

# The New India Assurance Co.Ltd.

BALANAGAR DO (613800) Tel. No.: 04029556483/04029557483/ Email: nia.613800@newindia.co.in/

## Private Car Package Policy IRDAN190RP0042V01100001

Policy Number: 61380031220100001064 Vehicle: TOYOTA/ETIOS

# Period of Cover

From: 26/06/2022 12:00:01 AM To: 25/06/2023 11:59:59 PM

# **Insured Details**

M/S PREMIER SOLAR SYSTEMS PVT LTD To: REP BY AYJAZ AHAMED MD, ABOVE PULLA REDDY SEET HOUSE,VIKRAMPURI, KAHRKANA, SECUNDERABAD, ,Rangareddi ,TELANGANA, 500009

# For Insurance Renewals contact

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

# For Claims contact our OFFICE

BALANAGAR DO 613800 AL-AMEEN PLAZA, PLOT NO. 21, D.NO. 6-3-134/1, II FLOOR, BALANAGAR X ROADS, BALANAGAR,,,500037 Tel. No.: 04029556483 Email: nia.613800@newindia.co.in

Tax Invoice No : 61380022E0002403

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C





[B]

## POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

## UIN Number - IRDAN190RP0042V01100001

Policy Number :61380031220100001064 POLICY ISSUING OFFICE:	BUSINESS CHANNEL/CPSC User:	
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	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 Name	M/S PREMIER SOLAR SYSTEMS PVT LTD	Customer ID	PO46093239 (PAN No :NA)
	REP BY AYJAZ AHAMED MD, ABOVE PULLA REDDY SEET HOUSE, VIKRAMPURI, KAHRKANA, SECUNDERABAD,, Rangareddi ,TELANGANA, 500009	Contact Number	/ /
			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	Receipt Number	61380081220000001690 - 28/06/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	61380031210100001128

## VEHICLE DETAILS

Registration Number	AP-10-AX-6363	Chassis no./Engine Number	BT0000199460611/2NRV0 22766
Make / Model	TOYOTA/ETIOS	Variant:	ETIOS G BS IV
Year of manufacture	2011	Type of body / Type of Fuel	Sedan/Petrol
Colour	BLACK	Cubic capacity(cc) /Wattage(kW):	1496cc
Seating capacity including Driver	5	Name of registration authority	Hyderabad Central 2
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
170280	0	0	0	0	170280

#### SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)(#)Total NCB Discount(50%)	1803 901.38	Basic TP Premium (+)Legal Liability Premium for Paid Driver(0)	3416 50	
Calculated OD Premium	902	Calculated TP Premium	3466	
Total OD Premium	902	Total TP Premium	3466	
Net Premium in Rs			4368	
GST in Rs			786	
Total Payable in Rs			5154	

Policy No. : 61380031220100001064Document generated by 38449 at 2022/06/28 17:32:41. 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. In case, you are not satisfied with our own grievance redr enormatch 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



Total Payable in Rs(in words	5):	RUPEES FIVE THOUS	AND ONF HUN	IDRFD FIFTY-F				
GSTIN(Issuing Office)	571			1				
SAC				36AAACN4165C3ZQ 997134 (Motor vehicle insurance services)			)	
Limitation as to use: The Pol samples or personal luggag Trade	licy cove e) c)Org	ers use of the vehicle anized racing d)Pace	for any purpos making e)Spee	e other than: a	a)Hire or Reward b)Ca	rriage	of goods (other than	
Limits of Liability:Limit of th Act, 1988. Limit of the amorevent: Up to Rs. 7,50,000	e amou unt of th	nt the Company's Lia ne Company's Liability	bility Under Se y Under Sectior	ction II 1(i) in r n II 1(ii) in resp	respect of any one acc ect of any one claim o	ident: or serie	as per the Motor Vehicles s of claims arising out of one	
For individual covers (OD) in	n RS:170	)280		Compulsory e	excess in Rs:1000			
Imposed excess in Rs:0				Voluntary exc	cess in Rs:0			
Persons or classes of person license at the time of the ac effective Learner's License r Rules, 1989.	cident 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 Vehicles	
PA cover for Owner Driver								
Name of Nominee	Age of	Nominee	Relationship v Insured	with the	Name of the Appoint Nominee is a minor)	ee (if	Relationship to the Nominee	
none	0		none		none		none	
PA cover for named person	S							
Name		CSI Opted(Rs.)		Nominee		Relationship		
none		0		NA		NA		
Premium and GST Details								
		Rate of T	ax		Amount in IN	NR		
Premium				Rs 4368.00				
SGST		9		393				
CGST		9		393				
IGST		0			0			
In witness where of this pol PREMIUM CHEQUE, THIS DO exceptions applicable to Pa printed herewith attached 2	OČUME ckage/L	NT STAŇDS AUTOMA	TICALLY CANCE	ELLED ABINITIO	) This policy is subject	to the	Terms, conditions and	
Important notice: The insured is not indemnif company by reason of wide insured: see clause headed the ncb or other previous p policy, will stand forfeited.	r terms "AVOID	appearing in the cert ANCE OF CERTAIN TE	ificate in order RMS AND RIGH	to comply wit	h the Motor Vehicles . ERY". It is clarified that	Act, 19 t in cas	188 is recoverable from the e the declaration regarding	
Anti Money Laundering Clau lakh, the insured will compl as Company website.	use: In t y with t	he event of a claim u he provisions of AML	nder the policy policy of the co	exceeding Rs ompany. The A	11akh or a claim for re ML policy is available	fund o in all c	f premium exceeding Rs 1 our operating offices as well	
I/We hereby certify that the as well as this Certificate of with the provisions of Chap	Insuran	ice are issued in accor	rdance	For and on	behalf of The New In	dia Ass	surance Company Limited	
Date of Issue: 28/06/2022	2							

Duly Constituted Attorney(s)

Tax Invoice No : 61380022E0002403

Policy No. : 61380031220100001064Document generated by 38449 at 2022/06/28 17:32:41. 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.



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

Policy No. : 61380031220100001064Document generated by 38449 at 2022/06/28 17:32:41. 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.





## ADJUSTMENT VOUCHER

Issuing Office Address	BALANAGAR DO (613800) AL-AMEEN PLAZA, PLOT NO. 21, D.NO. 6-3-134/1, II FLOOR, BALANAGAR X ROADS, BALANAGAR
	,500037 Rangareddi
Insured Pan Number	
Phone	04029556483
Email	nia.613800@newindia.co.in
Fax	
Collection Number	61380081220000001690
Collection Date	28/06/2022
Business Source Code	DA3388757
PAN No of Payer	

Received with thanks from M/S PREMIER SOLAR SYSTEMS PVT LTD.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
61380031220100001064	Scroll-613800	5154.00	5081.613800	
Total = ₹ 72519.00	-			

Your Payment/Adjustment Details are as under -

Mode	Amount₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Scroll	5154.00	864579	24-JUN-22	HDFC	HYD	6138002210004797	0.00
	010.00	00.070				0100002210001707	0.00

#### Total = ₹ 72519.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
4368.00		786.00		0.00	0
SI no.	Agency Code	Agency Code Agency Name			Department Code
1			CE BROKERS PVT. LTD.	31	

For The New India Assurance Company Limited



Date of Issue: 28/06/2022

Cashier's Initial

Authorized Signatory

#### Note -

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

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IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C



#### 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 ₹ 1000 (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 : 61380022E0002403

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C