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POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :61380031220100001041		
POLICY ISSUING OFFICE: BALANAGAR DO (613800), AL-AMEEN PLAZA, PLOT NO. 21, D.NO. 6-3- 134/1, II FLOOR, BALANAGAR X ROADS, BALANAGAR, , , TELANGANA, 500037. PHONE NUMBER:04029556483 / 04029557483 FAX NUMBER:NA / NA Email:nia.613800@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: CLAIMS HUB (610001) ADDRESS: HYDERABAD CLAIMS HUB , , , TELANGANA , 500003. PHONE NUMBER: 04027155114 / MOBILE NUMBER: Email: ch61@newindia.co.in

INSURED DETAILS

Insured's Name	M/S.PREMIER SOLAR SYSTEMS PVT LTD.	Customer ID	PO50458423 (PAN No :AABCP8800D)
Insured's Address	REP BY.SURENDER PAL SINGH SALUJA.,SY NO.54 P ABOVE PULLA REDDY SWWET HOUSE.,VIKRAMPURI.KARKHANA.TIRUMALGIRI SECUNDERABAD., SECUNDERABAD,TELANGANA, 500003	Contact Number	//
		Email	Swapna.Madhuri@kmdast ur.com
		GSTIN	36AABCP8800D1ZP

POLICY DETAILS

FULICI DETAILS				
Period of cover	26/06/2022 12:00:01 AM to 25/06/2023 11:59:59 PM	Receipt Number	61380081220000001683 - 28/06/22	
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	61380031210100001114	
VEHICLE DETAILS				
Geographical Area / Zone:	India/B	Year of manufacture:	2017	
Type of Commercial Vehicles:	C - Passenger Carrying	Sub Type:	C2-Four Wheeler(Carrying >6)	
Name of the Financier:	ICICI BANK LTD	Chassis no./Engine no.:	MC2A3LRT0HD368799/E41 4CDHD139683	
Type of fuel:	Diesel	Cubic capacity (cc) /Wattage(KW):	3298cc	
Type of body:	Closed	Gross Vehicle Weight (GVW):	0	
Make/Model:	EICHER/10.90 L (BUS/CO	Registration no.	TS-10-UB-1086	
Seating capacity including Driver:	41	Variant:	EICHER 10.90L (40+D) BUS BSIV	
Automobile Association membership:	none	Colour:	WHITE	
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	RTA-HYDERABAD-NZ	

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
866052	0	0	0	0	866052

SCHEDULE OF PREMIUM

Own Damage		Liability			
Basic OD Premium	154	Basic TP Premium	14343		
(-)Calculated NCB Discount(50%)	76.97	(+)Add Legal liability to passangers	35080		

Policy No. : 61380031220100001041Document generated by 24050 at 2022/06/28 16:32:02. Regd. & Head Office: New India Assurance Bidg., 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. 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 redr enormach 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



				(+)LL to paid of oprn	driver conductor clear	ier em	oloyed for	50
Calculated OD Premium	Calculated OD Premium 77			Calculated TP Premium			49473	
Total OD Premium (Rs)			77	Total TP Premium (Rs)				49473
Net Premium (Rs)								49550
GST (Rs)								8920
Total Payable (Rs)					58470			
Total Payable in Rs(in word			SEVENTY ONLY			00110		
GSTIN(Issuing Office)	1							
SAC	36AAACN4165C3ZQ 997134 (Motor vehicle insurance services)							
Limitation as to use:The Poli under Sub-Section (3) of Sec Reliability Trials d)Speed Tes propelled vehicle.	tion 66 of the Mo sting e) Use whilst	tor Vehicle drawing a	s Act, 1988.Th trailer except	ne Policy does the towing (of	not cover use for a)Or her than for reward) (ganise of any (d racing b)Pa one disabled	ce Making c) Mechanically
Limits of Liability:Limit of the Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	e amount the Com Int of the Compan	ipany's Lial y's Liability	bility Under Se Under Section	ction II 1(i) in r n II 1(ii) in resp	respect of any one acc ect of any one claim c	ident: r serie	as per the M s of claims ar	otor Vehicles ising out of one
For individual covers (OD) in	RS:866052			Compulsory e	excess in Rs:1500			
Imposed excess in Rs:0				Voluntary exc	ess in Rs:0			
Persons or classes of person license at the time of the ac effective Learner's License n Rules, 1989.	cident and is not d	lisqualified	from holding	or obtaining su	ich a license. Providec	l also tl	hat the perso	n holding an
PA cover for Owner Driver								
Name of Nominee	Age of Nominee		Relationship with the Insured		Name of the Appointee (if Nominee is a minor)		Relationship to the Nominee	
none	0		none		none		none	
PA cover for named persons			1				1	
Name	CSI Opted	(Rs.)		Nominee		Relati	onship	
NA	NA	</td <td></td> <td colspan="2">NA NA</td> <td colspan="2"> F</td>		NA NA		F		
	Į.							
Premium and GST Details		Rate of T	ax		Amount in IN	IR		
					D 10550 0	~		
Premium				Rs 49550.00				
SGST		9		4460				
CGST		9		4460				
IGST		0			0			
In witness where of this poli WARRANTED THAT IN CASE This policy is subject to the http://newindia.co.in; IMT E	OF DISHONOUR O Ferms, conditions	F THE PREI and except	MIUM CHEQUI	E, THIS DOCUN e to Package/L	IENT STANDS AUTON iability policy attache	ATICAI d/avail	LLY CANCELLE able on the w	ED ABINITIO veb site
Important notice:								
The insured is not indemnifi company by reason of wider insured: see clause headed the ncb or other previous po policy, will stand forfeited.	terms appearing AVOIDANCE OF C	in the certi ERTAIN TEI	ficate in order RMS AND RIGH	to comply wit TS OF RECOVI	h the Motor Vehicles ERY". It is clarified tha	Act, 19 t in cas	88 is recover e the declara	able from the ation regarding
Anti Money Laundering Cla lakh, the insured will compl well as Company website.	use: In the event o y with the provisi	of a claim u ons of AM	under the polic L policy of the	cy exceeding R company. The	s 1lakh or a claim for AML policy is availab	refunc ble in a	l of premium Ill our operat	exceeding Rs ing offices as
I/We hereby certify that the relates as well as this Certif	e policy to which t icate of Insurance	his Certific are issued	ate Lin	For and or	behalf of The New Ir	ndia As	surance Com	pany Limited

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accordance with the provisions of Chapter X and XI of M.V. Act, 1988. Date of Issue: 28/06/2022

Duly Constituted Attorney(s)

Tax Invoice No: 61380022E0002378

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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