



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :61380031220100003020		
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's Name	PREMIER ENERGIES PHOTOVOLTAIC PRIVATE LIMITED	Customer ID	POA1579195 (PAN No :NA)
Insured's Address	PLOT NO 8/B/1 AND 8/B/2, E CITY,RAVIRYALA VILLAGE, MAHESHWARAM MANDAL- 501359,3RFLR P NO A-1 SY NO 21 37 38 SURABHI PLAZA VIKRAMPURI,HYDERABAD - 500009,, Rangareddi ,TELANGANA, 500009	Contact Number	/ /
		Email	ahmed@premierenergies.c om
		GSTIN	36AAXCS4996H1ZB

POLICY DETAILS

Period of cover	01/12/2022 12:00:01 AM to 30/11/2023 11:59:59 PM	Receipt Number	61380081220000004612 - 30/11/22
Previous Insurer	BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD.	Previous Policy Number	OG-22-1801-1812- 00000802

VEHICLE DETAILS			
Geographical Area / Zone:	India/B	Year of manufacture:	2020
Type of Commercial Vehicles:	C - Passenger Carrying	Sub Type:	C2-Four Wheeler(Carrying >6)
Name of the Financier:		Chassis no./Engine no.:	MC1E4FJA6MP013817/D71 002451
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Bus	Gross Vehicle Weight (GVW):	0
Make/Model:	FORCE/TRAVELLER	Registration no.	TS-10-UC-4944
Seating capacity including Driver:	26	Variant:	FORCE TRAVELLER T2FM2.6CR 4020(25+D)HR BSVI
Automobile Association membership:		Colour:	S WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	RTA-HYDERABAD-NZ
FASTag ID:			

INSURED DECLARED VALUE (Rs)

Vehicle Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
1239264 0	0	0	0	1239264

SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium	2117	Basic TP Premium	14343	

Policy No. : 61380031220100003020Document generated by 38449 at 2022/11/30 15:41:18. 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 redr approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ornbudsman, please visit our website http://newindia.co.in. sal mechanism; you may also



(+)Additional Loading on OD (-)Calculated NCB Discount(25%)	um	4 609.8	(+)Add Legal liability to passangers (+)LL to paid driver conductor cleaner employed for		loyed for	21925	
(+)Loading for Inclusion of I	MT 23		318.16	oprn		, 	50	
Calculated OD Premium			1830	Calculated TP Premium 36318			36318	
Total OD Premium (Rs)			1830	Total TP Premium (Rs) 36318			36318	
Net Premium (Rs)								38148
GST (Rs)								6866
Total Payable (Rs)								45014
Total Payable in Rs(in word	s):	RUPEES FORTY-FIVE	THOUSAND FO	OURTEEN ONLY				
GSTIN(Issuing Office)				36AAACN416	5C3ZQ			
SAC 997134 (Motor vehicle insurance services)								
Limitation as to use:The Poli under Sub-Section (3) of Sec Reliability Trials d)Speed Tes propelled vehicle. Limits of Liability:Limit of the	ction 66 sting e)	o of the Motor Vehicle Use whilst drawing a	es Act, 1988.Th a trailer except	he Policy does i the towing (ot	not cover use for a)Or her than for reward)	ganised of any d	I racing b)Pac one disabled N	e Making c) ⁄Iechanically
Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	int of th	he Company's Liability	y Under Section	n II 1(ii) in resp	ect of any one claim of	or series	s of claims aris	sing out of one
For individual covers (OD) in	n RS:123	39264		Compulsory e	excess in Rs:1000			
Imposed excess in Rs:0				Voluntary excess in Rs:0				
Persons or classes of person license at the time of the ac effective Learner's License n Rules, 1989.	cident a	and is not disqualified	from holding	or obtaining su	ich a license. Provideo	l also th	hat the persor	n holding an
PA cover for Owner Driver								
Name of Nominee	Age of	Nominee	Relationship Insured	hip with the Name of the Appointee (if Relationship Nominee is a minor)		Relationship Nominee	nip to the	
none	0		none		none		none	
PA cover for named persons	6	i		1				
Name		CSI Opted(Rs.)		Nominee		Relatio	elationship	
NA		NA		NA		NA		
Premium and GST Details								
		Rate of 1	Гах		Amount in IN	IR		
Premium					Rs 38148.0	0		
SGST		9		3433				
CGST		9		3433				
IGST		0		0				
1031		0			0			
In witness where of this poli WARRANTED THAT IN CASE This policy is subject to the http://newindia.co.in; IMT E	OF DISI Terms,	HONOUR OF THE PRE conditions and excep	MIUM CHEQU tions applicabl	E, THIS DOCUN le to Package/L	IENT STANDS AUTON iability policy attache	IATICAL d/availa	LY CANCELLE able on the wo	D ABINITIO eb site
Important notice:								
The insured is not indemnifi company by reason of wider insured: see clause headed the ncb or other previous po	r terms "AVOID	appearing in the cert ANCE OF CERTAIN TE	ificate in order RMS AND RIG	r to comply wit HTS OF RECOVE	h the Motor Vehicles ERY". It is clarified tha	Act, 19 t in case	88 is recovera the declara	ble from the tion regarding

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

For and on behalf of The New India Assurance Company Limited

Policy No. : 61380031220100003020Document generated by 38449 at 2022/11/30 15:41:18. 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. ssal 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 redi approach 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



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.

Date of Issue: 30/11/2022

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 : 61380022P0006631

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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