

To / सेवा में,  
The Oriental Insurance Co Ltd /  
दि ओरिएण्टल इश्योरेंस कंपनी लिमिटेड

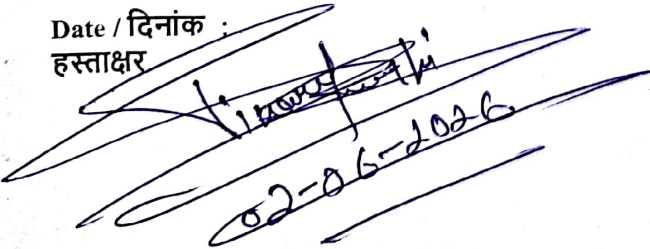
Subject / विषय : Claim Intimation Letter / दावा सूचना पत्र .


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.	Mohd Shakib — 0630659450
2	Vehicle No. / वाहन संख्या	UP05EX9144
3	Policy No. / पालिसी संख्या	25240031/2026/32472
4	Period of Insurance / बीमा अवधि	11-0-2025 — 10-00-2026
5	Date of loss & Time / दुर्घटना का दिनांक & समय	02-08-2026, 07:00 AM
6	Place of Accident / दुर्घटना का स्थान	Shergaonh
7	Name of the Driver, D L No. & Mobile No / ड्राइवर का नाम, डी एल नं. & मोबाइल नं	Islam 0630659450 UP0520100005400
8	Estimated Loss / अनुमानित हानि	61,77
09.	Cause of Accident / दुर्घटना का कारण : → मेरे गाड़ी का ब्रेक सुबह खेत से सहजा लेकर मंडी जा रहा था वो बाईक खड़ी करके मंडी में चला गया तब आकर देखा तो बाईक टूटी मिली दुकान वाले को पुछा तो उन्होंने बताया की बाईक वाला टक्कर मारकर चला गया।	
10	Spot Survey / स्पॉट सर्वे / स्पॉट सर्वेयर का नाम	Na
11	Third Party Loss / तृतीय पक्ष हानि / FIR No.	Na
12	Name of the Workshop, Address & Contact No./ वर्कशॉप का नाम, पता & मोबाइल / फ़ोन नं.	Dwiga auto Najheel 7070936431

Date / दिनांक :  
हस्ताक्षर

  
02-06-2026

  
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. 252400/31/2026/32472

Tel. No.

Period of Insurance 11-00-2025 - 10-00-2026

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 : Mohd Shakib  
(b) Address for correspondence : Haji Nagar Mohalla Shergaon Mathura  
(c) Telephone : 0630659450

2. THE INSURED VEHICLE

Make & Year <u>Hero MotoCorp CL</u>	Engine No. Chassis No. <u>HA11F6S9G32654</u> <u>MBLHAW52789G02912</u>	Registration No. <u>UP05 CX 9144</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 : Islam  
(b) Age : 38  
(c) Address : Nagla Haji Janghawali Chhata 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 : UP0520100005460  
(h) Issuing Authority :  
(i) Date of Expiry : 11-08-2025  
10-08-2026  
(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 : 02-06-2026, 07:00 AM  
(b) Place : Shergarh  
(c) Speed of vehicle at the time of accident : 0  
(d) Give a short description of the accident :  
(e) If any third party was responsible for this accident give the name and address : मेरे ट्रक का लडका सुबह खेत से सड़पी लेकर मंडी पार था व लडके खड़ी करके मंडी में चल गया आकर वहां तो लडके टूटी

6. DAMAGE TO INSURED VEHICLE

- (a) Full details of damage : Front and Right  
(b) Estimated cost of repairs : 6177  
(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 : MIA  
(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? \_\_\_\_\_
- (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? \_\_\_\_\_
- (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 02-06-2026 200

Signature of the insured Shakib

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 ..... Shakib .....  
Occupation .....  
Address .....  
.....

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

GOVERNMENT OF UTTAR PRADESH

Transport Department MATHURA

FORM 23

CERTIFICATE OF REGISTRATION



Registration No : UP85CX9144 Registration Date : 12-Aug-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 : MOHD SHAKIB Son/wife/daughter of : IKBAAL  
 Full Address: (Permanent) : HAJI NAGLA MOHALLA, SHERGARH BANGAR SHERGARH, , MATHURA, UTTAR PRADESH-281404  
 Full Address: (Temporary) : HAJI NAGLA MOHALLA, SHERGARH BANGAR SHERGARH, , MATHURA-UTTAR PRADESH-281404  
 Fitness UpTo : 11-Aug-2040 Owner Serial No : 1  
 Detailed Description  
 Class of Vehicle : M-CYCLE/SCOOTER Lihk Vehicle No :  
 Ownership : INDIVIDUAL Norms : BHARAT STAGE VI  
 Maker's Name : HERO MOTOCORP LTD  
 Front HSRP No : AA2133075913 Rear HSRP No : AA2127183623  
 Type of Body : SOLO WITH PILLION Month/Year of Manuf. : 07/2025  
 No of Cylinders : 1 Chassis No : MBLHAW527S9G02912  
 Engine No : HA11F6S9G32654 Fuel : PETROL  
 Horse Power(BHP) : 8.17 Cubic Capacity : 97.20  
 Maker's Classification : SPLENDOR+XTEC (DSS) Wheel base : 1235  
 Seating Cap(in all) : 2 Standing Cap : 0  
 Sleeper Cap : 0 Unladen Wt (kgs) : 113  
 Colour : BLACK TORNADO GREY 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 w.e.f. .

Purchase dt : 12-Aug-2025 Sale Amt : 86651/-  
 OTT Date : 12-Aug-2025 Amount/Rcpt No : 8666 / UP85D25080001734  
 Vehicle is Govt./ Pvt. : PRIVATE Tax Exempted or Not : NOT EXEMPTED  
 Date of Approval : 20-Aug-2025

Other State/Transfer/Conversion/Reassign Details

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

This certificate is valid from 12-Aug-2025 to 11-Aug-2040

Date : 02-Sep-2025 16:59:02

Taxation Particulars / Advance Registration Mark Fee Details

Signature of Registering Authority  
 Motor Vehicle Dept  
 Date : 02-Sep-2025  
 Mathura

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)

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

Policy Type	BUNDLED POLICY (MOTORISED TWO WHEELERS-5 Years)	Policy Issued On	11-AUG-25
Policy No	252400/31/2026/32472	Proposal No. & Date	R/252400/31/2026/24893 & 11-AUG-2025
Agent/Broker Code	LC0000000660	Policy Period (OWN DAMAGE)	FROM 18:21 ON 11/08/2025 TO MIDNIGHT OF 10/08/2026
Agent/Broker Name	M/S POLICY BAZAAR INSURANCE BROKERS PRIVATE LIMITED	Policy Period (LIABILITY)	FROM 18:21 ON 11/08/2025 TO MIDNIGHT OF 10/08/2030
Insured Name	MOHD SHAKIB (GSTIN: )	Lead/Breakin No	
Insured Address	C/O IKBAAL, R/O HAJI NAGLA MOHALLA SHERGARH BANGAR SHERGARH, NA, MATHURA, N.A.	Insured State	UTTAR PRADESH

INSURED MOTOR VEHICLE DETAILS		INSURED DECLARED VALUE (IDV) (in Rs.)	
Make	HERO MOTOCORP	Vehicle	82793
Model & Variant	HERO SPLENDOR PLUS XTECH E20	Electrical Accessories	0
Registration No.	NEW	Non Electrical Accessories	0
Year Of Manufacture	2025	Total IDV	82793
Engine - Chassis No	HA11F6S9G32654 - MBLHAW527S9G02912	TMF 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
Registration Location			

Schedule Of Premium (Amount in Rs.)

OWN DAMAGE SECTION(A)		LIABILITY SECTION (B)	
Vehicle	1387.61	Basic Third Party Liability	3851
Elec Accessories	0	Compulsory P.A Cover Premium	0
Non-Elec Accessories	0	PA Cover for 0 Person Of Rs (0) each (IMT-16)	0
Basic Premium	1387.61	Legal Liability (W.C. 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-16)	0	Total Premium (A+B)	4059
SAI Membership (IMT-8)	0	GST	730
No Claim Bonus	0	SERVICE TAX	0
Discount for vehicle designed for handicapped	0	STAMP DUTY	0.00
SIP Discount	1180	Swachh Bharat Cess @ 0.50%	0
Sub-Total Deductibles	1180	Krishi Kalyan Cess @ 0.50%	0
Add-On Coverages		Gross Premium Paid	4789
NIL Depreciation			
Return to Invoice	0		
Key Replacement	0		
Consumables	0		
Sub-Total Add-on Coverages	0		
Net own Damage Premium(A)	208		

Note:

1. Policy Issuance is 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		Payment Details	
Nominee Name	Age	Payment Method	Amount
		Cheque No./Transaction No. <td>4789</td>	4789
		Bank Name <td></td>	
		Amount <td></td>	
		POS ID <td>NA</td>	NA
		POS PAN NO/Aadhar No <td>NA</td>	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 writing Offices as well as company's website.

The insurance under the policy is subject to conditions, clauses, warranties, exclusions, JMIs and OIC endorsements mentioned herein above which are available on company's website.

It is warranted that in case of dispute or litigation, the insured 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 is issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

Witness whereof the undersigned being authorized by and on behalf of the company has/have herein set his/their hands at 252400 on 11-AUG-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 trails.

**Any Purpose in connection with motor trade.**

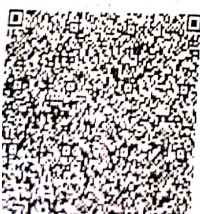
**Driver's Clause:** Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the driver holds an effective learner's license may also drive a vehicle & 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 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 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% and 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: 6595258MD  
Approved On: 11-AUG-25  
Place: MRT  
Printed On: 12-AUG-25

For and on behalf of  
The Oriental Insurance Company Limited


General Manager  
Authorized Signature

मोहोदय श्री अमर को कारखाना के  
अधीन जारी किया गया है।  
अधिक जानकारी के लिए कृपया हमसे संपर्क करें।


 भारत सरकार  
 Government of India  
 मो शाकिब  
 Mohd Shakib  
 जन्म तिथि / DOB : 01/01/2008  
 पुरुष / Male


8082 6885 3797


आधार - आम आदमी का अधिकार



 भारतीय विशिष्ट पहचान प्राधिकरण  
 Unique Identification Authority of India

पता: आत्मज: इकबाल, हाजी नागला मोहल्ला, शेरगढ़ बाजार, मथुरा, शेरगढ़, उत्तर प्रदेश, 281404	Address: S/O: Ikbaal, haji nagla mohalla, Shergarh Bangar, Mathura, Shergarh, Uttar Pradesh, 281404
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8082 6885 3797

 1947  
 1800 300 1947

 help@uidai.gov.in

 www.uidai.gov.in

AKENDOR PTEC  
DESK 2B.

21/2/25

DEZ  
E801

इकबाल n Sakib

MO = ~~9630659450~~ 7310508705

वेगम का नाम मुस्कान

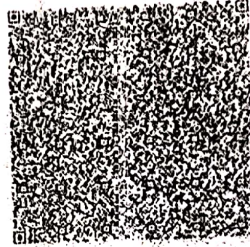
आयकर विभाग  
INCOME TAX DEPARTMENT



भारत सरकार  
GOVT. OF INDIA



स्थायी लेखा संख्या कार्ड  
Permanent Account Number Card  
HPCPS8435F



नाम / Name  
MOHD SHAKIB

पिता का नाम / Father's Name  
IKBAAL

जन्म की तिथि /  
Date of Birth  
01/01/2005

*Sakib*  
हस्ताक्षर / Signature

19082023


Sakib



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

UP85 20180005408

Issue Date: 22-01-2025    Validity (NT): 20-04-2038    Validity (TR)\*: 15-01-2030

Name: ISLAM    Holder's Signature: 


Date of Birth: 01-01-1998    Blood Group:    Organ Donor: N




Son/Daughter/Wife of: YAHYA

Address: NAGLAHAN TANGHAWALI  
 CHHATA, MATHURA, UP 281404

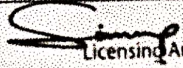
Date of First Issue: 21-01-2018

**DL No: UP85 20180005408**    **UPDL651000001111**

 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	21-04-2018	NT			
	LMV	UP85	21-04-2018	NT			
	TRANS	UP85	16-01-2020	TR			
MVSD							

Emergency Contact Number

  
 Licensing Authority  
 UP85 MATHURA

Form 7 Rule 16(2)

**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-0626-13	Date	02-06-2026
Customer Name	The Oriental Insurance Com LTD	Contact No.	8630659450
VIN	MBLHAW527S9G02912	Model	SPLENDOR+ XTEC
Insurance Company	The Oriental Insurance Com LTD	Reg No.	UP85CX9144
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	3310BAAEB0099S -LIGHT ASSY HEAD	85122010	Paid	529.66	1	9.00	9.00	0.00	0.00	0.00	0.00	625.00
2	ADHMS6A0050CCGS -VISOR FRONT NH-1(T6)	87141090	Paid	733.05	1	9.00	9.00	0.00	0.00	0.00	0.00	865.00
3	83402ADH600S -PANEL INNER	87141090	Paid	135.59	1	9.00	9.00	0.00	0.00	0.00	0.00	160.00
4	3360BAAEB0099S -WINKER ASSY R RR	85122010	Paid	169.49	1	9.00	9.00	0.00	0.00	0.00	0.00	200.00
5	6131CAAEB00S -STAY LEFT HEADLIGHT SUB ASSEMBLY	87141090	Paid	59.32	1	9.00	9.00	0.00	0.00	0.00	0.00	70.00
6	6131BAAEB00S -STAY RIGHT HEADLIGHT SUB ASSEMBLY	87141090	Paid	67.80	1	9.00	9.00	0.00	0.00	0.00	0.00	80.00
7	61100ADH500RS -FENDER COMPLETE FRONT BLACK (TYPE-1)	87141090	Paid	830.51	1	9.00	9.00	0.00	0.00	0.00	0.00	980.00
8	53100AAE110S -PIPE STRG HANDLE	87141090	Paid	415.25	1	9.00	9.00	0.00	0.00	0.00	0.00	490.00
9	3340BAAEB0099S -WINKER ASSY R FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
10	3345BAAEB0099S -WINKER ASSY L FR	85122010	Paid	165.25	1	9.00	9.00	0.00	0.00	0.00	0.00	195.00
11	50803KST940S -GUARD LEG	87141090	Paid	563.56	1	9.00	9.00	0.00	0.00	0.00	0.00	665.00

Parts Total

0.00 4,525.00

## Labour Details

S No	Job Code	SAC No.	Billing Type	Rate	SGST %	CGST %	UTGST %	IGST %	Discount %	Discount	Net Amount
1	102032 - ACCIDENTAL LABOUR-SPLENDOR+ XTEC	998729	Paid	650.00	9.00	9.00	0.00	0.00	0.00	0.00	767.00
2	102046 - ADDITIONAL REPAIR CHARGES-SPLENDOR+ XTEC	998729	Paid	750.00	9.00	9.00	0.00	0.00	0.00	0.00	885.00

Jobs Total

0.00 1,652.00

Parts Total	4,525.00
Labour Total	1,652.00
SGST (Parts) 9%	345.13
CGST (Parts) 9%	345.13
SGST (Labour) 9%	126.00
CGST (Labour) 9%	126.00
<b>Total</b>	<b>6,177.00</b>



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

23791 - Main W/S