



# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number - IRDAN190RP0044V01100001

Policy Number :16060031240100003249		
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: Jainuine Insurance Brokers Pvt. Ltd (DA3388757), PHONE NUMBER:02402350377 / / 9850049400 LAND/FAX NUMBER:/ EMAIL:kailash@jainuineinsurance.co.in /	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	SUKHMANI COTTON INDUSTRIES	Customer ID	POA2678467 (PAN No :NA)	
Insured's Address	Address GAT NO.63, SR.NO.29.AT. MARDI NANDED HIGHWAY,, TQ. AUNDHA, DIST. HINGOLI,, HINGOLI, MAHARASHTRA, 431513		11	
		Email	sukhmanicotton@gmail.co m	
		GSTIN	27ABTFS5185Q1ZW	

### POLICY DETAILS

Period of cover	02/11/2024 12:00:01 AM to 01/11/2025 11:59:59 PM Receipt Number		16060081240000004427 - 22/10/24	
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16060031230100002844	
VEHICLE DETAILS				
Geographical Area / Zone:	eographical Area / Zone: India/C Y		2021	
Type of Commercial Vehicles:	D - Misc-Special Type Sub Type:		EXCAVATORS	
Name of the Financier:		Chassis no./Engine no.:	RAJ5DC8MJ03080702/H00 318420	
Type of fuel:	Diesel	Cubic capacity (CC):	0	
Type of body:	Open	Gross Vehicle Weight (GVW):	0	
Make/Model:	JCB INDIA /2DX	Registration no.	MH-38-V-9427	
Seating capacity including Driver:	1	Variant:	JCB	
Automobile Association membership:		Colour:	YELLOW	
over Note No/Cover / lote Issue Date:		Name of registration authority:	Hingoli	

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

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value	
2145000	0	0	0		2145000	

#### SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)Calculated NCB Discount(35%) (+) Additional OD Premium for Bi-Fuel/CNG/LPG	5105 1786.79 0	Basic TP Premium (+)LL to paid driver conductor cleaner employed for oprn	7267 0 50	
Calculated OD Premium	3319	Calculated TP Premium	7317	
Total OD Premium (Rs)	3319	Total TP Premium (Rs)	7317	

Policy No. : 16060031240100003249Document generated by 26956 at 2024/10/22 15:48:48. 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



							10 ( ) (
Net Premium (Rs) GST (Rs)							10,636
							1,914
Total Payable (Rs) 12,550   Total Payable in Rs(in words): RUPEES TWELVE THOUSAND FIVE HUNDRED FIFTY ONLY							12,000
GSTIN(Issuing Office)27AAACN4165C3ZPSAC997134 (Motor vehicle insurance services)							
SAC Limitation as to use:The Pol		ndor a pormit within t					ago falling
under Sub-section 3 of Sect Reliability Trials d) Speed Te	ion 66 of the Motor V	Vehicles Act, 1988.The	e Policy does no	ot cover use FOR a)Org	ganised	I racing b) Pace	Making c)
Limits of Liability:Limit of th Act, 1988. Limit of the amorevent: Up to Rs. 7,50,000	e amount the Compa unt of the Company's	any's Liability Under Se s Liability Under Sectio	ection II 1(i) in r on II 1(ii) in resp	espect of any one acc ect of any one claim c	ident: or serie:	as per the Moto s of claims arisin	or Vehicles ng out of one
For individual covers (OD) in	n RS:2145000		Compulsory e	excess in Rs:10725			
Imposed excess in Rs:0			Voluntary exc	ess in Rs:0			
Persons or classes of person license at the time of the ac effective Learner's License I Rules, 1989.	cident and is not disc	gualified from holding	or obtaining su	ich 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 person	S	•					
Name	CSI Opted(Rs	s.)	Nominee		Relatio	onship	
NA	NA		NA		NA		
Premium and GST Details							
	I	Rate of Tax		Amount in IN	NR		
Premium				Rs 10	0,636		
SGST	9	9		957	.,		
CGST	9	9		957			
IGST	(	0		0			
In witness where of this policy has been signed at AMARAVATHI DO on this 22-OCT-24 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 Cla lakh, the insured will comp well as Company website.	use: In the event of Iy with the provision	a claim under the pol is of AML policy of the	icy exceeding R e company. The	s 1lakh or a claim for AML policy is availal	refund ole in a	l of premium ex Il our operating	ceeding Rs 1 offices as
I/We hereby certify that th relates as well as this Certi accordance with the provis 1988.	ficate of Insurance al ions of Chapter X an	re issued in	For and on	behalf of The New Ir	ndia As	surance Compa	ny Limited
Date of Issue: 22/10/2024	4						
			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 : 16060024E0008259

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

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