

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: 61380031220100002009 Vehicle: MERCEDES B/B CLASS

Period of Cover

From: 24/09/2022 12:00:01 AM To: 23/09/2023 11:59:59 PM

Insured Details

PREMIER ENERGIES LTD

To: SY.NO:54/PART,G PULLA REDDY SWEET HOUSE,VIKRAMPURI COLONY, KARKHANA, 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

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: 61380022E0004453





POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number: 61380031220100002009

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 Name	PREMIER ENERGIES LTD	Customer ID	PO91681251 (PAN No :NA)
Insured Address	SY.NO:54/PART,G PULLA REDDY SWEET HOUSE,VIKRAMPURI COLONY, KARKHANA, SECUNDERABAD, Rangareddi ,TELANGANA, 500009	Contact Number	/ /
			saikumar.bojja@kmdastur. com
		GSTIN	36AABCP8800D1ZP

POLICY DETAILS

Period of cover	24/09/2022 12:00:01 AM to 23/09/2023 11:59:59 PM	Receipt Number	61380081220000003104 - 15/09/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	61380031210100002275

VEHICLE DETAILS

VEHICLE DETAILS			
Registration Number	TS-09-EW-2934	Chassis no./Engine Number	WDD2462082J3628940815 /65193033032428
Make / Model	MERCEDES B/B CLASS	Variant:	B200 CDI BSIV
Year of manufacture	2015	Type of body / Type of Fuel	Sedan/Diesel
Colour	CALCITE WHITE	Cubic capacity(cc) /Wattage(kW):	2143cc
Seating capacity including Driver	5	Name of registration authority	RTA-HYDERABAD-CZ
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	1	Automobile Association membership	none
FASTag ID:			

INSURED DECLARED VALUE (in Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
900000	0	0	0	0	900000

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium (-)(#)Total NCB Discount(20%)	8127 1625.4	Basic TP Premium (+)Legal Liability Premium for Paid Driver(0)	7897 50
Calculated OD Premium	6502	Calculated TP Premium	7947
Total OD Premium	6502	Total TP Premium	7947
Net Premium in Rs	•		14449
GST in Rs			2600



Total Payable in Rs	17	7049
Total Payable in Rs(in words):	RUPEES SEVENTEEN THOUSAND FORTY-NINE ONLY	
GSTIN(Issuing Office)	36AAACN4165C3ZQ	
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. 7,50,000

For individual covers (OD) in RS:900000 Compulsory excess in Rs:2000
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 to the Nominee
none	0	none	none	none

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 14449.00
SGST	9	1300
CGST	9	1300
IGST	0	0

In witness where of this policy has been signed at BALANAGAR DO on this 15/09/2022WARRANTED 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 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 1 lakh 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: 15/09/2022

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: 61380022E0004453





ADJUSTMENT VOUCHER

Issuing Office : BALANAGAR DO (613800)

Address : 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 : 61380081220000003104

Collection Date : 15/09/2022 Business Source Code : DA3388757

PAN No of Payer

Received with thanks from PREMIER ENERGIES LTD.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
61380031220100002009	Cash Deposit Account-613800	17049.00	5076.613800	CD0001178360

Total = ₹ 17049.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	17049.00	N.A.	N.A.	N.A.	N.A.	6138002210006387	13493.00

Total = ₹ 17049.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
14449.00		2600.00		0.00	0
Clno	A C. d.		A NI		Daniel and Carda
SI no.	Agency Code		Agency Name		Department Code

For The New India Assurance Company Limited

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Date of Issue: 15/09/2022

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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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 \gtrless 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.

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: 61380022E0004453