



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Liability Only Policy

UIN Number - IRDAN190RP0004V01200203

Policy Number :16050131240200001114

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
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INSURED DETAILS

Insured's Name	LAXMI COTSPIN LIMITED	Customer ID	POB5046271 (PAN No :NA)
Insured's Address	GUT NO.399, JALNA AMBAD ROAD, SAMANGAON KAJALA PHATA,,, JALNA ,MAHARASHTRA, 431203	Contact Number	/ /
		Email	BackOffice@jainuineinsura nce.co.in
		GSTIN	27AAECM5186A1ZL

POLICY DETAILS

Period of cover	23/06/2024 12:00:01 AM to 22/06/2025 11:59:59 PM	Receipt Number	16050181240000002294 - 18/06/24
Previous Insurer	RELIANCE GENERAL INSURANCE CO. LTD.	Previous Policy Number	182190/31/2024/65

VEHICLE DETAILS

Geographical Area / Zone:	India/C	Year of manufacture:	2010
Type of Commercial Vehicles:	A - Goods Carrying	Sub Type:	Other than 3 wheeler - Public Carrier
Name of the Financier:		Chassis no./Engine no.:	MC233HRCOAC039281/E4 83CDAC226862
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	11950
Make/Model:	EICHER/ Pro 1110XP H HSD SF	Registration no.	MH-21-X-0757
Seating capacity including Driver:	3	Variant:	4300MM
Automobile Association membership:		Colour:	AS PER RC
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Jalana
FASTag ID:			

INSURED DECLARED VALUE (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 (+)LL to paid driver conductor cleaner employed for oprn	27186 150
Calculated OD Premium	0	Calculated TP Premium	27336

Policy No. : 16050131240200001114 Document generated by 36776 at 2024/06/18 14:51:05.

Regd. & Head Office: New India Assurance Bldg., 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>.



Total OD Premium (Rs)	0	Total TP Premium (Rs)	27336
Net Premium (Rs)			27,336
GST (Rs)			3,290
Total Payable (Rs)			30,626
Total Payable in Rs(in words):	RUPEES THIRTY THOUSAND SIX HUNDRED TWENTY-SIX ONLY		

GSTIN(Issuing Office)	27AAACN4165C3ZP
SAC	997134 (Motor vehicle insurance services)
Limitation as to use: The policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organized racing b) Speed testing	
Limits of Liability: Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000	
For individual covers (OD) in RS:0	Compulsory excess in Rs:NA
Imposed excess in Rs:0	Voluntary excess in Rs:0
Persons or classes of persons entitled to drive: Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.	

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
none	0	none	none	none

PA cover for named persons

Name	CSI Opted(Rs.)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs150
SGST	9	14
CGST	9	14
IGST	0	0
Premium		Rs27186
SGST	6	1631
CGST	6	1631
IGST	0	0

In witness where of this policy has been signed at JALNA BRANCH on this 18/06/2024
WARRANTED 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 21,40.

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

For and on behalf of The New India Assurance Company Limited



accordance with the provisions of Chapter X and XI of M.V. Act, 1988.

Date of Issue: 18/06/2024

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 : 16050124P0002669

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
