



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Commercial Vehicle Package Policy Enhanced Covers

UIN Number - IRDAN190RP0044V01100001

| Policy Number :16050131240300002624 | | |
|---|--|--|
| 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 DETAILS | | | |
|-------------------|---|----------------|--------------------------------------|
| Insured's Name | CHHATRAPATI GENNING AND PRESSING PRIVATE LIMITED | Customer ID | POB6837351 (PAN No :AAGCC2195M) |
| Insured's Address | SHIVACHA MALA, GAY NO - 50/1, NAGAR SOLAPUR ROAD, MIRAJGAON, TAL - KAJRAT AHMEDNAGAR.,,, MIRAJGAON ,MAHARASHTRA, 414401 | Contact Number | / / |
| | | Email | chhatrapatigenning2525@ gmail.com |
| | | GSTIN | 27AAGCC2195M1Z9 |

POLICY DETAILS

| Period of cover | 09/09/2024 11:30:00 AM to 08/09/2025 11:59:59 PM | Receipt Number | 16050181240000005081 - 09/09/24 | |
|---|--|---------------------------------|--|--|
| Previous Insurer | Not applicable | Previous Policy Number | Ν | |
| VEHICLE DETAILS | | | | |
| Geographical Area / Zone: | India/C | Year of manufacture: | 2024 | |
| Type of Commercial Vehicles: | A - Goods Carrying | Sub Type: | Other than 3 wheeler - Public Carrier | |
| Name of the Financier: | HDFC BANK LTD | Chassis no./Engine no.: | MC2EVHRCORG236411/E4 26CDRG485379 | |
| Type of fuel: | Diesel | Cubic capacity (CC): | 0 | |
| Type of body: | Open | Gross Vehicle Weight (GVW): | 18000 | |
| Make/Model: | EICHER/PRO2114 | Registration no. | MH-20 | |
| Seating capacity including Driver: | 3 | Variant: | EICHER PRO2118 H CAB & CBC | |
| Automobile Association membership: | | Colour: | NEW GOLDEN BROWN | |
| Cover Note No/Cover Note Issue Date: | / | Name of registration authority: | Aurangabad | |
| FASTag ID: | | | | |

INSURED DECLARED VALUE (Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel/CNG/LPG kit | Total Value |
|---------|---------|--------------|----------------|---------------------|-------------|
| 2440000 | 0 | 0 | 0 | | 2440000 |

| ENHANCED COVER | |
|------------------------|-------------|
| Cover Description | Cover Opted |
| Nil Depreciation Cover | Yes |

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SCHEDULE OF PREMIUM

| SCHEDULE OF PREIMIUM | | | | | | | | |
|--|---|---|--|--|---|--------------------------|--------------------------------|-----------------------------|
| Own Damage | | | Liability | | | | | |
| Basic OD Premium (+)Additional premium for ((+)Loading for Additional To (+)Loading for Inclusion of I (+)Nil Depreciation Cover P (+)Premium for enhanceme (+) Additional OD Premium | owing Co MT 23 remium ent cove | overage r | 1500(+)LL to paid driver conductor cleaner employed for oprn328.01oprn7257.61(+)LL to persons employed for opn and/or maint.and/or loading and/or unloading(2) | | 5 | 35313 0 100 100 | | |
| Calculated OD Premium | | | 10945 | Calculated TP | Calculated TP Premium | | | 35513 |
| Total OD Premium (Rs) | | | 10945 | Total TP Premium (Rs) | | | 35513 | |
| Net Premium (Rs) | | | | | | | | 46,458 |
| GST (Rs) | | | | | | | | 6,244 |
| Total Payable (Rs) | | • | | | | | | 52,702 |
| Total Payable in Rs(in word | ds): | RUPEES FIFTY-TWO | THOUSAND SE | VEN HUNDRED | D TWO ONLY | | | |
| GSTIN(Issuing Office) | | | | 27AAACN416 | 5C3ZP | | | |
| SAC | | | | 997134 (Mot | or vehicle insurance se | ervices) | | |
| Limitation as to use:The Po under Sub-section 3 of Sect Reliability Trials d) Speed To | ion 66 c | ers use only under a p of the Motor Vehicles | ermit within th Act, 1988.The | ne meaning of Policy does no | the Motor Vehicles Ac ot cover use FOR a)Orc | t, 1988 o janised ra | r such a carr acing b) Pace | iage falling Making c) |
| Limits of Liability:Limit of th Act, 1988. Limit of the amo event: Up to Rs. 7,50,000 | ne amou unt of th | 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 one acc lect of any one claim o | ident: as r series o | per the Mot f claims aris | or Vehicles ng out of on |
| For individual covers (OD) i | n RS:244 | 10000 | | Compulsory excess in Rs:1500 | | | | |
| Imposed excess in Rs:0 | | | | Voluntary excess in Rs:0 | | | | |
| Persons or classes of perso license at the time of the ac effective Learner's License Rules, 1989. | ccident a | and is not disgualified | from holding | or obtaining su | uch a license. Provided | also that | t the person | holding an |
| PA cover for Owner Driver | | | | | | | | |
| Name of Nominee | Age of | Nominee | Relationship v Insured | with the | Name of the Appoint Nominee is a minor) | ee (if R N | elationship t Iominee | o the |
| none | 0 | | none | | none none | | one | |
| PA cover for named person | S | | | 1 | | | | |
| ame CSI Opted(Rs.) | | Nominee Relationship | | | | | | |
| NA | | NA | | NA | | | | |
| Premium and GST Details | | Rate of T | ax | | Amount in IN | IR | | |
| Premium | | | | | Rs11145 | | | |
| SGST | | 9 | | 1003 | | | | |
| CGST | 9 | | | 1003 | | | | |

| | 0 | |
|---------|---|---------|
| CGST | 9 | 1003 |
| IGST | 0 | 0 |
| Premium | | Rs35313 |
| SGST | 6 | 2119 |
| CGST | 6 | 2119 |
| IGST | 0 | 0 |
| | | |

In witness where of this policy has been signed at JALNA BRANCH on this 09/09/2024 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 21,23,40,7.

Policy No. : 16050131240300002624Document generated by 36776 at 2024/09/09 13:26:25. 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



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

For and on behalf of The New India Assurance Company Limited

Date of Issue: 09/09/2024

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. 16050131240300002624

Additional Premium: Rs.7258

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: 09/09/2024

Duly Constituted Attorney(s)

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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 : 16050124P0006072

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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