



# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

| Policy Number :16050131240100002762   |  |   |
|---|--|---|
| POLICY ISSUING OFFICE:<br>JALNA BRANCH (160501),<br>K.K.NIWAS LAKKAD KOT NEAR BUS STAND<br>AURANGABAD ROAD JALNA,,,<br>MAHARASHTRA, 431203.<br>PHONE NUMBER:02482232708 /<br>02482232709<br>FAX NUMBER:NA / NA<br>Email:nia.160501@newindia.co.in | BUSINESS CHANNEL/CPSC User:<br>NAME:<br>Jainuine Insurance Brokers Pvt. Ltd<br>(DA3388757),<br>PHONE NUMBER:02402350377 / / 9850049400<br>LAND/FAX NUMBER:/<br>EMAIL:kailash@jainuineinsurance.co.in / | CLAIM CONTACT:<br>Aurangabad Non Suit Claim Hub (169001)<br>ADDRESS: JEEVAN SUMAN LIC BLDG., PL.NO.3N-5,<br>CIDCO, JALGAON RD.,AURANGABAD-431003., , ,<br>MAHARASHTRA , 431003.<br>PHONE NUMBER: 123456 /<br>MOBILE NUMBER:<br>Email: ch169001@newindia.co.in |

## INSURED DETAILS

| INSURED DE FAILS  |   |                |                                    |
|-------------------|---|----------------|------------------------------------|
| Insured's Name    | SHRIKRUPA GINNERS PVT LTD   | Customer ID    | PO44355177 (PAN No<br>:AAKCS1115P) |
| Insured's Address | GANPATI PRASAD, MARWADI LANE AT POST<br>ERANDOL, DIST JALGAON,,,<br>ERANDOL , MAHARASHTRA, 425109 | Contact Number | / / XXXXX9450                      |
|                   |   | Email          | sham@jainuineinsurance.c<br>o.in   |
|                   |   | GSTIN          | 27AAKCS1115P1Z1                    |

#### POLICY DETAILS

| Period of cover                         | 01/10/2024 12:00:01 AM to 30/09/2025 11:59:59 PM Receipt Number |                                 | 16050181240000005302 -<br>16/09/24       |  |
|---|---|---------------------------------|--|--|
| Previous Insurer                        | THE NEW INDIA ASSURANCE COMPANY LTD.                            | Previous Policy Number          | 16050131230100002465                     |  |
| VEHICLE DETAILS                         |   |                                 |  |  |
| Geographical Area / Zone:               | India/C   | Year of manufacture:            | 2016                                     |  |
| Type of Commercial<br>Vehicles:         | A - Goods Carrying  | Sub Type:                       | Other than 3 wheeler -<br>Public Carrier |  |
| Name of the Financier:                  |   | Chassis no./Engine no.:         | N8M700009/N8M700009                      |  |
| Type of fuel:                           | Diesel  | Cubic capacity (CC):            | 0  |  |
| Type of body:                           | Open  | Gross Vehicle Weight<br>(GVW):  | 1960                                     |  |
| Make/Model:                             | MAHINDRA T/ARJUN NOVO 605 DI-I                                  | Registration no.                | MH-19-CJ-1704                            |  |
| Seating capacity including Driver:      | 1   | Variant:                        | ARJUN 605I<br>NOVO(SYNCHRO SHUTTLE)      |  |
| Automobile Association membership:      |   | Colour:                         | RED                                      |  |
| Cover Note No/Cover<br>Note Issue Date: | /   | Name of registration authority: | Jalgaon                                  |  |
| FASTag ID:                              |   |                                 |  |  |

# **INSURED DECLARED VALUE (Rs)**

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel/CNG/LPG kit | Total Value |
|---------|---------|--------------|----------------|---------------------|-------------|
| 294585  | 0       | 98415        | 0              |                     | 393000      |

## SCHEDULE OF PREMIUM

| Own Damage  |                                    | Liability   |                  |  |
|---|------------------------------------|---|------------------|--|
| Basic OD Premium<br>(+)Additional Premium for Non-Electrical fitting<br>(-)Calculated NCB Discount(50%)<br>(+)Loading for Inclusion of IMT 23 | 1068<br>356.66<br>818.93<br>213.63 | Basic TP Premium<br>(+)LL to paid driver conductor cleaner employed for<br>oprn | 16049<br>0<br>50 |  |

Policy No. : 16050131240100002762Document generated by 36776 at 2024/09/16 14:59:55. 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 redres 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



| (+) Additional OD Premium  |  | 0                                    | (+)II to perso  | ons employed for onn                             | and/or                 | maint and/or                      |                              |
|--|--|--------------------------------------|---|--|------------------------|-----------------------------------|------------------------------|
| (+) Additional OD Premium for Bi-Fuel/CNG/LPG  |  | 0                                    | 0 (+)LL to persons employed for opn and/<br>loading and/or unloading(1) |  |                        | maint.and/or                      | 50                           |
| Calculated OD Premium 819  |  |                                      | Calculated TP Premium   |  |                        |                                   | 16149                        |
| Total OD Premium (Rs) 819 Total TP Premium (Rs)  |  |                                      |   |  |                        | 16149                             |                              |
| Net Premium (Rs)   |  |                                      |   |  |                        |                                   | 16,968                       |
| GST (Rs)   |  |                                      |   |  |                        |                                   | 2,092                        |
| Total Payable (Rs)   |  |                                      |   |  |                        |                                   | 19,060                       |
| Total Payable in Rs(in word  | s): RUPEES NINETEEI                                  | N THOUSAND SI                        | (TY ONLY  |  |                        |                                   |                              |
| GSTIN(Issuing Office)  |  |                                      | 27AAACN416  | 5C3ZP  |                        |                                   |                              |
| SAC  |  |                                      | 997134 (Mot   | or vehicle insurance s                           | ervices)               |                                   |                              |
| Limitation as to use:The Pol<br>under Sub-section 3 of Secti<br>Reliability Trials d) Speed Te                 | on 66 of the Motor Vehicl                            | a permit within t<br>es Act, 1988.Th | the meaning of<br>e Policy does no                                      | the Motor Vehicles A<br>ot cover use FOR a)Or    | ct, 1988<br>ganised    | or such a carr<br>racing b) Pace  | iage falling<br>Making c)    |
| Limits of Liability:Limit of th<br>Act, 1988. Limit of the amou<br>event: Up to Rs. 7,50,000                   | e amount the Company's<br>int of the Company's Liabi | Liability Under Section              | ection II 1(i) in r<br>on II 1(ii) in resp                              | respect of any one acc<br>ect of any one claim o | cident: a<br>or series | as per the Mot<br>of claims arisi | or Vehicles<br>ng out of one |
| For individual covers (OD) in  | n RS:393000  |                                      | Compulsory e  | excess in Rs:500                                 |                        |                                   |                              |
| Imposed excess in Rs:0   |  |                                      | Voluntary exc   |  |                        |                                   |                              |
| Persons or classes of persor<br>license at the time of the ac<br>effective Learner's License r<br>Rules, 1989. | cident and is not disgualif                          | ied from holding                     | ι or obtaining sι   | ich a license. Provideo                          | d also th              | at the person                     | holding an                   |
| PA cover for Owner Driver  |  |                                      |   |  |                        |                                   |                              |
| Name of Nominee  | Age of Nominee                                       | Relationship<br>Insured              | with the Name of the Appointee Nominee is a minor)                      |  | tee (if                | e (if Relationship to the Nominee |                              |
| none   | 0  | none                                 | none  |  |                        | none                              |                              |
| PA cover for named persons   | 3  |                                      |   |  |                        |                                   |                              |
| Name   | CSI Opted(Rs.)                                       |                                      | Nominee   |  | Relationship           |                                   |                              |
| NA   | NA   |                                      | NA  |  | NA                     |                                   |                              |
| Premium and GST Details  |  |                                      |   |  |                        |                                   |                              |
|  | Rate o   | of Tax                               |   | Amount in I                                      | NR                     |                                   |                              |
| Premium  |  |                                      |   | Rs919  |                        |                                   |                              |
| SGST   | 9  |                                      | 83  |  |                        |                                   |                              |
| CGST   | 9  |                                      | 83  |  |                        |                                   |                              |
| IGST   | 0  |                                      | 0   |  |                        |                                   |                              |
| Premium  |  |                                      |   | Rs16049  |                        |                                   |                              |
| SGST   | 6  |                                      | 963   |  |                        |                                   |                              |
| CGST   | 6  |                                      | 963   |  |                        |                                   |                              |
| IGST   | 0  |                                      | 0   |  |                        |                                   |                              |
|  |  |                                      |   |  |                        |                                   |                              |
| In witness where of this pol   | cy has been signed at JAL                            | NA BRANCH on t                       | his 16/09/2024  | 4  |                        |                                   |                              |

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 11akh or a claim for refund of premium exceeding Rs 1

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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: 16/09/2024

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 : 16050124E0006348

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

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