

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

Private Car Package Policy IRDAN190RP0042V01100001

Policy Number: 16040131220100000111 Vehicle: CHEVROLET/TAVERA NEO 3

Period of Cover

From: 10/05/2022 12:00:01 AM To: 09/05/2023 11:59:59 PM

Insured Details

NITIN RADHESHYAM AGRAWAL To: AT BALIRAM NAGAR GUNUPUR RAYAGADA GUNUPUR ODDISHA, , ,GUNUPUR ,ODISHA, 765022

For Insurance Renewals contact

JAINUINE INSURANCE BROKERS PVT. LTD. Tel. No.: 02402350377 / / 9850049400 Email: kailash@jainuineinsurance.co.in /

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 : 16040122E0000296

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C





POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16040131220100000111		
POLICY ISSUING OFFICE: BRANCH AURANGABAD AUTO TIE-UP (160401), THE NEW INDIA ASSURANCE CO. LTD., AUTO TIE-UP CITY BRANCH (160401), "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD, MAHARASHTRA, 431003. PHONE NUMBER:02402485446 / 02402484415 FAX NUMBER:NA / NA Email:nia.160401@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: Jainuine Insurance Brokers Pvt. Ltd (DA3388757), PHONE NUMBER:02402350377 / / 9850049400 LAND/FAX NUMBER:/ EMAIL:kailash@jainuineinsurance.co.in /	CLAIM CONTACT: AURANGABAD (160002) ADDRESS: JEEVAN SUMAN LIC BLDG., PL.NO.3N-5, CIDCO, JALGAON RD., , AURANGABAD-431003., , MAHARASHTRA, 431003. PHONE NUMBER: 2402482715 / 2402480715 MOBILE NUMBER: Email: CH1602@newindia.co.in

INSURED DETAILS

INSORED DETAILS	-		
Insured Name	NITIN RADHESHYAM AGRAWAL	Customer ID	PO50035038 (PAN No :AABCL5368C)
Insured Address	AT BALIRAM NAGAR GUNUPUR RAYAGADA GUNUPUR ODDISHA,,, GUNUPUR ,ODISHA, 765022	Contact Number	/ / XXXXXX3499
		Email	ImcotexpvtItd@gmail.com
		GSTIN	NA

POLICY DETAILS

Period of cover	10/05/2022 12:00:01 AM to 09/05/2023 11:59:59 PM	Receipt Number	16040181220000000220 - 28/04/22	
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131210100000125	

VEHICLE DETAILS

Registration Number	OD-02-F-6299	Chassis no./Engine Number	005240/67787
Make / Model	CHEVROLET/TAVERA NEO 3	Variant:	LT 9 STR BS-III
Year of manufacture	2013	Type of body / Type of Fuel	Saloon/Diesel
Colour	VELVET RED	Cubic capacity(cc) /Wattage(kW):	2499cc
Seating capacity including Driver	9	Name of registration authority	Bhubaneshwar
Geographical Area / Zone	India	Name of the Financier	STATE BANK OF INDIA,
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none

INSURED DECLARED VALUE (in Rs)

	· · · · ·				
Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
308571	0	0	0	0	308571

SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)(#)Total NCB Discount(35%)	3791 1326.78	Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) (+)Legal Liability Premium for Paid Driver(0) (+)PA premium for UnNamed/Hirer/Pillion Persons(9)	7890 275 50 450	
Calculated OD Premium	2465	Calculated TP Premium	8665	
Total OD Premium	2465	Total TP Premium	8665	
Net Premium in Rs			11130	

Policy No. : 16040131220100000111Document generated by 31229 at 2022/04/28 16:10:33. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbel - 400 001. TOLL FREE No. 1 800 209 1415. Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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 redre approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in. sal mechanism; you may also



GST in Rs							2003	
Total Payable in Rs							13133	
Total Payable in Rs(in word	ds):	RUPEES THIRTEEN T	HOUSAND ON	E HUNDRED TH	IIRTY-THREE ONLY			
GSTIN(Issuing Office)	·			27AAACN416	5C3ZP			
SAC					or vehicle insurance se	ervices)	
Limitation as to use: The Po	olicy cove ge) c)Org	ers use of the vehicle anized racing d)Pace	for any purpos making e)Spe	e other than: a ed testing f) R	a)Hire or Reward b)Ca eliability Trials g)Any p	rriage ourpose	of goods (other than e in connection with Motor	
Limits of Liability:Limit of t Act, 1988. Limit of the amo event: Up to Rs. 7,50,000	he amou ount of th	nt the Company's Lia ne Company's Liability	bility Under Se y Under Section	ection II 1(i) in r n II 1(ii) in resp	respect of any one acc ect of any one claim o	ident: r serie:	as per the Motor Vehicles s of claims arising out of on	
For individual covers (OD) in RS:308571				Compulsory e	excess in Rs:2000			
Imposed excess in Rs:0				Voluntary exc	cess in Rs:0			
Persons or classes of perso license at the time of the a effective Learner's License Rules, 1989.	ccident a	and is not disqualified	l from holding	or obtaining su	ich a license. Provided	l also tl	lds an effective driving hat the person holding an f the Central Motor Vehicle:	
PA cover for Owner Driver	-							
Name of Nominee	Age of	Nominee	Relationship Insured	with the Name of the Appointee (if Nominee is a minor)		ee (if	Relationship to the Nominee	
NA	NA		NA		NA		NA	
PA cover for named persor	าร							
Name		CSI Opted(Rs.)		Nominee	Nominee Relation		ionship	
none		0		NA		NA		
Premium and GST Details								
		Rate of T	ax		Amount in IN	١R		
Premium					Rs 11130.00			
SGST		0			0			
CGST		0		0				
IGST		18			2003			
In witness where of this po DISHONOUR OF THE PREM conditions and exceptions Number(s) printed herewit	IIUM CHE applicab	EQUE, THIS DOCUME le to Package/Liability	NT STANDS AU	ITOMATICALLY	CANCELLED ABINITIO	This po	RANTED THAT IN CASE OF olicy is subject to the Terms ia.co.in; IMT Endorsement	

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.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 11akh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

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.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 28/04/2022

Duly Constituted Attorney(s)

Policy No. : 16040131220100000111Document generated by 31229 at 2022/04/28 15:10:33. Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbal - 400 001. TOLL FREE No. 1 800 209 1415. Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. te following offices - 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with fied with our own griev ssal of your grievance , if any,you may approach any one of the follow sm: vou mav a dia.co.in. n. For d e http:

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



Tax Invoice No : 16040122E0000296

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

Policy No. : 16040131220100000111Document generated by 31229 at 2022/04/28 15:10:33. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415. Give your valuable feedback on https://www.newindia.co.in/portal/policyFeedbackGen. 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.





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office Address	 BRANCH AURANGABAD AUTO TIE-UP (160401) THE NEW INDIA ASSURANCE CO. LTD. AUTO TIE-UP CITY BRANCH (160401) "JEEVAN SUMAN" BUILDING, PLOT NO. 3, N-5, CIDCO, AURANGABAD,431003 AURANGABAD(MA)
Insured Pan Number	: AABCL5368C
Phone	: 02402485446
Email	: nia.160401@newindia.co.in
Fax	:
Collection Number	: 1604018122000000220
Collection Date	: 28/04/2022
Business Source Code	: DA3388757
PAN No of Payer	: AABCL5368C

Received with thanks from NITIN RADHESHYAM AGRAWAL.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
16040131220100000111	Bank-160401	13133.00	9100.160401	BA00007835-160401-9100

Total = ₹ 13133.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
ECS	13133.00	364226	28-APR-22	STATE BANK OF INDIA	AURANGABAD	1604012210000441	N.A.
Total = ₹ 13133.00							

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
11130.00		2003.00		0.00	0
SI no.	Agency Code		Agency Name		Department Code
1			JAINUINE INSURAN	CE BROKERS PVT. LTD.	31

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 28/04/2022

Cashier's Initial

Authorized Signatory

Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence. .

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 : 16040122E0000296

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C



IMT.7. Vehicles subject to Hypothecation Agreement

It is hereby declared and agreed that the vehicle insured is pledged to / hypothecated with STATE BANK OF INDIA (hereinafter referred to as the "Pledgee") and it is further understood and agreed that the Pledgee is interested in any monies which but for this Endorsement would be payable to the insured under this policy in respect of such loss or damage to the vehicle insured as cannot be made good by repair and / or replacement of parts and such monies shall be paid to the Pledgee as long as they are the Pledgee of the vehicle insured and their receipt shall be a full and final discharge to the insurer in respect of such loss or damage.

It is further declared and agreed that for the purpose of the Personal Accident Cover for the owner-driver granted under this policy, the insured named in the policy will continue to be deemed as the owner-driver subject to compliance of provisions of the policy relating to this cover.

Save as by this Endorsement expressly agreed that nothing herein shall modify or affect the rights or liabilities of the Insured or the Insurer respectively under or in connection with this Policy or any term, provision or condition thereof.

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

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 anothe 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:

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 ₹ 900000 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 lenal representative(s) whose receint shall be a full discharge in respect of such person.

(4) not more than 9 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 ₹ 2000 (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.



IMT. 28. LEGAL LIABILITY TO PAID DRIVER AND/OR CONDUCTOR AND/OR CLEANER EMPLOYED IN CONNECTION WITH THE OPERATION OF INSURED VEHICLE (For all Classes of vehicles.)

In consideration of an additional premium of ₹ 50/- notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insurer shall indemnify the insured against the insured's legal liability under the Workmen's Compensation Act,1923, the Fatal Accidents Act, 1855 or at Common Law and subsequent amendments of these Acts prior to the date of this Endorsement in respect of personal injury to any paid driver and/or conductor and/or cleaner whilst engaged in the service of the insured in such occupation in connection with the vehicle insured herein and will in addition be responsible for all costs and expenses incurred with its written consent.

Provided always that

(1) this Endorsement does not indemnify the insured in respect of any liability in cases where the insured holds or subsequently effects with any insurer or group of insurers a Policy of Insurance in respect of liability as herein defined for insured's general employees;

(2) the insured shall take reasonable precautions to prevent accidents and shall comply with all statutory obligations;

(3)the insured shall keep record of the name of each paid driver conductor cleaner or persons employed in loading and/or unloading and the amount of wages and salaries and other earnings paid to such employees and shall at all times allow the insurer to inspect such records on demand.

(4) in the event of the Policy being cancelled at the request of the insured no refund of the premium paid in respect of this Endorsement will be allowed.

Subject otherwise to the terms conditions limitations and exceptions of the Policy except so far as necessary to meet the requirements of the Motor Vehicles Act, 1988.

Tax Invoice No : 16040122E0000296

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C