



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16050131240100001863		
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

INJUKED DETAILS			
Insured Name	MR. RUNWAL DINESH NEMICHAND	Customer ID	PO71619406 (PAN No :NA)
Insured Address	AT- PRITI SUDHA NAGAR,MANTHA NAKA,DIST JALNA, JALNA ,MAHARASHTRA, 431203	Contact Number	/ / XXXXXX7193
		Email	naser@jainuineinsurance.c o.in bhumicottex@gmail.com
		GSTIN	27AAECB5045R1Z7

POLICY DETAILS

Period of cover	07/08/2024 12:00:01 AM to 06/08/2025 11:59:59 PM	Receipt Number	16050181240000003773 - 31/07/24
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16050131230100001689

VEHICLE DETAILS

OTA/INNOVA	Variant:	
	Variant:	INNOVA 2.5 V (E3) 8S
4	Type of body / Type of Fuel	Saloon/Diesel
		2494cc
		Jalana
а	Name of the Financier	STATE BANK OF INDIA,
		none
	D	D Cubic capacity(cc) /Wattage(kW): Name of registration authority Name of the Financier Automobile Association membership

INSURED DECLARED VALUE (in Rs) Bi-fuel/CNG/LPG kit Vehicle Trailer Non-Elec Acc Electrical Acc Total Value 0 0 350000 350000 0

SCHEDULE OF PREMIUM

Own Damage		Liability			
(-)(#)Total NCB Discount(45%) (+)Additional Loading on OD Premium 2		Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000)(+)Legal Liability Premium for Paid Driver(1)(+)PA premium for UnNamed/Hirer/Pillion Persons(8)(+) Additional TP Premium for CNG/LPG/Bi- Fuel	7897 275 50 400		
Calculated OD Premium	2029	Calculated TP Premium	8622		
Total OD Premium	2029	Total TP Premium	8622		

Policy No. : 16050131240100001863Document generated by 36776 at 2024/07/31 16:14:55. 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 red anomach 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



Net Premium in Rs								10,651
GST in Rs								1,918
Total Payable in Rs								12,569
Total Payable in Rs(in wor	ds):	RUPEES TWELVE TH	OUSAND FIVE I	HUNDRED SIX	TY-NINE ONLY			
GSTIN(Issuing Office) 27AAACN4165C3ZP								
SAC 997134 (Motor vehicle insurance services)								
Limitation as to use:The P samples or personal lugga Trade	olicy cove ge) c)Org	ers use of the vehicle ganized racing d)Pace	for any purpos e making e)Spee	e other than: ed testing f) F	a)Hire or Reward k Reliability Trials g)A	o)Carriage ny purpose	of goods (othe e in connection	r than with Motor
Limits of Liability:Limit of t Act, 1988. Limit of the am event: Up to Rs. 7,50,000	the amou ount of t	int the Company's Lia he Company's Liabilit	ability Under Se y Under Section	ction II 1(i) in 1 II 1(ii) in resp	respect of any one pect of any one clai	accident: m or serie	as per the Mo s of claims aris	tor Vehicles ing out of one
For individual covers (OD)	in RS:35	0000		Compulsory	excess in Rs:2000			
Imposed excess in Rs:0				Voluntary ex	cess in Rs:0			
Persons or classes of person license at the time of the a effective Learner's License Rules, 1989.	accident	and is not disqualified	d from holding	or obtaining s	uch a license. Provi	ded also t	hat the person	holding an
PA cover for Owner Drive	r							
Name of Nominee	Age of	fNominee	Relationship Insured	with the	Name of the App Nominee is a min		Relationship to the Nominee	
NA	NA		NA		none		none	
PA cover for named perso	ns			1				
Name		CSI Opted(Rs.)		Nominee		Relati	Relationship	
none		0		NA		NA		
Premium and GST Details								
		Rate of	Гах		Amount	in INR		
Premium						10,651		
SGST		9			959			
CGST		9		959				
IGST		0			0			
In witness where of this p PREMIUM CHEQUE, THIS exceptions applicable to P printed herewith attached	DOČUME 'ackage/L	NT STANDS AUTOMA iability policy attache	TICALLY CANCE	ELLED ABINITI	O This policy is sub	ject to the	Terms, conditi	ons and
Important notice: The insured is not indemn company by reason of wic insured: see clause heade the ncb or other previous policy, will stand forfeited	ler terms d "AVOID policy de	appearing in the cer ANCE OF CERTAIN TE	tificate in order ERMS AND RIGH	to comply wi ITS OF RECOV	ith the Motor Vehic /ERY". It is clarified	les Act, 19 that in cas	88 is recoveral e the declarat	ole from the ion regarding
Anti Money Laundering Cl lakh, the insured will com as Company website.	ause: In t	the event of a claim u the provisions of AML	nder the policy policy of the c	exceeding Rs ompany. The	s 1lakh or a claim fo AML policy is availa	r refund o able in all c	f premium exco our operating o	eeding Rs 1 ffices as well
I/We hereby certify that the as well as this Certificate of with the provisions of Cha	of Insurar	nce are issued in acco	rdance	For and o	n behalf of The Nev	v India Ass	urance Compa	ny Limited
Date of Issue: 31/07/202	24							
					Dul	y Constitu	ted 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 : 16050124E0004422

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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