



# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :16050131240100001520		
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 DETAILS			
Insured's Name	SHRI VENKATESH REFINERIES LTD	Customer ID	POB5450925 (PAN No :AABCV6437G)
Insured's Address	GAT NO - 16 MHASAWAD RD A/P UMARDE, TAL ERANDOL DIST JALGAON,,, ERANDOL ,MAHARASHTRA, 425109	Contact Number	/ / XXXXX1130
		Email	BackOffice@jainuineinsura nce.co.in
		GSTIN	NA

## POLICY DETAILS

Period of cover	13/07/2024 12:00:01 AM to 12/07/2025 11:59:59 PM	Receipt Number	10000089240700376602 - 11/07/24
Previous Insurer	ROYAL SUNDARAM GENERAL INSURANCE CO.LTD.	Previous Policy Number	VGC0971796000100
VEHICLE DETAILS			
Geographical Area / Zone:	India/C	Year of manufacture:	2021
Type of Commercial Vehicles:	of Commercial A - Goods Carrying		Other than 3 wheeler - Public Carrier
Name of the Financier:	BANK OF BARODA	Chassis no./Engine no.:	MB1NEVLD0MPHN2552/M HPZ501449
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Tanker	Gross Vehicle Weight (GVW):	47500
Make/Model:	ASHOK LEYL/ASHOK LEYLAND GP 4825	Registration no.	MH-19-CY-9804
Seating capacity including Driver:	2	Variant:	NP4825/66 H CC
Automobile Association membership:		Colour:	WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Jalgaon
FASTag ID:			

#### **INSURED DECLARED VALUE (Rs)**

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
3870000	0	0	0	0	3870000

## SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (+)Additional premium for GVW above 12000KG (-)Calculated NCB Discount(35%) (+)Loading for Inclusion of IMT 23	4611.51	Basic TP Premium (+)LL to paid driver conductor cleaner employed for oprn (+)LL to persons employed for opn and/or maint.and/or	44242 100	

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				loading and/c	or unloading(2)			100
Calculated OD Premium		8565	Calculated TP			44442		
Total OD Premium (Rs) 8		8565		TP Premium (Rs)			44442	
Net Premium (Rs)							53,007	
GST (Rs)						6,888		
Total Payable (Rs)					59,895			
Total Payable in Rs(in word	s): RUPI	EES FIFTY-NINE	THOUSAND EIG	GHT HUNDRED	NINETY-FIVE ONLY			
GSTIN(Issuing Office)	GSTIN(Issuing Office) 27AAACN4165C3ZP							
SAC				997134 (Moto	or vehicle insurance se	ervices)		
Limitation as to use:The Poli under Sub-section 3 of Secti Reliability Trials d) Speed Te	on 66 of the	e only under a p Motor Vehicles	ermit within th Act, 1988.The	ne meaning of Policy does no	the Motor Vehicles Ad ot cover use FOR a)Org	t, 1988 ganised	or such a carr racing b) Pace	iage falling Making c)
Limits of Liability:Limit of the Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	e amount the int of the Cor	e Company's Lial mpany's Liability	bility Under Se Under Section	ection II 1(i) in r n II 1(ii) in resp	espect of any one acc ect of any one claim c	ident: r series	as per the Mot s of claims arisi	tor Vehicles ing out of one
For individual covers (OD) in	RS:3870000			Compulsory e	excess in Rs:1500			
Imposed excess in Rs:0				Voluntary exc	ess in Rs:0			
Persons or classes of person license at the time of the ac effective Learner's License n Rules, 1989.	cident and is	not disgualified	from holding	or obtaining su	ich a license. Provideo	l also th	nat the person	holding an
PA cover for Owner Driver								
Name of Nominee	Age of Nomi	inee	Relationship	with the Name of the Appoint Nominee is a minor)		tee (if Relationship to the Nominee		
none	0		none	none			none	
PA cover for named persons	5						-	
Name	CSI C	pted(Rs.)		Nominee		Relationship		
NA	NA			NA NA		NA	NA	
Premium and GST Details		Rate of T	-01		Amount in IN	חו		
		Nate of 1	ал	Amount in ink				
Premium					Rs8765			
SGST		9		789				
CGST		9		789				
IGST		0		0				
Premium					Rs44242			
SGST				2655				
CGST	6		2655					
IGST	0		0					
In witness where of this poli WARRANTED THAT IN CASE This policy is subject to the http://newindia.co.in; IMT E	ÓF DISHONO Terms, condit	OUTR OF THE PRE tions and except	MIUM CHEQU tions applicabl	E, THIS DOCUN e to Package/L	IENT STANDS AUTON iability policy attache	ATICAL d/availa	LY CANCELLED able on the we	) ABINITIO b site

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 11akh 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

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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.

Date of Issue: 11/07/2024

For and on behalf of The New India Assurance Company Limited

Handhaven

(Mr. Pratik Manwatkar) [Branch Manager]

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 : 16050124P0003562

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

Policy No. : 16050131240100001520Document generated by QR\_RENEWAL at 2024/07/11 12:42:13. lead 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. of the following offices- 1. Policy issuing office 2. Regional office 3. Head office.In case, you are not satisfied with , if any,you may approach any one of the follo For redressal of your grievance fied with our own griev echanism: vou mav a dia.co.in. n. For d