



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :16050131240200001238		
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	KAMALKISHOR SHANKARLAL BAGDIYA	Customer ID	PO51287148 (PAN No :NA)
Insured Address	A/P MASTGADH NEAR DATT MANDIR JALNA,,, JALNA ,MAHARASHTRA, 431201	Contact Number	/ /
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	30/06/2024 12:00:01 AM to 29/06/2025 11:59:59 PM	Receipt Number	16050181240000002532 - 24/06/24
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16050131230100000987

VEHICLE DETAILS

Registration Number	MH-21-AC-1520	Chassis no./Engine Number	8096176/0149115
Make / Model	HONDA/CB TWISTER	Variant:	cbf 110ma
Year of manufacture	2011	Type of body / Type of Fuel	Metal/Petrol
Colour	AS PER RC	Cubic capacity(cc) /Wattage(kW):	109сс
Seating capacity including Driver	2	Name of registration authority	Jalana
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
0	0	N/A	N/A	N/A	0

SCHEDULE OF PREMIUM Own Damage Liability **Basic OD Premium** 0 **Basic TP Premium** 714 (+)PA premium for UnNamed/Hirer/Pillion Persons(1) 70 0 **Calculated OD Premium Calculated TP Premium** 784 0 **Total TP Premium Total OD Premium** 784 Net Premium in Rs 784 142 GST in Rs 926 Total Payable in Rs Total Payable in Rs(in words): RUPEES NINE HUNDRED TWENTY-SIX ONLY GSTIN(Issuing Office) 27AAACN4165C3ZP 997134 (Motor vehicle insurance services) SAC Limitation as to use: The policy covers use for any purpose other than: a) Hire or reward b) Organized racing, OR c) 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. 1,00,000 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			Relationship with the Insured				Relationship to the Nominee
none	0		none		none		none
PA cover for named persons							
Name		CSI Opted(Rs.)		Nominee		Relatio	onship
none		0		NA		NA	

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 784
SGST	9	71
CGST	9	71
IGST	0	0

In witness where of this policy has been signed at JALNA BRANCH on this 24/06/2024WARRANTED 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:

Date of Issue: 24/06/2024

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 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.

For and on behalf of The New India Assurance Company Limited

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 : 16050124P0002926

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C