

## The New India Assurance Co.Ltd.

BRANCH AURANGABAD AUTO TIE-UP (160401) Tel. No.: 02402485446/02402484415/ Email: nia.160401@newindia.co.in/nodal.MAHARASHTRA@newindia.co.in

## Five Years Long Term Motor Two Wheeler Package Policy IRDAN190RP0020V01201819

Policy Number: 16040131191500005579 Vehicle: TVS/NTORQ

## **Period of Cover**

From: 28/02/2020 04:18:39 PM To: 27/02/2025 11:59:59 PM

## **Insured Details**

PARASBAI OMPRAKASH JAIN . To: FLAT NO- B-9, /10, GUT NO- 43 SHRI RANG CITY NEAR RAYAN INTERNATIONAL SCHOOL ITKHEDA PAITHAN ROAD ,AURANGABAD, ,AURANGABAD ,MAHARASHTRA, 431001

## For Insurance Renewals contact

JAINUINE INSURANCE BROKERS PVT. LTD. Tel. No.: 02572225747 / / Email: /

## For Claims contact our OFFICE

JEEVAN SUMAN LIC BLDG., PL.NO.3N-5, CIDCO, JALGAON RD., AURANGABAD-431003. Tel. No.: 2402482715 Email: CH1602@newindia.co.in

Tax Invoice No : 16040119P0006758

IRDA Registration Number: 190





#### POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Five Years Long Term Motor Two Wheeler Package Policy

UIN Number - IRDAN190RP0020V01201819

		Insured	s Detail	S				P	olicy	Details	
Insured's Nam	e:	PARAS	ASBAI OMPRAKASH JAIN .			Policy number: 160401			31191500005579		
Customer ID:			078338466 (PAN No :NA)			Period of cove		28	3/02/2	020 04:18:39 PM to 27/02/2025 9 PM	
		CITY N SCHOO ,AURA	FLAT NO- B-9, /10, GUT NO- 43 SHRI RANG CITY NEAR RAYAN INTERNATIONAL SCHOOL ITKHEDA PAITHAN ROAD ,AURANGABAD,, AURANGABAD, MAHARASHTRA, 431001			Registration no. New V		ew Ve	hicle		
Prev. Policy no	0.	N	-	, - ,		Make/Model:		۲	/S/N	ORQ	
Email:						Receipt no.				8119000006181 - 28/02/20	
Phone Numbe	r:	11				Fax Number :			A/N/		
GSTIN/UIN	<u></u>	NA / N/	4					1	.,	•	
			g office					New	/ Indi	a Contact	
Address BRANCH AURANGAE THE NEW INDIA ASS		AURANGABA INDIA ASSU 160401), ". ICO, AURAN	IGABAD AUTO TIE-UP (160401), ASSURANCE CO. LTD. , AUTO TIE-UP CITY 1) , "JEEVAN SUMAN" BUILDING, PLOT NO. URANGABAD , , 431003.			Agent / Corp. Agent / Broker / Banc Assurance / Referral Code - Name / POS/IMF/SPECIFIED PERSON/Designated Person for MISP		Insurance Brokers Pvt.			
						Phone no		02572222	5747	//	
Phone no	024024854	46 / 0240248	84415			Fax no.		/	1		
Fax no.	NA / NA					Email		/			
Email	nia.160401	ia.160401@newindia.co.in					fficer le/Web	NA	NA		
Claim Contact	act AURANGABAD (160002)					Aggregator Claim Contact E	Detail	JALGAON	JEEVAN SUMAN LIC BLDG., PL.NO.3N-5, CIDCO, JALGAON RD.,,AURANGABAD- 431003.,;2402482715/2402480715/		
GSTIN	27AAACN	4165C3ZF	)					1.0.000.,,,			
SAC	_			ance services excl RI	)						
070	1007100 (0				/	Details					
Geographical	Area / Zone		India/B		Toney	Year of manufa	acture:			2020	
Name of the Fi		-				Chassis no./Er		n ·		MD626AG71L2A07656/BG7AL2414214	
Type of fuel:			Petrol			Cubic capacity ( cc)/Wattage(kW):		)-	125cc		
Type of body:			Metal/Petrol			Variant:			125 STD		
Seating capac		Driver:	2			Colour:				RED	
Automobile As membership:		<u>,</u>	none			Name of registration authority:					
Cover Note No Date:	/Cover Note	e Issue	/								
						(in ₹)				1	
Vehicle	<u> </u>	Trailer		Non-Elec Acc	Ele	ctrical Acc		Bi-fuel kit		Total Value	
69863		0		0		0		0		69863	
Cove	er Descriptio	on		Cover Opted		Cove	r Desci	ription		Cover Opted	
	able Items			Yes		Cover Description Engine Protection Cover			Yes		
	to Invoice C			No		Road Tax			No		
No Claim Bo				No		Nil Depreciation Cover			Yes		
							Conden			100	
						<b>d IDV/Cover</b> Cover - ₹ 69863	3				
						ement - ₹ 5883					
						ment - ₹ 51478					
						ment - ₹ 44124					
				· · · · ·		ment - ₹ 36770					
				,		of Premium	-				
		0	n Dam							Liability	
		Ow	n Dama		neaulé					Liability	

Policy No. : 16040131191500005579 Document generated by 35037 at 28/02/2020 16:04:39 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

For redressal of your grievance, if any,you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office.In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in.



Basic OD Cover			Basic TP Cover		
			Compulsory PA cover for Owner Dri (Sum Insured ₹15,00,000)(28/02/20 27/02/2025) ,PA cover for UnNamed Persons	ver 20 to d	
OD Premium in ₹	2986		TP Premium in ₹		4935
Net Premium in ₹:					7921
GST in ₹:					1426
Total Payable in ₹:					9347
Total Payable in ₹(in words):					RUPEES NINE THOUSAND THREE HUNDRED FORTY- SEVEN ONLY
Limitations as to use			Limits of Liabili	ty	•
The Policy covers use of the vehicle for any purpose othe or Reward b)Carriage of goods (other than samples or pe luggage) c)Organized racing d)Pace making e)Speed tes Reliability Trials g)Any purpose in connection with Motor	ersonal ting f)	respect of the respect	f the amount the Company's Liabilit t of any one accident: as per the Mo amount of the Company's Liability U t of any one claim or series of claims t 1,00,000	otor Veh Inder Se	nicles Act, 1988. Limit action II 1(ii) in
		For inc	lividual covers (OD) in₹:	69863	
		Impos	ed excess in ₹:	0	
		Volunt	ary excess in ₹:	0	
		Compu	Ilsory excess in ₹:	100	
Persons or classes of persons entitled to drive					

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 the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

#### PA cover for Owner Driver

Name of Nominee	Age of Nominee		Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NA	NA	NA	NA	NA

#### PA cover for named persons

Name	CSI Opted(₹)	Nominee	Relationship
none	0	NA	NA

#### Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 7921.00
SGST	9	713
CGST	9	713
IGST	0	0

In witness where of this policy has been signed at Mumbai on this 28/02/2020 WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 18,22.

#### 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 Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

# I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988.NIA S.T.REGN No: AAACN4165CST178.

For and on behalf of The New India Assurance Company Limited

The policy is subject to TWEC endorsement attached.

Date of Issue: 28/02/2020

Duly Constituted Attorney(s)

Policy No. : 16040131191500005579 Document generated by 35037 at 28/02/2020 16:04:39 Hours.

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#### TW EC-1

#### TWO WHEELER PACKAGE POLICY - ENHANCED COVERS (Endorsement Wording for Add on cover - Nil Depreciation) UIN Number - IRDAN190RP0020V01201819/A0025V01201819

THE FOLLOWING ENDORSEMENT IS TO BE ATTACHED TO THE POLICY WHEN THE "TWO WHEELER PACKAGE POLICY - ENHANCED COVERS" IS PROVIDED WITH ADD ON COVER - NIL DEPRECIATION:

TWO WHEELER PACKAGE POLICY -ENHANCED COVER ENDORSEMENT ATTACHED TO AND FORMING PART OF POLICY NO. 16040131191500005579 Additional Premium: ₹ 764.816

Notwithstanding anything contained to the contrary in the within mentioned policy it is hereby declared and agreed that subject to the insured having paid the Additional premium as applicable the cover under Section I of the within mentioned policy is hereby extended to the effect that in the event of any partial loss claim admissible under this policy, no depreciation shall be deducted for the replaced parts payable under the claim.

Subject to the condition that the above said coverage shall be applicable only for first two partial loss claims admitted and payable under the Subject to the condition that the above said coverage shall be applicable only for first two partial loss claims admitted and payable under policy relating to an accident during the policy period. Further No claim shall be payable : 1.For any extra fittings and / or any internal improvements in the policy other than provided by the manufacturer in the vehicle originally. 2.In relation to any accident occurring in any geographical area outside India. 3.If the vehicle is more than five years old from the date of first purchase of the new two wheeler from the dealer. 4.If the vehicle is in excluded category;

a) Sports model Two wheeler b) Racer model Two wheeler c) Imported model Two wheeler

5.After the first two admissible claims under the Enhanced Cover during the current policy period.

Excess:

From the second year age of the vehicle, additional excess of ₹ 200/- will be deducted from the claim amount in respect of each claim.

If anytime the Package Policy Enhanced Cover is transferred to a new owner, the Enhanced Cover provided will become non-operational from the date of such transfer, in which case pro-rata refund shall be made to the original insured subject to there being no claim admissible during the current period of the policy. All other terms and conditions of the within mentioned policy shall remain unaltered.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/02/2020

Duly Constituted Attorney(s)

### TW EC-5

#### TWO WHEELER PACKAGE POLICY ENHANCED COVERS (Endorsement Wording for Add on cover Engine Protect cover) UIN Number - IRDAN190RP0020V01201819/A0028V01201819

THE FOLLOWING ENDORSEMENT IS TO BE ATTACHED TO THE POLICY WHEN THE "TWO WHEELER PACKAGE POLICY - ENHANCED COVER" IS PROVIDED WITH ADD ON COVER - ENGINE PROTECT COVER.

TWO WHEELER PACKAGE POLICY -ENHANCED COVER ENDORSEMENT ATTACHED TO AND FORMING PART OF POLICY NO. 16040131191500005579 Additional Premium: ₹ 379.1

Notwithstanding anything contained to the contrary in the within mentioned policy it is hereby declared and agreed that subject to the insured having paid the Additional premium as applicable the cover under Section I of the within mentioned policy is hereby extended to the effect that in the event of any partial loss claim admissible under this policy towards the loss or damage to the vehicle including its engine and / or its parts or gear box assembly due to ingress of water due to any reason (hydrostatic lock) or due to leakage of oil or lubricants (including coolant) due to any external accidental means shall be payable.

Subject to the condition that the above said coverage shall be applicable only for any two partial loss claims admitted and payable under the policy relating to accidents during the policy period.

Subject otherwise to the terms, conditions, limitations and exceptions of this policy.

Date of Issue: 28/02/2020

Duly Constituted Attorney(s)

For and on behalf of The New India Assurance Company Limited

Policy No. : 16040131191500005579 Document generated by 35037 at 28/02/2020 16:04:39 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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#### TW EC-6

#### TWO WHEELER PACKAGE POLICY ENHANCED COVERS (Endorsement Wording for Add on cover Consumable Items Cover) UIN Number - IRDAN190RP0020V01201819/A0029V01201819

THE FOLLOWING ENDORSEMENT IS TO BE ATTACHED TO THE POLICY WHEN THE "TWO WHEELER PACKAGE POLICY -ENHANCED COVER" IS PROVIDED WITH ADD ON COVER - CONSUMABLE ITEMS COVER.

TWO WHEELER PACKAGE POLICY -ENHANCED COVER ENDORSEMENT ATTACHED TO AND FORMING PART OF POLICY NO. 16040131191500005579 Additional Premium: ₹ 308.1326

Notwithstanding anything contained to the contrary in the within mentioned policy it is hereby declared and agreed that subject to the insured having paid the Additional premium as applicable the cover under Section I of the within mentioned policy is hereby extended cover expenses incurred and / or to the consumable items which may require replacement / repair in the event of damage to the vehicle insured and / or to its accessories, arising out of any peril as covered under the policy.

Such consumable items will include nut and bolt, screw, washers, grease, lubricants clip, bearings, distilled water, engine oil, oil filter, fuel filter, break oil and the like.

Subject to the condition that the above said coverage shall be applicable only for any two partial loss claims admitted and payable under the policy relating to accidents during the policy period. Subject otherwise to the terms, conditions, limitations and exceptions of this policy.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/02/2020

Duly Constituted Attorney(s)

Tax Invoice No : 16040119P0006758

IRDA Registration Number: 190

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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## **COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER**

Issuing Office Address	<ul> <li>BRANCH AURANGABAD AUTO TIE-UP (160401)</li> <li>THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401)</li> <li>"JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003 AURANGABAD(MA)</li> </ul>
Phone	: 02402485446
Email	: nia.160401@newindia.co.in
Fax	:
Collection Number	: 16040181190000006181
Collection Date	: 28/02/2020
Business Source Code	: DA3388757
PAN No of Payer	:

Received with thanks from PARASBAI OMPRAKASH JAIN ..

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
16040131191500005579	Bank-160401	9347.00	9100.160401	BA00007835-160401-9100

Total = ₹ 9347.00

Your Payment/Adjustment Details are as under -

Mode	Amount₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	9347.00	000128	28-FEB-20	HDFC BANK LTD.	AURANGABAD	1604011910015943	N.A.

#### Total = ₹ 9347.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
7921.00		1426.00		0.00	0
SI no.	Agency Code		Agency Name		Department Code
1	NA		JAINUINE INSURANCE BROKERS PVT. LTD.		31

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 28/02/2020

Cashier's Initial

Authorized Signatory

#### Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence.This Receipt is subject to Realisation of Cheque..

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 16040119P0006758

IRDA Registration Number: 190



#### IMT.16. PERSONAL ACCIDENT TO UNNAMED PASSENGERS OTHER THAN INSURED AND THE PAID DRIVER AND CLEANER { For vehicles rated as Private cars and Motorised two wheelers (not for hire or reward) with or without side car}

In consideration of the payment of an additional premium it is hereby understood and agreed that the insurer undertakes to pay compensation on the scale provided below for bodily injuries hereinafter defined sustained by any passenger other than the insured and/or the paid driver attendant or cleaner and/or a person in the employ of the insured coming within the scope of the Workmen's Compensation Act, 1923 and subsequent amendments of the said Act and engaged in and upon the service of the insured at the time such injury is sustained whilst mounting into, dismounting from or traveling in but not driving the insured motor car and caused by violent, accidental, external and visible means which independently of any other cause shall within three calendar months of the occurrence of such injury result in :

Details of Injury	Scale of Compensation
i. Death	100%
ii. Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii. Loss of one limb or sight of one eye	50%
iv. Permanent Total Disablement from injuries other than named above	100%

#### Provided always that:

(1) compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of ₹ during any one period of

any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of ₹ during any one period of insurance in respect of any such person.
(2) no compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.
(3) such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
(4) not more than persons/passengers are in the vehicle insured at the time of occurrence of such injury. Subject otherwise to the terms exceptions conditions and limitations of this policy.

#### IMT.18. PERSONAL ACCIDENT TO UNNAMED HIRER AND UNNAMED PILLION PASSENGERS (Applicable to Motorized Two wheelers with or without side Car)

In consideration of the payment of an additional premium it is hereby understood and agreed that the insurer undertakes to pay compensation to any unnamed hirer/ driver/any unnamed pillion/ sidecar passenger on the scale provided below for bodily injury caused by violent, accidental, external and visible means whilst mounting into/onto and/or dismounting from or traveling in/on the vehicle insured which independently of any other cause shall within three calendar months of the occurrence of such injury results in :-

Details of Injury	Scale of Compensation
i. Death	100%
ii. Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii. Loss of one limb or sight of one eye	50%
iv. Permanent Total Disablement from injuries other than named above	100%

Provided always that:

(1) Compensation shall be payable under only one of the items (i) to (iv) above in respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of ₹ during any one period of

(2) No compensation shall be payable in respect of death or injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) intentional self injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor or drugs.
(3) Such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge in respect of the injury of such person.
(4) Not more than persons/passengers are in the vehicle insured at the time of occurrence of such injury.

Subject otherwise to the terms exceptions conditions and limitations of this policy.

#### IMT.22. COMPULSORY DEDUCTIBLE

(Applicable to Private Cars, three wheelers rated as private cars, all motorized two wheelers, taxis, private car type vehicle plying for public/private hire, private type taxi let out on private hire)



Notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insured shall bear under Section 1 of the policy in respect of each and every event (including event giving rise to a total loss/constructive total loss) the first ₹ 100 (or any less expenditure which may be incurred) of any expenditure for which provision has been made under this policy and/or of any expenditure by the insurer in the exercise of his discretion under Condition no 3 of this policy.

If the expenditure incurred by the insurer shall include any amount for which the insured is responsible hereunder such amount shall be repaid by the insured to the insurer forthwith.

For the purpose of this Endorsement the expression "event" shall mean an event or series of events arising out of one cause in connection with the vehicle insured in respect of which indemnity is provided under this policy.

Subject otherwise to the terms conditions limitations and exceptions of this Policy.

Tax Invoice No : 16040119P0006758

IRDA Registration Number: 190