

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.	Mamta Devi - 8057217195
2	Vehicle No. / वाहन संख्या	UP 05CW 9034
3	Policy No. / पालिसी संख्या	252400/31/2026/10029
4	Period of Insurance / बीमा अवधि	29-05-2025 - 28-05-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	22-02-2026 - Amnullapur - 12:30PM
6	Place of Accident / दुर्घटना का स्थान	Amnullapur
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Anshul - 8057217195 UP 0520250010344
8	Estimated Loss / अनुमानित हानि	20,544
09.	Cause of Accident / दुर्घटना का कारण :- 22-2-2026 को मेरा बेटा काम से जा रहा था मथुरा गाँव अमनुल्लापुर राज्या की हाडी से एक्सीडेंट से निकलते ही हो गया था चोट कही नही लगी है गाडी दूट गयी है आगे से।	
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 Nanyheel 7078936431

DURGA AUTO
Near SBI Bana Road, Teh. Mant
Nanyheel, Mathura 201213
(M) 8445277500, 9634181436

Signature of Insured / बीमाधारक के
ममता





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. 252400/31/2026/18829

Tel. No.

Period of Insurance 29-05-2025 - 28-05-2026
 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 : Hamla Devi
 (b) Address for correspondence : Amanullapur Khairi Surin Mathura.
 (c) Telephone : 8057217195

2. THE INSURED VEHICLE

Make & Year <u>Hero Motocorp Ctel</u>	Engine No. Chassis No. <u>HA11F6SHD04306</u> <u>MBLHAW472SHD02911</u>	Registration No. <u>UP85CW 9034</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 : _____
 (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 : Anshul
(b) Age : 23
(c) Address : Amnallahpur Khairia Maul Mathura
(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 : UP8520250010344
(h) Issuing Authority : 29-05-2025
(i) Date of Expiry : 28-05-2026
(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 : 22-02-2026 - 12:30 PM
(b) Place : Amnallahpur
(c) Speed of vehicle at the time of accident : 30
(d) Give a short description of the accident :
(e) If any third party was responsible for this accident give the name and address : 22-02-2026 को मेरा बैरा काम से जा रहा था मथुरा गांव अमनल्ला राया की हाडी से एक्सिडेंट निकलने का हा मया चोट कही नहीं लगनी भाडी इट गयो हेडागेर

6. DAMAGE TO INSURED VEHICLE

(a) Full details of damage : Front end
(b) Estimated cost of repairs : 20544
(c) When and where can the damaged vehicle be inspected : Durga Auto Mathura

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 : N/A
(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 : _____

~~N/A~~

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 Police 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 25-02-2016 200

Signature of the insured

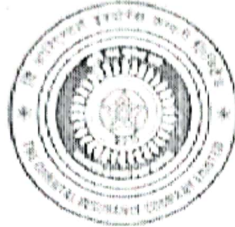
JHDI

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. _____

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

Witness
Name
Signature
Address

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

Bank Account Number
Name of the Bank



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	29-MAY-25
Policy No	252400/31/2026/18829	Proposal No. & Date	R/252400/31/2026/12797 & 29-MAY-2025
Agent/Broker Code	BA0000155144	Policy Period (OWN DAMAGE)	FROM 16:04 ON 29/05/2025 TO MIDNIGHT OF 28/05/2026
Agent/Broker Name	ABHINAV BIATI	Policy Period (LIABILITY)	FROM 16:04 ON 29/05/2025 TO MIDNIGHT OF 28/05/2026
Insured Name	MAMATA DEVI (GSTIN: 0)	Lead/Breakin No	/
Insured Address	C/O KUMAR PAL, R/O AMANULLAPUR AMANULLAPUR AMANULLAPUR KHAIRA SURIR, NA, MATHURA, NA.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	76110
Model & Variant	HERO SPLENDOR PLUS 135 BLA F20	Electrical Accessories	0
Registration No	N/W	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	76110
Engine -Chassis No	HAI1F6SHD04386 - MBLHAW472SHD02911	IMF 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	1275.6	Basic Third Party Liability	3451
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	1199.6	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)	3451
Anti-Theft Device (IMT-10)	0	Total Premium (A+B)	4156
AAI Membership (IMT-8)	0	GST	748
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
STP Discount	1085	Swachh Bharat Cess@ 0.50%	0
Sub-Total Deductibles	1085	Krishi Kalyan Cess@ 0.50%	0
Add-On Coverages		Gross Premium Paid	4904
NIL Depreciation	190		
Return to Invoice	0	Note:	
Key Replacement	0	1. Policy Issuance is the subject to the realisation of cheque	
Consumables	0	2. Consolidated Stamp Duty paid via Challan No	
Sub-Total Add-on Coverages	190	3. The Policy is subject to a compulsory Deductible of Rs 0 (IMT-22)	
Net own Damage Premium(A)	305	4. Voluntary excess Rs(0)	
		5. Subject to Endorsements (MT, 7, 10, 28,	

Nominee Details :	Nominee Name	Age	Relation
Payment Details :	Payment Method	Cheque No./Transaction No.	Bank Name
			Amount
			4904
Financer Type	Financer Name	HDB FINANCIAL SERVICES LIMITED	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 Rs1lac, 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 or on demand from the policy issuing office.

Warranty 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.

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 29-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

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 (1) of the policy - Death of or bodily injury. Such amount is necessary to meet the requirement of the motor vehicle act 1988. Under Section II-1 (1) of the policy - Damage to third party property is Rs. 7.5 lacs and P.A. Cover under section III for owner-Driver is RS

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: Preceding year 20%, preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four 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.

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 MV Act, 1988.

* This insurance excludes all pre-existing damages.

Approved By : 6592558MD

Approved On : 29-MAY-25

Place : MRT

Printed On : 13-DEC-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 : UP85CW9034 Registration Date : 30-May-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 : MAMATA DEVI, Son/wife/daughter of : KUMAR PAL
 Full Address: (Permanent) : AMANULLAPUR AMANULLAPUR, AMANULLAPUR KHAIRA SURIR, , MATHURA, UTTAR PRADESH-281205
 Full Address: (Temporary) : AMANULLAPUR AMANULLAPUR, AMANULLAPUR KHAIRA SURIR, , MATHURA-UTTAR PRADESH-281205
 Fitness UpTo : 29-May-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 : AA1041195498 Rear HSRP No : AA2127165348
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 04/2025
 No of Cylinders : 1 Chassis No : MBLHAW472SHD02911
 Engine No : HA11F6SHD04386 Fuel : PETROL
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20
 Maker's Classification : SPLENDOR+BLACK&ACCCE Wheel base : 1235
 Seating Cap(in all) : 2 Standing Cap : 0
 Sleeper Cap : 0 Unladen Wt (kgs) : 113
 Colour : BLACK AND ACCENT Laden/GV Wt (kgs) : 243
 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 HDB FINANCIAL SERVICES LTD, AGRA, , , Agra, Uttar Pradesh-282001 w.e.f. 30-May-2025.

Purchase dt : 29-May-2025 Sale Amt : 80116/-
 OTT Date : 29-May-2025 Amount/Rcpt No : 8012 / UP85D25050005692
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED
 Date of Approval : 13-Jun-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 30-May-2025 to 29-May-2040

Date : 23-Jul-2025 15:19:40

Taxation Particulars / Advance Registration Mark Fee Details

Registering Authority
 Signature of Registering Authority
 Motor Vehicle Deptt
 MATHURA



भारत सरकार
Government of India


ममता देवी
Mamata Devi
जन्म तिथि / DOB : 01/01/1986
महिला / Female



8270 4625 0614

आधार - आम आदमी का अधिकार



आधार


Unique Identification Authority of India


पता:
W/O: कुमर पाल, अमानुल्लापुर,
अमानुल्लापुर, अमानुल्लापुर, खैरा,
मथुरा, सुरीर, उत्तर प्रदेश, 281205

Address:
W/O: Kumar Pal, amanullapur,
amanullapur, amanullapur, Khaira,
Mathura, Surir, Uttar Pradesh,
281205

8270 4625 0614


1947


help@uidai.gov.in


www.uidai.gov.in

आयकर विभाग
INCOME TAX DEPARTMENT

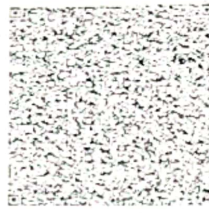


भारत सरकार
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड
Permanent Account Number Card

KBDPD0260D



नाम / Name
MAMATA DEVI

पिता का नाम / Father's Name
BUDDH SINGH

जन्म की तारीख /
Date of Birth
01/01/1986

05122024

हस्ताक्षर / Signature



Indian Union Driving Licence
Issued by: Uttar Pradesh

UP85 20250010344

Issue Date: 21-05-2025 Validity (NT): 31-12-2042 Validity (TR):

Name: ANSHUL
 Date of Birth: 01-01-2003 Blood Group: Organ Donor:
 Son/Daughter/Wife of: KUMARPAL

Address:
 AMANULLAPUR AMANULLAPUR AMANULLAPUR
 SURIN KHAIRA MAT MATHURA UTTAR PRADESH
 281205

Date of first issue: 21-05-2025

DL No: UP85 20250010344 UPDLAS18000613225

Invalid Carriage (Regn Numbers):
 Hazardous Validity: Nil Validity:

Class of Vehicle	Code	Issued By	Date of Issue	Vehicle Category	Badge Number	Badge Issue Date	Badge Issued By
MCV75	UP85	21-05-2025	NT				
MCV	UP85	21-05-2025	NT				
MCV2							
MCV3							

Emergency Contact Number: _____

Licensing Authority
 UPDS MATHURA

Form 7 Rule 16(1)

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-0226-77
 Customer Name The Oriental Insurance Com LTD
 VIN MBLHAW472SHD02911
 Insurance Company The Oriental Insurance Com LTD
 HMCGL Card No
 Part Details

Date 25-02-2026
 Contact No. 8057217195
 Model SPLENDOR +
 Reg No. UP85CW9034
 HMCGL Card Category

S No	Part Number	HSN No.	Billing Type	Rate	Qty	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	61000AAE200RS -FRONT FENDER NH-1	87141090	Paid	1,132.20	1	9.00	9.00	0.00	0.00	0.00	0.00	1,335.00
2	83401KCC900SS -VISOR FRONT (BLACK)	87141090	Paid	468.64	1	9.00	9.00	0.00	0.00	0.00	0.00	553.00
3	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
4	33400KCC710S -WINKER ASSY R FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
5	33450KCC710S -WINKER ASSY L FR	85122010	Paid	186.44	1	9.00	9.00	0.00	0.00	0.00	0.00	220.00
6	83402AAE710S -PANEL INNER	87141090	Paid	236.44	1	9.00	9.00	0.00	0.00	0.00	0.00	279.00
7	61313KCC900S -STAY RIGHT HEADLIGHT	87141090	Paid	34.75	1	9.00	9.00	0.00	0.00	0.00	0.00	41.00
8	61314AAE710S -STAY LEFT HEADLIGHT	87141090	Paid	66.10	1	9.00	9.00	0.00	0.00	0.00	0.00	78.00
9	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
10	51400KWA941S -FORK ASSY. R FR.	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
11	51500KWA941S -FORK ASSY. L FR	87141090	Paid	2,050.00	1	9.00	9.00	0.00	0.00	0.00	0.00	2,419.00
12	53200AAE300S -STEM COMP STRG	87141090	Paid	741.53	1	9.00	9.00	0.00	0.00	0.00	0.00	875.00
13	33100AAEC1099S -LIGHT ASSEMBLY HEAD	85122010	Paid	453.39	1	9.00	9.00	0.00	0.00	0.00	0.00	535.00
14	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	389.83	1	9.00	9.00	0.00	0.00	0.00	0.00	460.00
15	50803KST940S -GUARD LEG	87141090	Paid	527.12	1	9.00	9.00	0.00	0.00	0.00	0.00	622.00
16	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
17	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
18	53140KTC900S -GRIP COMP.R	87141090	Paid	42.37	1	9.00	9.00	0.00	0.00	0.00	0.00	50.00
19	88120AAEH31S -MIRROR ASSEMBLY LEFT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
20	88110AAEH31S -MIRROR ASSEMBLY RIGHT BACK	70091090	Paid	118.64	1	9.00	9.00	0.00	0.00	0.00	0.00	140.00
Parts Total											0.00	18,951.00

Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
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102032 - ACCIDENTAL LABOUR-SPLENDOR +	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00
102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR +	998729	Paid	700.00	9.00	9.00	0.00	0.00	0.00	0.00	826.00
Jobs Total									0.00	1,593.00
Parts Total										18,951.00
Labour Total										1,593.00
SGST (Parts) 9%										1,445.42
CGST (Parts) 9%										1,445.42
SGST (Labour) 9%										121.50
CGST (Labour) 9%										121.50
Total										20,544.00

Amount in Words: Twenty Thousand Five Hundred Forty Three Only

Terms Cash
 Prices & statutory levies prevailing at the time of delivery shall be charged
 Vehicles in this workshop are handled/driven and kept at owner's risk.
 Customers are requested to satisfy themselves with the quality of work done before taking the delivery
 Supplementary estimate will be submitted if further damages/parts are required after dismantling the vehicle.
 Actual amount may vary from estimate
 Garage charges are Rs 50/- per day if vehicle not taken by the customer on delivery date
 All disputes subject to jurisdiction of NAUJHEEL Jurisdiction Only

Authorised Signatory
DURGA AUTO
 Near SBI Bajna Road, Main Mant
 Nauhheel, Mathura - 281203
 (M) 8445277500, 9634181633