

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.	Rohit kumar - 7819061267
2	Vehicle No. / वाहन संख्या	UP05CZ0443
3	Policy No. / पालिसी संख्या	252400/31/2026/43855
4	Period of Insurance / बीमा अवधि	15-10-2025 - 14-10-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	26-01-2026, 08: PM
6	Place of Accident / दुर्घटना का स्थान	Mathura
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Ram prakash - 7409001113 UP0520150021106
8	Estimated Loss / अनुमानित हानि	27,100
9	Cause of Accident / दुर्घटना का कारण : →	मेरे ताऊ का लडका द्वार से गाड़ी माँगकर लेकर गया था वो दुकान पर रुका एक दम से सामने से एक कार बाया आया और ठोके में सामने से टक्कर मार दी और ठाईक साइड साइड घा गिरी और देखा तो वो गाँव का निकला !
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.	Dwiga iduto Naujheel 7078936431

Date / दिनांक

DURGAS AUTO
Near SBI Bank Road, Teh. Man
Naujheel, Mathura - 281203
(M) 84527500, 9634181633

Rohit kumar

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. 252400/31/2026/43855

Tel. No.

Period of Insurance 15-10-2025 - 14-10-2026
 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 : Rohit Kumar
 (b) Address for correspondence : pal Kherha Baraath Mathura - 201201
 (c) Telephone : 7819061267

2. THE INSURED VEHICLE

Make & Year <u>Hero Motors Ctel</u>	Engine No. Chassis No. <u>MA11F289J17433</u> <u>MBLHAW45289J53101</u>	Registration No. <u>UP05 CZ</u> <u>0443</u>
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- (a) Was the vehicle in proper working condition? NA
 (b) For what purpose was the vehicle being used at the time of accident? personal use
 (c) Was trailer attached? NA
 (d) If a Motor Cycle/scooter NA
 1. Was a side-car attached NA
 2. Was a pillion rider carried NA

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 : NA
 (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 : Ram Prakash
(b) Age : 34
(c) Address : pal kheda Naujheel Hant Mathura - 201201
(d) Is the Driver
1. Owner :
2. paid driver? :
3. Owner's relative or friend? : Yes
(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 : UP0520150021106
(h) Issuing Authority : 15-10-2025
(i) Date of Expiry : 14-10-2026
(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 : 26-01-2026, 08:PM
(b) Place : Meerpur
(c) Speed of vehicle at the time of accident : 00
(d) Give a short description of the accident : मेरे वाहन का ब्रक ब्रेक से गाड़ी मॉग कर ब्रेक रुक गया
(e) If any third party was responsible for this accident give the name and address : था वो दुकान पर रुका एक ट्रक से सामने से एक कार वाला आया और बाइक में सामने रुक गया

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right
(b) Estimated cost of repairs : 27,100
(c) When and where can the damaged vehicle be inspected : Durga Iduto 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? : NIA
- (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? : NIA
- (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 27-01-2026 200

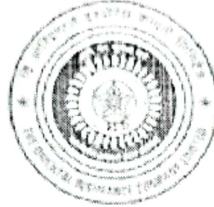
Signature of the insured [Signature]

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 _____ 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 Prakash Kumar
Occupation
Address
.....
.....

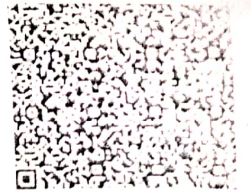
Bank Account Number
Name of the Bank

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CZ0443 Registration Date : 17-Oct-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 : ROHIT KUMAR Son/wife/daughter of : DEVICHARAN
 Full Address: (Permanent) : PAL KHERHA, PO BARAUTH, , MATHURA, UTTAR PRADESH-281201
 Full Address: (Temporary) : PAL KHERHA, PO BARAUTH, , MATHURA-UTTAR PRADESH-281201
 Fitness UpTo : 16-Oct-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 : AA1045385574 Rear HSRP No : AA1045478395
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 09/2025
 No of Cylinders : 1 Chassis No : MBLHAW452S9J53101
 Engine No : HA11F2S9J17433 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : HF DELUXE PRO Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Steer Cap : 0 Unladen Wt (kgs) : 112
 Colour : BLACK-RED STRIPE 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 : 15-Oct-2025 Sale Amt : 66734/-
 OTT Date : 15-Oct-2025 Amount/Rcpt No : 6674 / UP85D25100005534
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 17-Nov-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 17-Oct-2025 to 16-Oct-2040

Date : 31-Dec-2025 19:20:32

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority
Registering Authority
 Date: 31/12/2025
 Motor Veh. Deptt.
MATHURA



The Oriental Insurance Company Ltd.
Policy Schedule

Report ID : PGR0928

Page No: 1

Sign on OS THE ORIENTAL INSURANCE COMPANY LIMITED Date: 09/11/2025 10:41:57 Reason: Signing Policy No. 252400

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

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

Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-(5 Years))	Policy Issued On	15-OCT-25
Policy No	252400/31/2026/43855	Proposal No. & Date	R/252400/31/2026/34711 & 15-OCT-2025
Agent/Broker Code	BA0000155141	Policy Period (OWN DAMAGE)	FROM 17-03 ON 15/10/2025 TO MIDNIGHT OF 14-10-2026
Agent/Broker Name	ABHINAV BHATI	Policy Period (LIABILITY)	FROM 17-03 ON 15/10/2025 TO MIDNIGHT OF 14-10-2026
Insured Name	ROHIT KUMAR (GSTIN:)		
Insured Address	C/O DEVICHARAN, R/O PAL KHERHA PO BARAOUTH DIST. NA, MATHURA, NA,	Lead/Breakin No	/
		Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS

INSURED DECLARED VALUE (IDV) (in Rs.)

Make	HERO MOTOR CORP
Model & Variant	HERO PATH DELUXE FI
Registration No	NW
Year Of Manufacture	2025
Engine-Chassis No	HA11F2S9117433 - MBLHAW452S9153101
Cubic Capacity	100
Seating Capacity	1 + 1
Type Of Body	SOLO
Type Of Fuel	PETROL
Registration Location	

Vehicle	63398
Electrical Accessories	0
Non Electrical Accessories	0
Total IDV	63398
TMF CONTRACT NO	
Policy Type	Zone B - Rest of India
Geographical Area	INDIA

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1062.55	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	1062.55	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		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)	4010
AAI Membership (IMT-8)	0	GST	722
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
PIP Discount	904	Swachh Bharat Cess@0.50%	0
Sub-Total Deductibles	904	Krishi Kalyan Cess@0.50%	0
Add-On Coverages		Gross Premium Paid	4732
Nil Depreciation		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	0	4. Voluntary excess Rs(0)	
Net own Damage Premium(A)	159	5. Subject to Endorsements IMT.7,10,28,	

Nominee Details :		Nominee Name	Age	Relation
Payment Details :		Payment Method	Cheque No./Transaction No.	Bank Name
				Amount
				4732
POS Name	NA	POS ID	NA	POS PAN NO/Aadhar No
				NA

In the event of a claim under the policy exceeding Rs.1lacs or a claim for refund of premium exceeding Rs1lacs, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in 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.com or on demand from the policy issuing office.

Insured hereby declares that the use or distribution of premium cheques by the Company shall not be liable under the policy and the policy shall be void ab initio (from inception).

Insured is not to subscribe to any license as 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 and witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at 252400 on 15-OCT-25

IMPORTANT NOTE

The Insured is liable for 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: (a) 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) garaged racing (4) Race Meeting (5) Speed testing (6) Reliability trials

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

Units 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 1998 Under Section II-1 (i) of the policy - Damage to third party property is Rs.7.5 lacs PA 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 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 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

For and on behalf of
The Oriental Insurance Company Limited

Approved By : 659255MD
Approved On : 15-OCT-25
Place : MRT
Printed On : 09-NOV-25

General Manager
Authorized Signature



भारतीय सरकार
Government of India



Aadhaar is proof of identity



रोहित कुमार
Rohit Kumar
जन्म तिथि / DOB: 01/01/2006
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).

4424 4912 3229

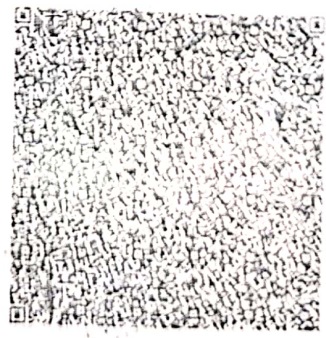
मेरा आधार, मेरी पहचान



भारतीय (भारत) पहचान प्राधिकरण
भारतीय सरकार
Government of India



पता: S/O: देवीचरन, पाल खेड़ा, मथुरा, उत्तर
प्रदेश, 281201
Details as on: 04/01/2024
Address: S/O: Devicharan, Pal Kherha,
PO: Berauth, DIST: Mathura, Uttar Pradesh,
281201



4424 4912 3229



1947 help@uidai.gov.in



www.uidai.gov.in

4424 4912 3229

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help@uldai.gov.in

www.uldai.gov.in

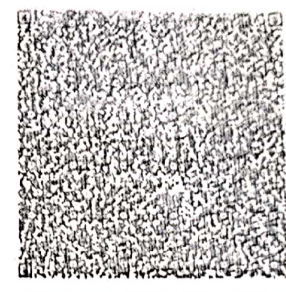
Handwritten notes: XE PRO, 00, 25/1/20

आयकर विभाग
INCOME TAX DEPARTMENT

भारत सरकार
GOVERNMENT OF INDIA

स्थायी लेखासंख्या कार्ड
Permanent Account Number Card

1110 FCR 1320



नाम / Name
ROHIT KUMAR

पिता का नाम / Father's Name
DEVICHARAN

मिति / Date of Birth
01/01/2000

Handwritten name: Rohit Kumar

Handwritten MO: 7819061267

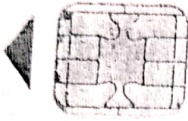
Handwritten notes: ~~आयकर~~ = आय, पत्नी = रोहिणी



Indian Union Driving Licence
Issued by Uttar Pradesh



UP85 20150021106



Issue Date 25-08-2021 Validity (NT) 19-10-2035 Validity (TR)* 24-03-2026



Date of First Issue (20-10-2015)

Name: **RAM PRAKASH**
Date of Birth: **15-07-1992** Blood Group:
Son/Daughter/Wife of: **GIRRAJ SINGH**

Holder's Signature

Organ Donor: **N**

Address:
**PAL KHEDA NAUJHEEL MANT
MATHURA 281201**

DL No: **UP85 20150021106**

UPDL000006188111



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	MCWG	UP85	20-10-2015	NI			
L.MV	L.MV	UP85	20-10-2015	NI			
MVSD	TRANS	UP85	12-09-2017	IR			

Form 7 Rule 16(2)

Emergency Contact Number

Licence Issuing Authority
UP85 MATHURA

A AUTO
 R 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-0126-64	Date	27-01-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	7819061267
VIN	MBLHAW452S9J53101	Model	HF DELUXE
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CZ0443
HMCGL Card No		HMCGL Card Category	

Part Details

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	51400KTRA01S -FORK ASSY R FRONT	87141090	Paid	1,969.49	1	9.00	9.00	0.00	0.00	0.00	0.00	2,324.00
2	51500KTRA01S -FORK ASSY L FRONT	87141090	Paid	1,970.34	1	9.00	9.00	0.00	0.00	0.00	0.00	2,325.00
3	AFABS6A0010BAGS -VISOR FRONT NH-1(T1)	87141090	Paid	702.54	1	9.00	9.00	0.00	0.00	0.00	0.00	829.00
4	33100AFA101S -HEAD LIGHT ASSEMBLY	85122010	Paid	2,881.36	1	9.00	9.00	0.00	0.00	0.00	0.00	3,400.00
5	61100AAH100RS -FENDER FRONT COMPLETE BLACK NH-1 TYPE 1	87141090	Paid	706.78	1	9.00	9.00	0.00	0.00	0.00	0.00	834.00
6	50803KST940S -GUARD L FC	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
7	3340BAAH001S -WINKER ASSY R FR(W/O BULB)	85122010	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
8	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
9	61311AFA100S -STAY SPEEDO MOUNTING	87141090	Paid	116.95	1	9.00	9.00	0.00	0.00	0.00	0.00	132.00
10	88110AAHH00S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
11	88120AAHH00S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	110.17	1	9.00	9.00	0.00	0.00	0.00	0.00	130.00
12	64315AFA100S -STAY NUMBER PLATE	87141090	Paid	38.98	1	9.00	9.00	0.00	0.00	0.00	0.00	46.00
13	AFABA7Y00000099GS -METER COMPLETE ASSY.	87141090	Paid	2,030.51	1	9.00	9.00	0.00	0.00	0.00	0.00	2,396.00
14	83402AFA100S -PANEL INNER	87141090	Paid	139.83	1	9.00	9.00	0.00	0.00	0.00	0.00	165.00
15	K44446AAFB000S -KIT, WHEEL COMP. FRONT	87141090	Paid	3,554.24	1	9.00	9.00	0.00	0.00	0.00	0.00	4,194.00
16	53200ACK000S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
17	53100AAH810S -PIPE STRG. HANDLE	87141090	Paid	366.95	1	9.00	9.00	0.00	0.00	0.00	0.00	433.00
18	53179KTC900S -COVER L HANDLE LEVER	87141090	Paid	19.49	1	9.00	9.00	0.00	0.00	0.00	0.00	23.00
19	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
20	50100AFA100S -FRAME BODY COMPLETE	87141090	Paid	4,882.20	1	9.00	9.00	0.00	0.00	0.00	0.00	5,761.00
21	AFABA7V00000099GS -KEY SET	83012000	Paid	889.83	1	9.00	9.00	0.00	0.00	0.00	0.00	1,050.00

Parts Total

0.00 26,097.00

Labour Details

0



	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Amount
046 - ADDITIONAL REPAIR CHARGES-HF DELUXE	998729	Paid	850.00	9.00	9.00	0.00	0.00	0.00	0.00	1,003.00
Total										0.00
Parts Total										26,097.00
Labour Total										1,003.00
SGST (Parts) 9%										1,990.45
CGST (Parts) 9%										1,990.45
SGST (Labour) 9%										76.50
CGST (Labour) 9%										76.50
Total										27,100.00

Rupces in Words: Twenty Seven Thousand One Hundred 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, Teh. Mant
 Naujheel, Mathura - 281203
 (M) 8445277500, 9634181633