



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy Enhanced Covers

UIN Number - IRDAN190RP0044V01100001

Policy Number :16050131240300001535

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's Name	LIONS DIABETES CARE CENTER	Customer ID	POB5534410 (PAN No :AADAL1652M)
Insured's Address	YASHODA HOSPITAL MAHESH NAGAR ROAD, OPP APEX HOSPITAL CHHATRAPATI SAMBHAJINAGAR,, , AURANGABAD ,MAHARASHTRA, 431001	Contact Number	/ /
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	12/07/2024 01:22:50 PM to 11/07/2025 11:59:59 PM	Receipt Number	16050181240000003054 - 12/07/24
Previous Insurer	Not applicable	Previous Policy Number	N

VEHICLE DETAILS

Geographical Area / Zone:	India/C	Year of manufacture:	2024
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	AMBULANCE
Name of the Financier:		Chassis no./Engine no.:	MAT557063RUF02419/VA RICOR11EVXJ07732
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Ambulance	Gross Vehicle Weight (GVW):	0
Make/Model:	TATA MOTOR/Winger Ambulance (HR/AC)	Registration no.	MH-20
Seating capacity including Driver:	10	Variant:	WINGER FL AMB 35SH 10+P
Automobile Association membership:		Colour:	PORCLN WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Aurangabad

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
1748515	0	0	0	0	1748515

ENHANCED COVER

Nil Depreciation Add On Cover

SCHEDULE OF PREMIUM

Own Damage	Liability
------------	-----------



Basic OD Premium	4161	Basic TP Premium	7267
(+)Loading for Inclusion of IMT 23	624.22	(+)LL to Non-fare Paying Passengers (Not Employees of the Insured and not Workmen under WCA)(10))	500
(+)Nil Depreciation Cover Premium	6184.5	(+)LL to paid driver conductor cleaner employed for oprn	50
(+)Premium for enhancement cover	6184.5	(+)Additional Premium for Ambulances Hearses	600
Calculated OD Premium	10346	Calculated TP Premium	8417
Total OD Premium (Rs)	10346	Total TP Premium (Rs)	8417
Net Premium (Rs)			18,763
GST (Rs)			3,378
Total Payable (Rs)			22,141
Total Payable in Rs(in words):	RUPEES TWENTY-TWO THOUSAND ONE HUNDRED FORTY-ONE 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)Organised racing b) Pace Making c) Reliability Trials d) 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:1748515	Compulsory excess in Rs:8743
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		Rs 18,763
SGST	9	1689
CGST	9	1689
IGST	0	0

In witness where of this policy has been signed at JALNA BRANCH on this 12/07/2024
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 21,23,40.

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

Date of Issue: 12/07/2024

For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

NIL DEPRECIATION ADD ON COVER UNDER COMMERCIAL VEHICLE PACKAGE POLICY

(Endorsement Wording for Add on cover - Nil Depreciation)
UIN Number - IRDAN190RP0044V01100001/A0009V01202021

ENDORSEMENT ATTACHED TO AND FORMING PART OF POLICY NO. 16050131240300001535

Additional Premium: Rs.6185

In consideration of payment of an additional premium by the Insured, it is hereby agreed and declared that notwithstanding anything to the contrary contained in the Policy, the Company hereby undertakes to indemnify:

1. Depreciation on replacement of parts including tyres, tubes, rubber / plastic for Partial Loss Claims.
2. Exclusion and depreciation under IMT 21 & IMT 23 respectively (wherever applicable).
3. Midterm inclusion of cover is not permitted.
4. Total Loss and Constructive Total Loss will be settled on the basis of IDV.
5. Depreciation waiver is applicable for two claims only.

The Company shall not be liable to make any payment in respect of:

1. Replacement of accessories, extra fittings and/or any internal improvements in the Insured Vehicle unless specifically covered in IDV.
2. Any damage occurred due to overturning in case of Miscellaneous D vehicle, unless covered under the policy by IMT 47.

Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 12/07/2024

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 : 16050124P0003593



IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C