



The New India Assurance Co.Ltd.

Waluj Aurangabad (160503)
Tel. No.: 02402553544//9960008854
Email: kundana.purty@newindia.co.in/nodal.MAHARASHTRA@newindia.co.in

Private Car Package Policy IRDAN190RP0042V01100001

Policy Number: 16050331220100000491
Vehicle: MARUTI SUZ/SWIFT DZIRE

Period of Cover

From: 11/10/2022 12:00:01 AM
To: 10/10/2023 11:59:59 PM

Insured Details

LOKMAT MEDIA PRIVATE LIMITED
To: LOKMAT BHAVAN, JALNA ROAD, 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 : 16050322P0001349

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|---|
| IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C |
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POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16050331220100000491

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|--|---|--|
| POLICY ISSUING OFFICE: Waluj Aurangabad (160503), Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj , , , MAHARASHTRA , 431136. PHONE NUMBER:02402553544 / 9960008854 FAX NUMBER:NA / NA Email:kundan.purty@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: Waluj Aurangabad (160503) OR CUSTOMER CARE NUMBER: 1800-209-1415 |
|--|---|--|

INSURED DETAILS

| | | | |
|-----------------|--|----------------|------------------------------|
| Insured Name | LOKMAT MEDIA PRIVATE LIMITED | Customer ID | PO73931954 (PAN No :NA) |
| Insured Address | LOKMAT BHAVAN, JALNA ROAD, AURANGABAD,, AURANGABAD(MA) ,MAHARASHTRA, 431003 | Contact Number | / / XXXXXX4452 |
| | | Email | dinesh.pandit@lokmat.co m |
| | | GSTIN | 27AAACL1888J1Z6 |

POLICY DETAILS

| | | | |
|------------------|--|------------------------|------------------------------------|
| Period of cover | 11/10/2022 12:00:01 AM to 10/10/2023 11:59:59 PM | Receipt Number | 16050381220000000671 - 03/10/22 |
| Previous Insurer | NATIONAL INSURANCE CO.LTD. | Previous Policy Number | 270600312110000683 |

VEHICLE DETAILS

| | | | |
|---|------------------------|--------------------------------------|-----------------------------------|
| Registration Number | MH-27-BZ-0353 | Chassis no./Engine Number | MA3CZF03SJH395969/D13 A3370489 |
| Make / Model | MARUTI SUZ/SWIFT DZIRE | Variant: | 1.3 ZDI PLUS |
| Year of manufacture | 2018 | Type of body / Type of Fuel | Sedan/Petrol |
| Colour | WHITE | Cubic capacity(cc) /Wattage(kW): | 1248cc |
| Seating capacity including Driver | 5 | Name of registration authority | Amravati |
| Geographical Area / Zone | India | Name of the Financier | |
| Cover Note No/Cover Note Issue Date: | / | Automobile Association membership | none |
| FASTag ID: | | | |

INSURED DECLARED VALUE (in Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel kit | Total Value |
|---------|---------|--------------|----------------|-------------|-------------|
| 475000 | 0 | 0 | 0 | 0 | 475000 |

SCHEDULE OF PREMIUM

| Own Damage | | Liability | |
|---|-----------------|---|-------------------|
| Basic OD Premium (-)(#)Total NCB Discount(25%) | 6063 1515.73 | Basic TP Premium (+)Legal Liability Premium for Paid Driver(0) (+)PA premium for UnNamed/Hirer/Pillion Persons(5) | 3416 50 250 |
| Calculated OD Premium | 4548 | Calculated TP Premium | 3716 |
| Total OD Premium | 4548 | Total TP Premium | 3716 |
| Net Premium in Rs | | | 8264 |
| GST in Rs | | | 1488 |
| Total Payable in Rs | | | 9752 |

Policy No. : 16050331220100000491 Document generated by 35202 at 2022/10/03 19:45:33.

Regd. & Head Office: New India Assurance Bldg., 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>.



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|--|---|
| Total Payable in Rs(in words): | RUPEES NINE THOUSAND SEVEN HUNDRED FIFTY-TWO 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. 7,50,000 | |
| For individual covers (OD) in RS:475000 | Compulsory excess in Rs:1000 |
| 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 |
|-----------------|----------------|-------------------------------|---|-----------------------------|
| 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 8264.00 |
| SGST | 9 | 744 |
| CGST | 9 | 744 |
| IGST | 0 | 0 |

In witness where of this policy has been signed at Waluj Aurangabad on this 03/10/2022 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 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 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: 03/10/2022

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 : 16050322P0001349

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : Waluj Aurangabad (160503)
Address : Plot no P-134, Near More Chowk, MIDC Industrial, Area, Waluj
 ,431136
 SIZSILLA
Insured Pan Number :
Phone : 02402553544
Email : kundani.purty@newindia.co.in
Fax :
Collection Number : 16050381220000000671
Collection Date : 03/10/2022
Business Source Code : DA3388757
PAN No of Payer :

Received with thanks from LOKMAT MEDIA PRIVATE LIMITED.

The amount received/Adjusted is towards -

| Policy No. | A/C Description | Amount ₹ | A/C Code | Sub A/C Code |
|----------------------|-----------------|----------|-------------|------------------------|
| 16050331220100000491 | Bank-160503 | 9752.00 | 9100.160503 | BA00015165-160503-9100 |

Total = ₹ 56890.00

Your Payment/Adjustment Details are as under -

| Mode | Amount ₹ | Cheque No. | Cheque Date | Drawee Bank | Drawee Branch | Reference No. | Scroll/BG/A PD Balance |
|------|----------|------------|-------------|---------------|---------------|------------------|------------------------|
| RTGS | 9752.00 | 486026 | 30-SEP-22 | BANK OF INDIA | AURANGABAD | 1605032210002014 | N.A. |

Total = ₹ 56890.00

Utilization details of the Collected Amount :

| Premium | GST | Stamp Duty | Excess Amount |
|---------|-------------|--------------------------------------|-----------------|
| 8264.00 | 1488.00 | 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: 03/10/2022

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.

Tax Invoice No : 16050322P0001349

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 ₹ 500000 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 5 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 ₹ 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.

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 : 16050322P0001349

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