



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Two Wheeler Package Policy

UIN Number - IRDAN190RP0043V01100001

Policy Number :16050131230100003584		
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	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	/ / XXXXXX9450
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	07/12/2023 12:00:01 AM to 06/12/2024 11:59:59 PM	Receipt Number	10000089231100882865 - 30/11/23
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16040131220100001828

VEHICLE DETAILS

Registration Number	KA-33-R-3394 Chassis no./Engine Numl		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):	
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	
17500 0	0	0	0	17500	

SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium314(-)Calculated NCB Discount(50%)156.89		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		157	Calculated TP Premium	1059
Total OD Premium	Total OD Premium 157		Total TP Premium	1059
Net Premium in Rs				1,216
GST in Rs				219
Total Payable in Rs				1,435
Total Payable in Rs(in words):	RUPEES ONE THOUS	AND FOUR HU	INDRED THIRTY-FIVE 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 amou	int the Company's Lial	bility Under Se	ction II 1(i) in respect of any one accident: as per the Mo	tor Vehicles



Act, 1988. Limit of the amou	unt of the Company's Liak	oility Under Section	on II 1(ii) in res	pect of any one claim	or serie	es of claims arising out of one
event: Up to Rs. 1,00,000		,				
For individual covers (OD) in RS:17500			Compulsory excess in Rs:100			
Imposed excess in Rs:0			Voluntary excess in Rs:0			
Persons or classes of persor license at the time of the ac effective Learner's License r Rules, 1989.	cident and is not disquali	fied from holding	or obtaining s	such a license. Provide	d also t	Ids an effective driving hat the person holding an f the Central Motor Vehicles
PA cover for Owner Driver						
Name of Nominee	ame of Nominee Age of Nominee Relationship Insured		with the Name of the Appo Nominee is a mino			Relationship to the Nominee
NA	NA	NA		NA		NA
PA cover for named persons	8					
Name	CSI Opted(Rs.)		Nominee Relationship		onship	
none	0		NA		NA	
Premium and GST Details						
Durantium	Rate	of Tax		Amount in I		
Premium	~		Rs 1,216			
SGST	0			0		
CGST	0			0		
IGST	18			219		
In witness where of this policy has been signed at JALNA BRANCH on this 30/11/2023WARRANTED 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 18,22.						
Important notice: The insured is not indemnif company by reason of wide insured: see clause headed the ncb or other previous p policy, will stand forfeited.	r terms appearing in the "AVOIDANCE OF CERTAIN	certificate in orde N TERMS AND RIG	er to comply w HTS OF RECO	ith the Motor Vehicles /ERY". It is clarified tha	Act, 19 at in cas	Any payment made by the 288 is recoverable from the se the declaration regarding laim) under section-1 of this
Anti Money Laundering Clau lakh, the insured will compl as Company website.	use: In the event of a clain y with the provisions of A	m under the polic ML policy of the	y exceeding R company. The	s 11akh or a claim for re AML policy is available	efund o e in all o	of premium exceeding Rs 1 our 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 a ter X and XI of M.V. Act, 1	ccordance	For and o			surance Company Limited
Date of Issue: 30/11/2023	3			Hour	than	Kar
				(Mr. Anil [Branch		

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 : 16050123P0009490

Duly Constituted Attorney(s)



IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C