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## POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

POLICY ISSUING OFFICE: AMARAVATHI DO (160600), DHARMADAYA COTTON FUND ROAD, , WALCUT COMPOUND, , AMRAVATI , MAHARASHTRA , 444601.BUSINESS CHANNEL/CPSC User: NAME: Jainuine Insurance Brokers Pvt. Ltd (DA3388757), PHONE NUMBER:07212577538 / 07212576803CLAIM CONTACT: Amravati Non Suit Claim Hub (169002) ADDRESS: Hotel Seven Hills Building, Bajaj Nagar, Wallcot Gym Compound, Amravati : 444601, , , MAHARASHTRA , 444601.PHONE NUMBER:07212577538 / 07212576803DAND/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.	Policy Number :16060031240100002609		
Email:nia.160600@newindia.co.in	AMARAVATHI DO (160600), DHARMADAYA COTTON FUND ROAD, , WALCUT COMPOUND, , AMRAVATI , MAHARASHTRA , 444601. PHONE NUMBER:07212577538 / 07212576803 FAX NUMBER:07212575756 / NA	NAME: Jainuine Insurance Brokers Pvt. Ltd (DA3388757), PHONE NUMBER:02402350377 / / 9850049400 LAND/FAX NUMBER:/	Amravati Non Suit Claim Hub (169002) ADDRESS: Hotel Seven Hills Building, Bajaj Nagar, Wallcot Gym Compound, Amravati : 444601, , , , MAHARASHTRA, 444601. PHONE NUMBER: 123456 /

### INSURED DETAILS

Insured's Name	M/S. MANJEET COTTON PVT.LTD.	Customer ID	PO74756370 (PAN No :NA)
Insured's Address	SY NO. 24/2, VILLAGE CHIGARAHALLI,JEWARGI DIST. GULBARGA (KA),, JEWARGI ,KARNATAKA, 585310	Contact Number	/ / XXXXXX3796
		Email	mhtiwari@gmail.com
		GSTIN	29AAECM5891Q1ZG

#### POLICY DETAILS

Period of cover	13/09/2024 05:51:02 PM to 12/09/2025 11:59:59 PM	Receipt Number	16060081240000003615 - 13/09/24
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16060031230100001917
VEHICLE DETAILS			
Geographical Area / Zone:	India/C	Year of manufacture:	2014
Type of Commercial Vehicles:	A - Goods Carrying	Sub Type:	Other than 3 wheeler - Public Carrier
Name of the Financier:		Chassis no./Engine no.:	NH2301270/148735DX
Type of fuel:	Diesel	Cubic capacity (CC):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	2065
Make/Model:	NEW HOLLAN/NH 3630	Registration no.	KA-32-C-3683
Seating capacity including Driver:	1	Variant:	NEW HOLLAND 3630
Automobile Association membership:		Colour:	OTHER
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Gulbarga
FASTag ID:			

#### **INSURED DECLARED VALUE (Rs)**

Vahiala	Trailar		Floatrical Ass	Di fuel/CNIC/LDC Lett	Tatal Value
Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
325000	0	0	0		325000

#### SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	147.23	Basic TP Premium	16049
(-)Calculated NCB Discount(25%)		(+)LL to paid driver conductor cleaner employed for	0
(+) Additional OD Premium for Bi-Fuel/CNG/LPG		oprn	50

Policy No. : 160600312401000026 9Document gene

ed by 39404 at 2024/09/13 18:12:12. /lumbai - 400 001. TOLL FREE No. 1 800 209 1415. e: New India Assurance Bldg., 87 M.G. Road, Fort, Mumi

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ing offices-1. Policy issuing office 2. Regional office 3. Head office. In case, you are not sati fied with our own grievance rec website http://newindia.co.in. For redressal of your grievance, if any,you may approach any one of the follo sal mechanism; you may also ap for c



Calculated OD Premium		442	Calculated TP	Dromium		16099
Total OD Premium (Rs)		442	Total TP Pren			16099
Net Premium (Rs)		1442				16,541
GST (Rs)						2,015
Total Payable (Rs)						18,556
Total Payable in Rs(in word	Is): RUPEES EIGHTEEN	THOUSAND FI	/E HUNDRED FI	FTY-SIX ONLY		10,000
GSTIN(Issuing Office)			27AAACN416	5C3ZP		
SAC			997134 (Mot	or vehicle insurance se	ervices)	
Limitation as to use:The Pol under Sub-section 3 of Sect Reliability Trials d) Speed Te	icy covers use only under a ion 66 of the Motor Vehicles esting	permit within 1 s Act, 1988.Th	the meaning of e Policy does no	the Motor Vehicles Ac ot cover use FOR a)Org	t, 1988 janised	or such a carriage falling racing b) Pace Making c)
Limits of Liability:Limit of th Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	e amount the Company's Lia unt of the Company's Liabilit	ability Under S ty Under Sectio	ection II 1(i) in r on II 1(ii) in resp	espect of any one acc ect of any one claim o	ident: a r series	as per the Motor Vehicles of claims arising out of one
For individual covers (OD) ir	n RS:325000		Compulsory e	excess in Rs:500		
Imposed excess in Rs:0			Voluntary exc	cess in Rs:0		
Persons or classes of persor license at the time of the ac effective Learner's License r Rules, 1989.	cident and is not disqualifie	d from holding	i or obtaining su	ich a license. Provided	also th	hat the person holding an
PA cover for Owner Driver						
Name of Nominee	Age of Nominee	Relationship Insured	with the	Name of the Appoint Nominee is a minor)	ee (if	Relationship to the Nominee
none	0	none		none		none
PA cover for named persons	S			•		
Name	CSI Opted(Rs.)		Nominee		Relatio	onship
Name NA	CSI Opted(Rs.) NA		Nominee NA		Relatic NA	onship
						onship
NA		Tax		Amount in IN	NA	onship
NA	NA	Тах		Amount in IN Rs492	NA	onship
NA Premium and GST Details	NA	Tax			NA	onship
NA Premium and GST Details Premium	NA Rate of	Тах		Rs492	NA	onship
NA Premium and GST Details Premium SGST	NA Rate of O	Тах		Rs492 0	NA	onship
NA Premium and GST Details Premium SGST CGST	NA Rate of 0 0	Тах		Rs492 0 0	NA	onship
NA Premium and GST Details Premium SGST CGST IGST	NA Rate of 0 0	Tax		Rs492 0 0 89	NA	onship
NA Premium and GST Details Premium SGST CGST IGST Premium	NA Rate of 0 0 18	Tax		Rs492 0 0 89 Rs16049	NA	<u>onship</u>
NA Premium and GST Details Premium SGST CGST IGST Premium SGST	NA Rate of 0 18 0	Tax		Rs492 0 0 89 Rs16049 0	NA	<u>onship</u>
NA Premium and GST Details Premium SGST CGST IGST Premium SGST CGST	NA Rate of 0 0 18 0 0	Tax		Rs492 0 0 89 Rs16049 0 0	NA	<u>onship</u>
NA Premium and GST Details Premium SGST CGST IGST Premium SGST CGST IGST	NA Rate of 0 0 18 0 0 12 icy has been signed at AMAI OF DISHONOUR OF THE PRI Terms. conditions and excer	RAVATHI DO o EMIUM CHEQU Ditions applicab	NA n this 13/09/20 JE, THIS DOCUN le to Package/L	Rs492 0 0 89 Rs16049 0 0 1926	NA	LY CANCELLED ABINITIO
NA Premium and GST Details Premium SGST CGST IGST Premium SGST CGST IGST IN witness where of this pol WARRANTED THAT IN CASE This policy is subject to the	NA Rate of 0 0 18 0 0 12 icy has been signed at AMAI OF DISHONOUR OF THE PRI Terms. conditions and excer	RAVATHI DO o EMIUM CHEQU Ditions applicab	NA n this 13/09/20 JE, THIS DOCUN le to Package/L	Rs492 0 0 89 Rs16049 0 0 1926	NA	LY CANCELLED ABINITIO

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.

Policy No. : 16060031240100002609Document generated by 39404 at 2024/09/13 18:12:12. Regd. & Head Office: New India Assurance Bidg., 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 redre approach Insurance Ombudsman. For details of our office addresses and addresses of office of insurance Ombudsman, please visit our website http://newindia.co.in. sal mechanism; you may also



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: 13/09/2024

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 : 16060024E0006703

**IRDA Registration Number: 190** NIA PAN NUMBER: AAACN4165C

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