



[B]

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Private Car Package Policy

UIN Number - IRDAN190RP0042V01100001

Policy Number :16060031240100000881

POLICY ISSUING OFFICE: AMARAVATHI DO (160600), DHARMADAYA COTTON FUND ROAD, , WALCUT COMPOUND, , AMRAVATI , MAHARASHTRA , 444601. PHONE NUMBER:07212577538 / 07212576803 FAX NUMBER:07212575756 / NA Email:nia.160600@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: Amravati Non Suit Claim Hub (169002) ADDRESS: Hotel Seven Hills Building, Bajaj Nagar, Wallcot Gym Compound, Amravati : 444601 , , , MAHARASHTRA , 444601. PHONE NUMBER: 123456 / MOBILE NUMBER: Email: ch169002@newindia.co.in
--	---	---

INSURED DETAILS

Insured Name	NIRVIKARA PAPER MILLS LTD	Customer ID	POB4847804 (PAN No :NA)
Insured Address	BHIWANDI ,MUMBAI,, BHIWANDI ,MAHARASHTRA, 421302	Contact Number	/ / XXXXXX7518
		Email	shruti.jhanwar@manjeetgr oup.com
		GSTIN	NA

POLICY DETAILS

Period of cover	07/06/2024 02:55:42 PM to 06/06/2025 11:59:59 PM	Receipt Number	10000089240600248165 - 07/06/24
Previous Insurer	FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED.	Previous Policy Number	13202110424MTP0000008 318

VEHICLE DETAILS

Registration Number	MH-04-GU-6016	Chassis no./Engine Number	WVWL14600FT046038/CW X011369
Make / Model	VOLKSWAGEN/POLO	Variant:	HIGHLINE 1.5 L
Year of manufacture	2014	Type of body / Type of Fuel	Saloon/Diesel
Colour	As per RC copy	Cubic capacity(cc) /Wattage(kW):	1498cc
Seating capacity including Driver	5	Name of registration authority	Thane - MH 04
Geographical Area / Zone	India	Name of the Financier	
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
260000	0	0	0	0	260000

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	1045	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(4)	3416 275 50 200
Calculated OD Premium	1046	Calculated TP Premium	3941
Total OD Premium	1046	Total TP Premium	3941

Policy No. : 16060031240100000881 Document generated by QR_RENEWAL at 2024/06/07 14:55:49.

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>.



Net Premium in Rs	4,987
GST in Rs	898
Total Payable in Rs	5,885
Total Payable in Rs(in words):	RUPEES FIVE THOUSAND EIGHT HUNDRED EIGHTY-FIVE ONLY

GSTIN(Issuing Office)	27AAACN4165C3ZP
SAC	997134 (Motor vehicle insurance services)

Limitation as to use: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade

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:260000	Compulsory excess in Rs:1000
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
NA	NA	NA	NA	NA

PA cover for named persons

Name	CSI Opted(Rs.)	Nominee	Relationship
none	0	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 4,987
SGST	9	449
CGST	9	449
IGST	0	0

In witness where of this policy has been signed at AMARAVATHI DO on this 07/06/2024 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 16,22.

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 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

Date of Issue: 07/06/2024

(Mr. PRAMOD NINAWA)
[DIVISIONAL 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 : 16060024P0002577

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C