



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Two Wheeler Liability Only Policy
UIN Number - IRDAN190RP0002V01200203

Policy Number :16050131240200002319

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 Name	RADHA GOVIND GOYAL .	Customer ID	PO82511474 (PAN No :NA)
Insured Address	PLOT NO- 17, 18, MIDC CHIKALTHANA AURANGABAD , , , AURANGABAD ,MAHARASHTRA, 431001	Contact Number	/ / XXXXXX9450
		Email	naser@jainuineinsurance.c o.in
		GSTIN	NA

POLICY DETAILS

Period of cover	01/09/2024 12:00:01 AM to 31/08/2025 11:59:59 PM	Receipt Number	16050181240000004595 - 23/08/24
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16050131230200002048

VEHICLE DETAILS

Registration Number	MH-20-BV-3027	Chassis no./Engine Number	385032/830798
Make / Model	HONDA/ACTIVA	Variant:	109 CC
Year of manufacture	2010	Type of body / Type of Fuel	Metal/Petrol
Colour	AS RC	Cubic capacity(cc) /Wattage(kW):	110cc
Seating capacity including Driver	2	Name of registration authority	Aurangabad
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/CNG/LPG kit	Total Value
0	0	N/A	N/A		0

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	0	Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) (+)PA premium for UnNamed/Hirer/Pillion Persons(1)	714 275 70
Calculated OD Premium	0	Calculated TP Premium	1059
Total OD Premium	0	Total TP Premium	1059
Net Premium in Rs			1,059
GST in Rs			190
Total Payable in Rs			1,249
Total Payable in Rs(In words):	RUPEES ONE THOUSAND TWO HUNDRED FORTY-NINE ONLY		

GSTIN(Issuing Office)	27AAACN4165C3ZP
SAC	997134 (Motor vehicle insurance services)
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	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 1,059
SGST	9	95
CGST	9	95
IGST	0	0

In witness where of this policy has been signed at JALNA BRANCH on this 23/08/2024 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 18,22.

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.

Date of Issue: 23/08/2024

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 : 16050124E0005392

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C