

The New India Assurance Co.Ltd.

JALNA BRANCH (160501) Tel. No.: 02482232708/02482232709/ Email: nia.160501@newindia.co.in/nodal.MAHARASHTRA@newindia.co.in

Private Car Package Policy IRDAN190RP0042V01100001

Policy Number: 16050131230100004915 Vehicle: TOYOTA/INNOVA

Period of Cover

From: 15/02/2024 12:00:01 AM To: 14/02/2025 11:59:59 PM

Insured Details

PRAKASH CHANDRA LAL CHANDRA JAIN To: 1 AGRAWAL NAGAR, HARMONIC PLAZA,INDORE(M.P),SHRIPUR(M.H), ,SHIRPUR (DHULE) ,MAHARASHTRA, 425405

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 : 16050123E0012728

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C





POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16050131230100004915		
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: 123456 / MOBILE NUMBER: Email: ch169001@newindia.co.in

INSURED DETAILS

	-		
Insured Name	PRAKASH CHANDRA LAL CHANDRA JAIN	Customer ID	PO32311517 (PAN No :ABIPJ0297P)
Insured Address	1 Agrawal Nagar, Harmonic Plaza,Indore(m.p),Shripur(m.h),, Shirpur (dhule) ,Maharashtra, 425405	Contact Number	/ / XXXXXX7275
		Email	prakashcotton775@gmail. com
		GSTIN	27ABIPJ0297P1Z2

POLICY DETAILS

Period of cover	15/02/2024 12:00:01 AM to 14/02/2025 11:59:59 PM	Receipt Number	16050181230000010696 - 14/02/24
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	45170131220100002038

VEHICLE DETAILS

		i	
Registration Number	MP-09-BC-3375	Chassis no./Engine Number	MBJ11JV4007257556/2KD 6713954
Make / Model	TOYOTA/INNOVA	Variant:	2.5 GX (M) 8S MS
Year of manufacture	2011	Type of body / Type of Fuel	Station wagon/Diesel
Colour	SUP WHITE	Cubic capacity(cc) /Wattage(kW):	2494cc
Seating capacity including Driver	8	Name of registration authority	Indore
Geographical Area / Zone	India	Name of the Financier	ORIENTAL BANK OF COMMERCE
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
250000	0	0	0	0	250000

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium (-)(#)Total NCB Discount(45%)	1664.1	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(7)	7897 275 50 350
Calculated OD Premium	2034	Calculated TP Premium	8572
Total OD Premium	2034	Total TP Premium	8572

Policy No. : 16050131230100004915Document generated by 36776 at 2024/02/14 17:50:35. 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 redre approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in. ssal mechanism; you may also



Net Premium in Rs								10,606
GST in Rs								1,910
Total Payable in Rs		1						12,516
Total Payable in Rs(in wor	ds):	RUPEES TWELVE 1	HOUSAND FIVE	HUNDRED SI	(TEEN ONLY			
GSTIN(Issuing Office)				27AAACN41	65C3ZP			
SAC				997134 (Mc	otor vehicle insurar	nce services)		
Limitation as to use:The P samples or personal lugga Trade	olicy cove ige) c)Org	ers use of the vehic janized racing d)Pa	le for any purpos ce making e)Spe	e other than: ed testing f)	a)Hire or Reward Reliability Trials g)	b)Carriage Any purpose	of goods (othe e in connectior	r than with Motor
Limits of Liability:Limit of Act, 1988. Limit of the am event: Up to Rs. 7,50,000	the amou ount of tl	unt the Company's I he Company's Liabi	iability Under Se lity Under Sectio	ection II 1(i) ir n II 1(ii) in res	respect of any on pect of any one cla	e accident: aim or serie:	as per the Mo s of claims aris	tor Vehicles ing out of one
For individual covers (OD)	in RS:250	0000		Compulsory	excess in Rs:2000			
Imposed excess in Rs:0				Voluntary e	xcess in Rs:0			
Persons or classes of pers license at the time of the effective Learner's License Rules, 1989.	accident	and is not disqualifi	ed from holding	or obtaining:	such a license. Pro	vided also th	hat the person	holding an
PA cover for Owner Drive	er						·	
Name of Nominee	Age of	fNominee	Relationship Insured	with the	Name of the Ap Nominee is a mi	pointee (if inor)	Relationship Nominee	to the
NA	NA		NA		NA		NA	
PA cover for named perso	ns	1						
Name		CSI Opted(Rs.)		Nominee		Relatio	ionship	
none		0		NA		NA		
Premium and GST Details								
		Rate o	f Tax		Amoun	t in INR		
Premium		nato e			Rs	10,606		
SGST		9			955			
CGST		9			955			
IGST		0			0			
		0			0			
In witness where of this p PREMIUM CHEQUE, THIS exceptions applicable to P printed herewith attached	DOČUME Package/L	INT STANDS AUTON	ATICALLY CANC	ELLED ABINIT	IO This policy is su	bject to the	Terms, conditi	ons and
Important notice: The insured is not indemr company by reason of wid insured: see clause heade the ncb or other previous policy, will stand forfeited	der terms d "AVOID policy de	appearing in the co ANCE OF CERTAIN	ertificate in order TERMS AND RIGI	r to comply w HTS OF RECO'	ith the Motor Veh VERY". It is clarified	icles Act, 19 d that in cas	88 is recoveral e the declarat	ble from the ion regarding
Anti Money Laundering Cl lakh, the insured will com as Company website.	ause: In t ply with t	the event of a claim the provisions of AN	under the policy /L policy of the c	/ exceeding R company. The	s 1lakh or a claim f AML policy is avai	for refund of lable in all o	f premium exc our operating o	eeding Rs 1 ffices as well
I/We hereby certify that t as well as this Certificate of with the provisions of Cha	of Insurar	nce are issued in acc	cordance	For and c	on behalf of The Ne	ew India Ass	urance Compa	ny Limited
Date of Issue: 14/02/20	24				D.	ulu Constitut	tod Atternation	,
					Du	liy Constitut	ted Attorney(s))

Policy No. : 16050131230100004915Document generated by 36776 at 2024/02/14 17:50:35. 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 redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://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 : 16050123E0012728

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

Policy No. : 16050131230100004915Document generated by 36776 at 2024/02/14 17:50:35. 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/policy/FeedbackGen. 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 red 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





COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office Address	: JALNA BRANCH (160501) : K.K.NIWAS LAKKAD KOT NEAR BUS STAND AURANGABAD ROAD JALNA
	,431203 JALNA
Insured Pan Number	: ABIPJ0297P
Phone	: 02482232708
Email	: nia.160501@newindia.co.in
Fax	:
Collection Number	: 16050181230000010696
Collection Date	: 14/02/2024
Business Source Code	: DA3388757
PAN No of Payer	: ABIPJ0297P

Received with thanks from PRAKASH CHANDRA LAL CHANDRA JAIN.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
16050131230100004915	Bank-160501	12516.00	9100.160501	BA00007862-160501-9100

Total = ₹ 12516.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
ECS	12516.00	840124	12-FEB-24	AXIS BANK LTD	JALNA	1605012310020803	N.A.
Total _ # 1	2516.00						

Total = ₹ 12516.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty	Excess Amount
10606.00		1910.00		0.00	0
SI no.	Agency Code		Agency Name		Department Code
1	NA	JAINUINE INSUR		CE BROKERS PVT. LTD.	31

For The New India Assurance Company Limited Revenue Stamp



Date of Issue: 14/02/2024

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 : 16050123E0012728

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 ₹ 700000 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 8 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 ₹ 2000 (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.

IMT. 28. LEGAL LIABILITY TO PAID DRIVER AND/OR CONDUCTOR AND/OR CLEANER EMPLOYED IN CONNECTION WITH THE OPERATION OF INSURED VEHICLE (For all Classes of vehicles.)

In consideration of an additional premium of ₹ 50/- notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insurer shall indemnify the insured against the insured's legal liability under the Workmen's Compensation Act,1923, the Fatal Accidents Act, 1855 or at Common Law and subsequent amendments of these Acts prior to the date of this Endorsement in respect of personal injury to any paid driver and/or conductor and/or cleaner whilst engaged in the service of the insured in such occupation in connection with the vehicle insured herein and will in addition be responsible for all costs and expenses incurred with its written consent.

Provided always that

(1) this Endorsement does not indemnify the insured in respect of any liability in cases where the insured holds or subsequently effects with any insurer or group of insurers a Policy of Insurance in respect of liability as herein defined for insured's general employees;



(2) the insured shall take reasonable precautions to prevent accidents and shall comply with all statutory obligations;

(3)the insured shall keep record of the name of each paid driver conductor cleaner or persons employed in loading and/or unloading and the amount of wages and salaries and other earnings paid to such employees and shall at all times allow the insurer to inspect such records on demand.

(4) in the event of the Policy being cancelled at the request of the insured no refund of the premium paid in respect of this Endorsement will be allowed.

Subject otherwise to the terms conditions limitations and exceptions of the Policy except so far as necessary to meet the requirements of the Motor Vehicles Act, 1988.

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 : 16050123E0012728

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C