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# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

# UIN Number - IRDAN190RP0042V01100001

Policy Number :61380031220100001061 POLICY ISSUING OFFICE: BALANAGAR DO (613800), AL-AMEEN PLAZA, PLOT NO. 21, D.NO. 6-3- 134/1, II FLOOR, BALANAGAR X ROADS, BALANAGAR, , ,	BUSINESS CHANNEL/CPSC User: NAME: Jainuine Insurance Brokers Pvt. Ltd (DA3388757), PHONE NUMBER:02402350377 / / 9850049400	CLAIM CONTACT: CLAIMS HUB (610001) ADDRESS: HYDERABAD CLAIMS HUB , , , TELANGANA , 500003. PHONE NUMBER: 04027155114 /
TELANGANA , 500037. PHONE NUMBER:04029556483 / 04029557483 FAX NUMBER:NA / NA Email:nia.613800@newindia.co.in	LAND/FAX NUMBER:/ EMAIL:kailash@jainuineinsurance.co.in /	MOBILE NUMBER: Email: ch61@newindia.co.in

### **INSURED DETAILS**

INCOMED DE INTIEC			
Insured Name	PREMIER SOLAR SYSTEMS PVT LTD	Customer ID	PO68116522 (PAN No :NA)
	SY NO.54, PART VIKRAMPURI,KARKHANA ABOVE PULLA REDDY,SWEET HOUSE,SECUNDERABAD,, SECUNDERABAD ,TELANGANA, 500003	Contact Number	/ /
		Email	Swapna.Madhuri@kmdast ur.com
		GSTIN	36AABCP8800D1ZP

### POLICY DETAILS

Period of cover	26/06/2022 12:00:01 AM to 25/06/2023 11:59:59 PM		61380081220000001690 - 28/06/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	61380031210100001110

## VEHICLE DETAILS

Registration Number	TS-10-EP-7272	Chassis no./Engine Number	8EM8005108271117/1GDA 144480
Make / Model	TOYOTA/INNOVA	Variant:	INNOVA CRYSTA STA 2&G 7 SEATER
Year of manufacture	2017	Type of body / Type of Fuel	Saloon/Diesel
Colour	SLIVER METALLIC	Cubic capacity(cc) /Wattage(kW):	2755cc
Seating capacity including Driver	7	Name of registration authority	RTA-HYDERABAD-NZ
Geographical Area / Zone	India	Name of the Financier	
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
948240	0	0	0	0	948240

### SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)(#)Total NCB Discount(35%) (+)Additional Loading on OD Premium	7992 2794.32 -8	Basic TP Premium (+)Legal Liability Premium for Paid Driver(0) (+)PA premium for UnNamed/Hirer/Pillion Persons(7)	7897 50 700	
Calculated OD Premium	5190	Calculated TP Premium	8647	
Total OD Premium	5190	Total TP Premium	8647	
Net Premium in Rs			13837	

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GST in Rs						2490	
Total Payable in Rs						16327	
otal Payable in Rs(in word	s): RUPEES SIXTEE	N THOUSAND T	HREE HUNDRED	TWENTY-SEVEN ON	LY	•	
GSTIN(Issuing Office)			36AAACN41	650370			
SAC				otor vehicle insuran	ce services	)	
	licy covers use of the ve e) c)Organized racing d	hicle for any pu )Pace making e)				of goods (other than e in connection with Motor	
imits of Liability:Limit of th Act, 1988. Limit of the amo event: Up to Rs. 7,50,000	ne amount the Company unt of the Company's Li	r's Liability Unde ability Under Se	er Section II 1(i) ir ction II 1(ii) in res	n respect of any one spect of any one cla	accident: im or serie	as per the Motor Vehicles s of claims arising out of on	
or individual covers (OD) in	n RS:948240		Compulsory	excess in Rs:2000			
mposed excess in Rs:0			Voluntary e	xcess in Rs:0			
Persons or classes of person icense at the time of the ac effective Learner's License ( Rules, 1989.	ccident and is not disqu	alified from hold	ling or obtaining	such a license. Prov	ided also t	lds an effective driving hat the person holding an f the Central Motor Vehicle	
PA cover for Owner Driver						1	
Name of Nominee	Age of Nominee Relationship Insured		hip with the	with the Name of the Appointee (if Nominee is a minor)		f Relationship to the Nominee	
none	0	none		none		none	
A cover for named person	S						
lame	CSI Opted(Rs.)		Nominee	Nominee		Relationship	
none	0		NA	NA		NA	
Premium and GST Details							
	Rat	e of Tax		Amount	in INR		
Premium			Rs 13837.00				
SGST	9			1245			
	9			1245			
CGST	0			0			
CGST IGST	0			0			

exceptions applicable to Package/Liability policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 16,22.

### 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

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: 28/06/2022

Duly Constituted Attorney(s)

Policy No. : 61380031220100001061Document generated by 38449 at 2022/06/28 17:31:06. 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 : 61380022E0002400

**IRDA Registration Number: 190** NIA PAN NUMBER: AAACN4165C

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