



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: 16040131220100001828

Vehicle: HERO MOTO /HF DAWN

Period of Cover

From: 07/12/2022 12:00:01 AM

To: 06/12/2023 11:59:59 PM

Insured Details

VIJAY OMPRAKASH GOYAL .

To: S/O.OMPRAKASH GOYAL,,M/S.ANNAPURNA COTEX PVT.LTD.,MADDARKI TQ, SHAHAPUR
DIST.YADGIR,MADIGERA ,KARNATAKA ,584162

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 : 16040122E0004222

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C



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

Policy Number :16040131220100001828

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	VIJAY OMPRAKASH GOYAL .	Customer ID	PO55459460 (PAN No :NA)
Insured Address	S/O. OMPRAKASH GOYAL,,M/S.ANNAPURNA COTEX PVT.LTD.,MADDARKI TQ, SHAHAPUR DIST.YADGIR, MADIGERA ,KARNATAKA, 584162	Contact Number	/ / XXXXXX0229
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	07/12/2022 12:00:01 AM to 06/12/2023 11:59:59 PM	Receipt Number	16040181220000002751 - 06/12/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131210100001907

VEHICLE DETAILS

Registration Number	KA-33-R-3394	Chassis no./Engine Number	MBLHA11AE9E00502/HA1 1EGE9E01436
Make / Model	HERO MOTO /HF DAWN	Variant:	DRUM KICK SPOKE
Year of manufacture	2014	Type of body / Type of Fuel	Metal/Petrol
Colour	RBK	Cubic capacity(cc) /Wattage(kW):	100cc
Seating capacity including Driver	2	Name of registration authority	Yadgir
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
19440	0	0	0	0	19440

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium (-)Calculated NCB Discount(50%)	244 122	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	122	Calculated TP Premium	1059
Total OD Premium	122	Total TP Premium	1059
Net Premium in Rs			1181
GST in Rs			213
Total Payable in Rs			1394
Total Payable in Rs(In words):	RUPEES ONE THOUSAND THREE HUNDRED NINETY-FOUR 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:19440	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 1181.00
SGST	0	0
CGST	0	0
IGST	18	213

In witness where of this policy has been signed at BRANCH AURANGABAD AUTO TIE-UP on this 06/12/2022 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: 06/12/2022

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 : 16040122E0004222

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C



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 : 16040181220000002751
Collection Date : 06/12/2022
Business Source Code : DA3388757
PAN No of Payer :

Received with thanks from VIJAY OMPRAKASH GOYAL ..

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
16040131220100001828	Bank-160401	1394.00	9100.160401	BA00007835-160401-9100

Total = ₹ 1394.00

Your Payment/Adjustment Details are as under -

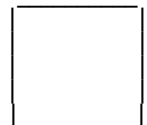
Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cash	1394.00	N.A.	N.A.	N.A.	N.A.	1604012210026568	N.A.

Total = ₹ 1394.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
1181.00	213.00	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: 06/12/2022

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 : 16040122E0004222

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.

Tax Invoice No : 16040122E0004222

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
