



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Private Car Liability Policy

UIN Number - IRDAN190RP0001V01200203

Policy Number :16050131240200002650		
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 Name	ZIMIT KISHORBHAI PATEL	Customer ID	POB6880810 (PAN No :BXGPP9374Q)			
Insured Address	31, TIBHUVAN SOCIETY, DETROJ ROAD KADI, MEHSANA,,, KADI ,GUJARAT, 382715	Contact Number	//			
		Email	info.jainuine@gmail.com			
		GSTIN	NA			

POLICY DETAILS

Period of cover	10/09/2024 12:55:03 PM to 09/09/2025 11:59:59 PM	Receipt Number	16050181240000005129 - 10/09/24
Previous Insurer	GO DIGIT GENERAL INSURANCE CO. LTD	Previous Policy Number	D105595968

VEHICLE DETAILS

Registration Number	GJ-02-CP-9007	Chassis no./Engine Number	MALC381UMJM454273/D4 FBJM648263
Make / Model	HYUNDAI/CRETA	Variant:	CRETA 1.6 CRDI AUTO SX
Year of manufacture	2018	Type of body / Type of Fuel	Station wagon/Diesel
Colour	POLAR WHITE	Cubic capacity(cc) /Wattage(kW):	1582cc
Seating capacity including Driver	5	Name of registration authority	Mehsana
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none
FASTag ID:			

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 (+) Additional TP Premium for CNG/LPG/Bi-Fuel	7897	
Calculated OD Premium	0	Calculated TP Premium	7897	
Total OD Premium	0	Total TP Premium	7897	
Net Premium in Rs			7,897	
GST in Rs			1,421	
Total Payable in Rs			9,318	

Policy No. : 16050131240200002650Document generated by 36776 at 2024/08/10 13:24:40. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbal - 400 001. TOLL FREE No. 1 800 209 1415. Give your valuable feedback on https://www.newindia.co.lin/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 redi 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



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Total Payable in Rs(in words): RUPEES NINE THOUSAND THREE HUNDRED EIGHTEEN ONLY						
GSTIN(Issuing Office)			27AAACN41	65C3ZP		
SAC			997134 (Mo	tor vehicle insurance	services)
Limitation as to use: The po	licy covers use for any p	urpose other than:	a)Hire or rewa	ard b)Organized racin	g, OR c)S	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. 7,50,000						
For individual covers (OD) i	in RS:0		Compulsory	excess in Rs:NA		
Imposed excess in Rs:0			Voluntary ex	cess in Rs:0		
Persons or classes of perso license at the time of the a effective Learner's License Rules, 1989.	ccident and is not disgua	lified from holding	or obtaining s	such a license. Provide	ed also tl	lds an effective driving hat the person holding an f the Central Motor Vehicles
PA cover for Owner Driver						
Name of Nominee	Age of Nominee	Relationship Insured	with the	the Name of the Appointee (Nominee is a minor)		Relationship to the Nominee
none	0	none		none		none
PA cover for named persor	IS					
Name	CSI Opted(Rs.)		Nominee Relati		onship	
none	0		NA		NA	
Premium and GST Details						
	Rate	e of Tax		Amount in	INR	
Premium			Rs 7,897			
SGST	0			0		
CGST	0	0		0		
IGST	18	18		1421		
In witness where of this po PREMIUM CHEQUE, THIS D exceptions applicable to Pa printed herewith attached Important notice: The insured is not indemni company by reason of wide insured: see clause headed	OCUMENT STANDS AUT ackage/Liability policy att 22. fied, if, the vehicle is use er terms appearing in the I "AVOIDANCE OF CERTA	OMATICALLY CANC ached/available on d or driven otherwi certificate in order IN TERMS AND RIGI	ELLED ABINITI the web site se than in acc to comply w HTS OF RECOV	O This policy is subject http://newindia.co.ir ordance with this sch ith the Motor Vehicle /ERY". It is clarified th	edule. A s Act, 19 at in cas	Terms, conditions and dorsement Number(s)

policy, will stand forfeited Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 1 lakh 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: 10/09/2024

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 : 16050124P0006129

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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