



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Liability Policy

UIN Number - IRDAN190RP0001V01200203

Policy Number: 16050131230200001796

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

| Insured Name | MOHAMMED IRFAN MOHAMMED SIDDIQ | Customer ID | POA7282058 (PAN No :AAJPI8817N) |
|--------------|--|----------------|------------------------------------|
| | H NO - 1-21-13- NR TEEN DARGAHM KABADIPURA BUDDI LANE AURANGABAD.,,, AURANGABAD ,MAHARASHTRA, 431001 | Contact Number | / / |
| | | Email | |
| | | GSTIN | NA |

POLICY DETAILS

| Period of cover | 12/08/2023 06:15:02 PM to 11/08/2024 11:59:59 PM | Receipt Number | 16050181230000004351 - 12/08/23 |
|------------------|--|------------------------|------------------------------------|
| Previous Insurer | Not applicable | Previous Policy Number | N |

VEHICLE DETAILS

| VEHICLE DETAILS | | | |
|--------------------------------------|-----------------|-------------------------------------|-------------------------------|
| Registration Number | MH-20-BN-7913 | Chassis no./Engine Number | MA3FDEB1S00121593/126 6332 |
| Make / Model | MARUTI/RITZ VDI | Variant: | MARUTI RITZ VDI BSIV |
| Year of manufacture | 2010 | Type of body / Type of Fuel | Hatch-Back/Diesel |
| Colour | WHITE | Cubic capacity(cc) /Wattage(kW): | 1248cc |
| Seating capacity including Driver | 5 | Name of registration authority | Aurangabad |
| Geographical Area / Zone | India | Name of the Financier | |
| Cover Note No/Cover Note Issue Date: | 1 | Automobile Association membership | none |
| FASTag ID: | | | |

INSURED DECLARED VALUE (in Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel kit | Total Value |
|---------|---------|--------------|----------------|-------------|-------------|
| 0 | 0 | N/A | N/A | N/A | 0 |

SCHEDULE OF PREMIUM

| Own Damage | | Liability | | |
|-----------------------|---|---|--------------------------|--|
| Basic OD Premium | 0 | 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(4) | 3416 275 50 200 | |
| Calculated OD Premium | 0 | Calculated TP Premium | 3941 | |
| Total OD Premium | 0 | Total TP Premium | 3941 | |
| Net Premium in Rs | · | | 3,941 | |

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



| GST in Rs | | | 710 |
|--|---|--|------------------------------|
| Total Payable in Rs | | | 4,651 |
| Total Payable in Rs(in words): | RUPEES FOUR THOUSAND SIX HUN | NDRED FIFTY-ONE ONLY | |
| GSTIN(Issuing Office) | | 27AAACN4165C3ZP | |
| SAC 997134 (Motor vehicle insurance services) | | | |
| Limitation as to use: The policy co | overs use for any purpose other than: | a)Hire or reward b)Organized racing, OR c)Speed testing | |
| Limits of Liability:Limit of the am- Act, 1988. Limit of the amount of event: Up to Rs. 7,50,000 | ount the Company's Liability Under Se the Company's Liability Under Sectio | ection II 1(i) in respect of any one accident: as per the Mot n II 1(ii) in respect of any one claim or series of claims arisi | or Vehicles ng out of one |
| For individual covers (OD) in RS:0 |) | Compulsory excess in Rs:NA | |
| Imposed excess in Rs:0 Voluntary excess in Rs:0 | | | |
| license at the time of the acciden | it and is not disqualified from holding | e insured provided that a person driving holds an effective or obtaining such a license. Provided also that the person erson satisfies the requirement of Rule 3 of the Central Mo | holding an |

PA cover for Owner Driver

Rules, 1989.

| Name of Nominee | Age of Nominee | | | Relationship to the Nominee |
|-----------------|----------------|----|------|--------------------------------|
| NA | NA | NA | 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 | 3,941 |
| SGST | 9 | 355 | |
| CGST | 9 | 355 | |
| IGST | 0 | 0 | |

In witness where of this policy has been signed at JALNA BRANCH on this 12/08/2023WARRANTED 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.

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: 12/08/2023

Duly Constituted Attorney(s)

THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)



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 : 16050123P0004942

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