



# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

### UIN Number - IRDAN190RP0042V01100001

Policy Number :16040131220100001690		
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

# **INSURED DETAILS**

INSORED DE IMIES			
Insured Name	SANJAY MANAKLAL BHANDARI	Customer ID	PO54798483 (PAN No :NA)
Insured Address	5-9-98 RAILWAY STATION BEHIND RTO HAMALWADI AURANGABAD,,, AURANGABAD ,MAHARASHTRA, 431001	Contact Number	//
		Email	
		GSTIN	NA

#### POLICY DETAILS

Period of cover	20/11/2022 12:00:01 AM to 19/11/2023 11:59:59 PM	Receipt Number	16040181220000002515 - 18/11/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131210100001767

## VEHICLE DETAILS

Registration Number	MH-20-EE-1017	Chassis no./Engine Number	MAJAXXMRKAGL61123/GL 61123
Make / Model	FORD/ECOSPORT	Variant:	1.5D TITAN
Year of manufacture	2016	Type of body / Type of Fuel	Saloon/Diesel
Colour	diamond white	Cubic capacity(cc) /Wattage(kW):	1498cc
Seating capacity including Driver	5	Name of registration authority	Aurangabad
Geographical Area / Zone	India	Name of the Financier	SBH
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
477900	0	0	0	0	477900

## SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (+)Additional Loading on OD Premium	-1	Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) (+)Legal Liability Premium for Paid Driver(0) (+)PA premium for UnNamed/Hirer/Pillion Persons(5)	3416 275 50 250	
Calculated OD Premium	4804	Calculated TP Premium	3991	
Total OD Premium	4804	Total TP Premium	3991	

Policy No. : 16040131220100001690Document generated by 36646 at 2022/11/18 17:21:16. 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/policy/FeedbackGen. 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 redre approach Insurance Ombudsman. For details of our office addresses and addresses of office of insurance Ombudsman, please visit our website http://newindia.co.in. ssal mechanism; you may also



Net Premium in Rs						8795
GST in Rs						1584
Total Payable in Rs	i i					10379
Total Payable in Rs(in words): RUPEES TEN THOUSAND THREE HUNDRED SEVENTY-NINE ONLY						
GSTIN(Issuing Office) 27AAACN4165C3ZP						
SAC			997134 (Mo	tor vehicle insurance se	ervices)	
Limitation as to use:The Pol samples or personal luggage Trade	e) c)Organized racing d	l)Pace making e)Spe	ed testing f) F	Reliability Trials g)Any p	ourpose i	n connection with Motor
Limits of Liability:Limit of th Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	e amount the Company unt of the Company's Li	y's Liability Under Se ability Under Sectio	ction II 1(i) in n II 1(ii) in res	respect of any one acc pect of any one claim c	ident: as or series o	s per the Motor Vehicles of claims arising out of one
For individual covers (OD) in	n RS:477900		Compulsory	excess in Rs:1000		
Imposed excess in Rs:0			Voluntary ex			
Persons or classes of persor license at the time of the ac effective Learner's License r Rules, 1989.	cident and is not disqu	alified from holding	or obtaining s	such a license. Provideo	l also tha	at the person holding an
PA cover for Owner Driver						
Name of Nominee	Age of Nominee	Relationship Insured	with the	Name of the Appoint Nominee is a minor)		Relationship to the Nominee
NA	NA	NA		NA	٦	NA
PA cover for named persons	S					
Name	CSI Opted(Rs.)		Nominee		Relatior	nship
none	0		NA		NA	
Premium and GST Details						
	Rat	te of Tax		Amount in I	NR	
Premium			Rs 8795.00			
SGST	9			792		
CGST	9			792		
IGST	0			0		
1031	0			0		
In witness where of this policy has been signed at BRANCH AURANGABAD AUTO TIE-UP on this 18/11/2022WARRANTED 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 16,22,7.						
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 Clau lakh, the insured will compl as Company website.	use: In the event of a cl y with the provisions of	aim under the policy f AML policy of the c	exceeding Re ompany. The	s 1lakh or a claim for re AML policy is available	fund of p in all ou	premium exceeding Rs 1 r operating offices as well
I/We hereby certify that the as well as this Certificate of with the provisions of Chap	Insurance are issued in	accordance	For and o	n behalf of The New In	dia Assui	rance Company Limited
Date of Issue: 18/11/2022	2			Duly Co	onstitute	d Attorney(s)

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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 : 16040122E0003834

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

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