



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

Two Wheeler Package Policy IRDAN190RP0043V01100001

Policy Number: 16040131220100000787

Vehicle: SUZUKI/ACCESS

Period of Cover

From: 20/08/2022 12:00:01 AM

To: 19/08/2023 11:59:59 PM

Insured Details

KUNAL PRADEEP TAYAL

To: P NO-370/371, N-3, CIDCO, AURANGABAD, , AURANGABAD(MA) ,MAHARASHTRA, 431003

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

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0001764

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Two Wheeler Package Policy
UIN Number - IRDAN190RP0043V01100001

Policy Number :16040131220100000787

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
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INSURED DETAILS

Insured Name	KUNAL PRADEEP TAYAL	Customer ID	PO52527974 (PAN No :NA)
Insured Address	P NO-370/371, N-3, CIDCO, AURANGABAD,,, AURANGABAD(MA) ,MAHARASHTRA, 431003	Contact Number	/ /
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	20/08/2022 12:00:01 AM to 19/08/2023 11:59:59 PM	Receipt Number	16040181220000001255 - 08/08/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131210100000954

VEHICLE DETAILS

Registration Number	MH-20-CM-0087	Chassis no./Engine Number	8216222/4862106651
Make / Model	SUZUKI/ACCESS	Variant:	ACCESS 125CC
Year of manufacture	2012	Type of body / Type of Fuel	Metal/Petrol
Colour	BLACK	Cubic capacity(cc) /Wattage(kW):	124cc
Seating capacity including Driver	2	Name of registration authority	Aurangabad
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
12474	0	0	0	0	12474

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium (-)Calculated NCB Discount(50%)	88 43.91	Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) (+)PA premium for UnNamed/Hirer/Pillion Persons(1)	714 275 70
Calculated OD Premium	44	Calculated TP Premium	1059
Total OD Premium	44	Total TP Premium	1059
Net Premium in Rs			1103
GST in Rs			198
Total Payable in Rs			1301
Total Payable in Rs(In words):	RUPEES ONE THOUSAND THREE HUNDRED ONE ONLY		

GSTIN(Issuing Office)	27AAACN4165C3ZP
SAC	997134 (Motor vehicle insurance services)

Limitation as to use:The Policy covers use of the vehicle for any purpose other than: a)Hire or Reward b)Carriage of goods (other than samples or personal luggage) c)Organized racing d)Pace making e)Speed testing f) Reliability Trials g)Any purpose in connection with Motor Trade



Limits of Liability: Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 1,00,000

For individual covers (OD) in RS:12474	Compulsory excess in Rs:100
Imposed excess in Rs:0	Voluntary excess in Rs:0

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	Relationship with the Insured	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(Rs.)	Nominee	Relationship
none	0	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 1103.00
SGST	9	99
CGST	9	99
IGST	0	0

In witness where of this policy has been signed at BRANCH AURANGABAD AUTO TIE-UP on this 08/08/2022 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.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 1lakh 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: 08/08/2022

Duly Constituted Attorney(s)

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 16040122E0001764

<p>IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C</p>



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : BRANCH AURANGABAD AUTO TIE-UP (160401)
Address : 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 :
Phone : 02402485446
Email : nia.160401@newindia.co.in
Fax :
Collection Number : 16040181220000001255
Collection Date : 08/08/2022
Business Source Code : DA3388757
PAN No of Payer :

Received with thanks from KUNAL PRADEEP TAYAL.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
16040131220100000787	Bank-160401	1301.00	9100.160401	BA00007835-160401-9100

Total = ₹ 1301.00

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	1301.00	050822	05-AUG-22	STATE BANK OF INDIA	AURANGABAD.	1604012210009897	N.A.

Total = ₹ 1301.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
1103.00	198.00	0.00	0
Sl 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: 08/08/2022

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.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



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 ₹ 100000 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 ₹ 100000 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.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.

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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