



# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number - IRDAN190RP0044V01100001

Policy Number :16050131240100003079		
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's Name	DURGESH IMPEX PRIVATE LIMITED	Customer ID	POB7383578 (PAN No :NA)		
Insured's Address	: GAT NO. 67/1A, 67/2A BHOD KH TAL DHARANGAON DIST JALGAON,,, DHARANGAON(JALGAON) ,MAHARASHTRA, 425105	Contact Number	//		
		Email	info.jainuine@gmail.com		
		GSTIN	27AACCD1075D1Z2		

### POLICY DETAILS

Period of cover	07/10/2024 12:00:01 AM to 06/10/2025 11:59:59 PM	Receipt Number	16050181240000005823 - 05/10/24	
Previous Insurer	IFFCO TOKIO GENERAL INSURANCE CO. LTD.	Previous Policy Number	1-30FQSNRR	
VEHICLE DETAILS				
Geographical Area / Zone:	India/C	Year of manufacture: 2020		
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	AGRICULTURAL TRACTORS	
Name of the Financier:		Chassis no./Engine no.:	1PY5310EJLA050130/PY30 29H145389	
Type of fuel:	Diesel	Cubic capacity (CC):	0	
Type of body:	Open	Gross Vehicle Weight (GVW):	2990	
Make/Model:	JOHN DEERE/5310	Registration no.	MH-19-CZ-0833	
Seating capacity including Driver:	1	Variant:	5310 V5	
Automobile Association membership:			AS PER RC	
Cover Note No/Cover Note Issue Date:			Jalgaon	

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

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
495500	0	0	0		495500

## SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)Calculated NCB Discount(45%) (+)Loading for Inclusion of IMT 23 (+) Additional OD Premium for Bi-Fuel/CNG/LPG	590 305.14 88.45 0	Basic TP Premium (+)LL to paid driver conductor cleaner employed for oprn	7267 0 50	
Calculated OD Premium	373	Calculated TP Premium	7317	
Total OD Premium (Rs)	373	Total TP Premium (Rs)	7317	

Policy No. : 16050131240100003079Document generated by 36776 at 2024/10/05 18:28:44. 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. ssal mechanism; you may also



							7 ( 00
Net Premium (Rs) GST (Rs)							7,690
							1,384
Total Payable (Rs) 9,074   Total Payable in Rs(in words): RUPEES NINE THOUSAND SEVENTY-FOUR ONLY							9,074
		JOSAND SEVENT	1				
GSTIN(Issuing Office) 27AAACN4165C3ZP							
SAC 997134 (Motor vehicle insurance services) Limitation as to use:The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage fall							
under Sub-section 3 of Sect Reliability Trials d) Speed Te	ion 66 of the Motor Vehicl	es Act, 1988.The	e Policy does no	the infotor vehicles Ad t cover use FOR a)Org	ganised	racing b) Pace	age failing 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 l unt of the Company's Liabi	iability Under Se lity Under Sectio	ection II 1(i) in r n II 1(ii) in resp	espect of any one acc ect of any one claim c	ident: or series	as per the Moto s of claims arisin	or Vehicles ng out of one
For individual covers (OD) ir	n RS:495500		Compulsory e	xcess in Rs:2478			
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 and is not disqualifi	ed from holding	or obtaining su	ch a license. Provideo	l also th	hat the person h	nolding an
PA cover for Owner Driver							
Name of Nominee	Age of Nominee	Relationship Insured	with the	Name of the Appoint Nominee is a minor)	tee (if	Relationship to Nominee	o the
none	0	none		none		none	
PA cover for named persons						<u> </u>	
Name	CSI Opted(Rs.)		Nominee		Relatio	onship	
NA	NA		NA		NA	·	
Premium and GST Details	Rate c	of Tax		Amount in IN	IR		
Premium				Rs 7	,690		
SGST	9			692			
CGST	9			692			
IGST	0			0			
In witness where of this pol WARRANTED THAT IN CASE This policy is subject to the http://newindia.co.in; IMT I	OF DISHONOUR OF THE P Terms, conditions and exc	REMIUM CHEQU eptions applicabl	E, THIS DOCUN le to Package/L	1ENT STANDS AUTON iability policy attache	IATICAL d/availa	LY CANCELLED able on the web	ABINITIO o site
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 Cla lakh, the insured will comp well as Company website.	use: In the event of a clair ly with the provisions of A	m under the poli ML policy of the	cy exceeding R e company. The	s 1lakh or a claim for AML policy is availal	refund ble in a	of premium ex Il our operating	ceeding Rs 1 offices as
I/We hereby certify that th relates as well as this Certif accordance with the provis 1988. Date of Issue: 05/10/2024	ficate of Insurance are issuions of Chapter X and XI o	led in	For and on	behalf of The New Ir	ndia Ass	surance Compa	ny Limited
Date of 1350C. 00/10/2024			Duly Const	ituted 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 : 16050124P0007043

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

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