



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16050131230100001168		
POLICY ISSUING OFFICE: JALNA BRANCH (160501), K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA,,, MAHARASHTRA, 431203. PHONE NUMBER:02482232708 / 02482232709 FAX NUMBER:NA / NA Email:nia.160501@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 Non Suit Claim Hub (169001) ADDRESS: JEEVAN SUMAN LIC BLDG., PL.NO.3N-5, CIDCO, JALGAON RD.,AURANGABAD-431003., , , MAHARASHTRA, 431003. PHONE NUMBER: 123456 / MOBILE NUMBER: Email: ch169001@newindia.co.in

INSURED DETAILS

INSORED DE IMIES			
Insured Name	M/S TAYAL COTTON PVT LTD	Customer ID	PO42662397 (PAN No :NA)
Insured Address	DIRECTOR, MR SUNIL TAYAL,,4, DURGA NAGAR, NR AGRAWAL NAGAR,,INDORE, INDORE ,MADHYA PRADESH, 452001	Contact Number	//
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	08/07/2023 12:00:01 AM to 07/07/2024 11:59:59 PM		16050181230000002925 - 04/07/23
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131220100000604

VEHICLE DETAILS

Registration Number	MP-09-CR-9787	Chassis no./Engine Number	D5024813/D025430
Make / Model	RENAULT/DUSTER	Variant:	RENAULT DUSTER RXL DCI (KW)
Year of manufacture	2013	Type of body / Type of Fuel	Saloon/Diesel
Colour	METALIC WLAND BROWN	Cubic capacity(cc) /Wattage(kW):	1461cc
Seating capacity including Driver	5	Name of registration authority	Indore
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
350000	0	0	0	0	350000

SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)(#)Total NCB Discount(50%)	4826 2412.9	Basic TP Premium (+)Legal Liability Premium for Paid Driver(0) (+)PA premium for UnNamed/Hirer/Pillion Persons(5)	3416 50 250	
Calculated OD Premium	2413	Calculated TP Premium	3716	
Total OD Premium	2413	Total TP Premium	3716	
Net Premium in Rs			6,129	
GST in Rs			1,103	
Total Payable in Rs			7,232	

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Total Payable in Rs(in words	s): RUPEES SEVEN THO	USAND TWO H	UNDRED THIR	TY-TWO ONLY		
GSTIN(Issuing Office)			27AAACN4165C3ZP			
SAC			997134 (Moto	or vehicle insurance se	ervices)	
Limitation as to use:The Pol samples or personal luggage Trade	icy covers use of the vehicle e) c)Organized racing d)Pace	for any purpos e making e)Spee	e other than: a ed testing f) Re	a)Hire or Reward b)Ca eliability Trials g)Any p	rriage urpose	of goods (other than e in 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's Lia unt of the Company's Liability	bility Under Se y Under Sectior	ction II 1(i) in r n II 1(ii) in resp	espect of any one acc ect of any one claim o	ident: r series	as per the Motor Vehicles s of claims arising out of one
For individual covers (OD) in	n RS:350000		Compulsory e	excess in Rs:1000		
Imposed excess in Rs:0			Voluntary exc	ess in Rs:0		
license at the time of the ac	ns entitled to drive:Any perso acident and is not disqualified may also drive the vehicle an	d from holding (or obtaining su	ich a license. Provided	also th	hat the person holding an
PA cover for Owner Driver		-				
Name of Nominee	Age of Nominee	Relationship v Insured	vith the	Name of the Appoint Nominee is a minor)	ee (if	Relationship to the Nominee
none	0	none		none		none
PA cover for named persons	S					
Name	CSI Opted(Rs.)		Nominee		Relatio	onship
none	0		NA	NA		
Premium and GST Details						
	Rate of T	Гах		Amount in IN		
Premium				Rs 6,12	29	
SGST	0			0		
CGST	0			0		
IGST	18			1103		
In witness where of this policy has been signed at JALNA BRANCH on this 04/07/2023WARRANTED 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.						
company by reason of wide insured: see clause headed the ncb or other previous p policy, will stand forfeited.	ied, if, the vehicle is used or or r terms appearing in the cert "AVOIDANCE OF CERTAIN TE olicy details made by the inso	tificate in order RMS AND RIGH ured, is found t	to comply wit ITS OF RECOVE o be incorrect,	h the Motor Vehicles A ERY". It is clarified that , all the benefits (inclu	Act, 19 in case ding cla	88 is recoverable from the e the declaration regarding aim) under section-1 of this
Anti Money Laundering Clau lakh, the insured will compl as Company website.	use: In the event of a claim u y with the provisions of AML	nder the policy policy of the co	exceeding Rs ompany. The A	1lakh or a claim for re ML policy is available	fund of in all o	f premium exceeding Rs 1 ur operating offices as well
as well as this Certificate of	e policy to which this Certifica Insurance are issued in acco ter X and XI of M.V. Act, 1988	rdance	For and on	behalf of The New Ind	dia Ass	urance Company Limited

Date of Issue: 04/07/2023

Duly Constituted 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 : 16050123E0003233

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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