025 to 06-Feb-2040

Date : 22-Mar-2025 16:02:16
 Taxation Particulars / Advance Registration Mark Fee Details


Registering Authority
 Signature of Registering Authority
 Motor Deptt.
 MATHURA
 Date: 22-Mar-2025

Q 2191283

भारत सरकार
Government of India

अधर
Aadhaar

Aadhaar No. Issued 21/06/2014



राहुल
Rahul

जन्म तिथि / DOB : 01/01/2001

पुरुष / Male

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

3939 5759 3268

मेरा आधार, मेरी पहचान

भारतीय विशिष्ट पहचान अधिकरण
Unique Identification Authority of India

AADHAAR

पता: S/O लक्ष्मण प्रसाद, वॉर्ड-15, शेरगढ़ रोड
होली वाली गली, होली चौक, नौहड़लील, नौहड़लील
बांगर, मथुरा, उत्तर प्रदेश, 281203


Address: S/O Laxman Prasad, ward-15,
shergarh raod holi vali gali, holi chok,
nauhjhil, Nauhjheel Banger, Nauhjhil,
Mathura, Uttar Pradesh, 281203

Details as on 27/06/2024





3939 5759 3268

1947 help@uidai.gov.in www.uidai.gov.in


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


UP85 20230016356





 Issue Date **21-09-2023** Validity (NT) **31-12-2040** Validity (TR)* _____
 
(21-09-2023)

Name: **RAHUL** Holder's Signature
 Date of Birth: **01-01-2001** Blood Group: _____ Organ Donor: **N**
 Son/Daughter/Wife of: **LAXMAN PRASAD**


Address:
ward-15 shergarh raod holi vali gali
holi chok naujhal Naunjheel Banger
Mathura Uttar Pradesh 281203
Date of First Issue

DL No: UP85 20230016356
UPDL.000011820947


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

Emergency Contact Number _____


 Licensing Authority
UP85 MATHURA

Form 7 Rule 16(2)

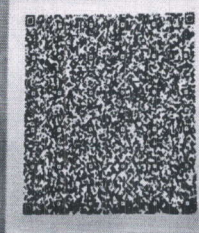
आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card
EMBPR6154R



नाम / Name
RAHUL

पिता का नाम / Father's Name
LAXMAN PRASAD

जन्म की तारीख / Date of Birth
01/01/2001

हस्ताक्षर / Signature

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-0126-58	Date	16-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	8532977388
VIN	MBLHAW229RHL02967	Model	SPLENDOR +
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CV0314
HMCGL Card No	1111725500000468	HMCGL Card Category	Gold

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	33100KCC710AS -LIGHT ASSY.HEAD (W/O BULB)	85122010	Paid	444.92	1	9.00	9.00	0.00	0.00	0.00	0.00	525.00
2	K42426AAEF400S -KIT, WHEEL COMP REAR	87141090	Paid	4,100.85	1	9.00	9.00	0.00	0.00	0.00	0.00	4,839.00
3	77235ADH700CS -REAR CENTER COWL NH303M	87141090	Paid	132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	156.00
4	18355AAE300S -COVER MUFFLER	87141090	Paid	401.69	1	9.00	9.00	0.00	0.00	0.00	0.00	474.00
5	50701ACK000S -BRACKET COMPLETE RIGHT PILLION STEP	87141090	Paid	194.92	1	9.00	9.00	0.00	0.00	0.00	0.00	230.00
6	80100AAE300S -FENDER COMPLETE REAR	87141090	Paid	796.61	1	9.00	9.00	0.00	0.00	0.00	0.00	940.00
7	33701KST930S -UNIT TAIL LIGHT (W/O BULB)	85122010	Paid	305.08	1	9.00	9.00	0.00	0.00	0.00	0.00	360.00
8	52110AAE300S - SWINGARM COMP REAR	87141090	Paid	800.00	1	9.00	9.00	0.00	0.00	0.00	0.00	944.00
9	52147KTC900S -RUBBER BUSH RR.FORK PIVOT	40169990	Paid	38.14	2	9.00	9.00	0.00	0.00	0.00	0.00	90.00
10	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
11	53140KTC900S -GRIP COMP.R	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
12	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	152.54	1	9.00	9.00	0.00	0.00	0.00	0.00	180.00
13	83410ADH700CS -FRONT VISOR MAT AXIS GRAY METALLIC	87141090	Paid	819.49	1	9.00	9.00	0.00	0.00	0.00	0.00	967.00
14	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
15	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
16	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
17	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
18	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
Parts Total											0.00	11,327.00

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	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00

2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00
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Jobs Total

0.00 1,593.00

Parts Total	11,327.00
Labour Total	1,593.00
SGST (Parts) 9%	863.92
CGST (Parts) 9%	863.92
SGST (Labour) 9%	121.50
CGST (Labour) 9%	121.50
Total	12,920.00

Rupees in Words: Twelve Thousand Nine Hundred Twenty Only

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 NAUJHEEL Jurisdiction Only

Authorised Signatory

DURGA AUTO
 Near SBI Bajna Road, F-11, Mathura
 Nauhheel, Mathura - 281203
 (M) 8445277500, 9634181633