



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Liability OnlyPolicy

UIN Number - IRDAN190RP0004V01200203

Policy Number :16060031230200002168		
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:Mr. PRADIP VIJAYKUMAR AGREKAR - (DI00001558) Mr. Mukesh Mahesh Tiwari - (NIAAG00089661), PHONE NUMBER: / / 9423193196 LAND/FAX NUMBER:/ EMAIL:mhtiwari@gmail.com /	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's Name	M/S. MANJEET COTTON PVT.LTD.	Customer ID	PO74755701 (PAN No :NA)
Insured's Address	GAT NO. 246, 247, 248, UMARI ROAD,,BHOKAR DIST.NANDED,, BHOKAR ,MAHARASHTRA, 431801	Contact Number	/ / XXXXXX3796
		Email	mhtiwari@gmail.com
		GSTIN	27AAECM5891Q1ZK

POLICY DETAILS

FOLICI DETAILS			
Period of cover	20/09/2023 04:58:09 PM to 19/09/2024 11:59:59 PM	Receipt Number	16060081230000004127 - 20/09/23
Previous Insurer	UNITED INDIA INSURANCE CO. LTD.	Previous Policy Number	2313003121P113658583
VEHICLE DETAILS			
Geographical Area / Zone:	India/C	Year of manufacture:	2016
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	EXCAVATORS
Name of the Financier:		Chassis no./Engine no.:	HAR5DA5MC01917577/H0 0105727
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Make/Model:	JCB INDIA /JCB 3DX EXCAVATOR	Registration no.	MH-26-AS-0020
Seating capacity including Driver:	1	Variant:	JCB INDIA LTD 3DX BACKEHOE LOADER
Automobile Association membership:		Colour:	YELLOW
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Nanded

INSURED DECLARED VALUE (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 (+)LL to paid driver conductor cleaner employed for oprn	7267 50	
Calculated OD Premium	0	Calculated TP Premium	7317	
Total OD Premium (Rs)	0	Total TP Premium (Rs)	7317	
Net Premium (Rs)			7,317	
GST (Rs)			1,318	

Policy No. : 16060031230200002168Document generated by 30396 at 2023/09/20 17:04:31. 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/policy/FeedbackGen. 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. ssal mechanism; you may also



Total Payable (Rs)							8,635	
Total Payable in Rs(in word	ls):	RUPEES EIGHT THOL	JSAND SIX HUI	NDRED THIRTY-	-FIVE ONLY			
GSTIN(Issuing Office)				27AAACN416	5C3ZP			
SAC			997134 (Moto	or vehicle insurar	nce services)		
Limitation as to use:The pol under sub-section (3) of Sec	icy cove tion 66	ers use only under a p of the Motor Vehicle	ermit within tł s Act, 1988.Th	ne meaning of ⁻ e policy does n	the Motor Vehicl ot cover use for:	es Act, 198 a)Organize	8 or such a carriage falling d racing b) Speed testing	
Limits of Liability:Limit of th Act, 1988. Limit of the amou event: Up to Rs. 7,50,000	e amou unt of tl	nt the Company's Lial ne Company's Liability	bility Under Se Under Section	ction II 1(i) in r n II 1(ii) in resp	respect of any on ect of any one cla	e accident: aim or serie	as per the Motor Vehicles s of claims arising out of c	
For individual covers (OD) in RS:0			Compulsory e	excess in Rs:NA				
Imposed excess in Rs:0			Voluntary exc	ess in Rs:0				
Persons or classes of persor license at the time of the ac effective Learner's License r Rules, 1989.	cident a	and is not disgualified	from holding	or obtaining su	ich a license. Pro	vided also t	hat the person holding an	
PA cover for Owner Driver								
Name of Nominee			Relationship with the Insured		Name of the Appointee (if Nominee is a minor)		Relationship to the Nominee	
none	0	0 none		none			none	
PA cover for named persons	S			1				
Name		CSI Opted(Rs.)		Nominee F		Relati	Relationship	
NA		NA		NA NA		NA		
Premium and GST Details								
		Rate of Tax			Amount in INR			
					Rs	7,317		
Premium	9			659				
SGST		9	9					
		-			659			
SGST		-			659 0			

In witness where of this policy has been signed at AMARAVATHI DO on this 20/09/2023 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 21,40.

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 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.

Date of Issue: 20/09/2023

Duly Constituted Attorney(s)

For and on behalf of The New India Assurance Company Limited

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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 : 16060023P0006126

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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