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POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number - IRDAN190RP0044V01100001

Policy Number :16060031240100003373		
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	M/S. MANJEET COTTON PVT.LTD.	Customer ID	PO74756260 (PAN No :AAECM5891Q)			
Insured's Address	ed's Address PLANT,GOGI KONA VOLLAGE, SHAHAPUR,DIST.YADO (KA), GOGI ,KARNATAKA, 585309		/ / XXXXXX3796			
		Email	mhtiwari@gmail.com			
		GSTIN	29AAECM5891Q1ZG			

POLICY DETAILS

Period of cover	28/10/2024 03:28:46 PM to 27/10/2025 11:59:59 PM	Receipt Number	16060081240000004610 - 28/10/24	
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16060031230100002167	
VEHICLE DETAILS				
Geographical Area / Zone:	India/C	Year of manufacture:	2019	
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	EXCAVATORS	
Name of the Financier:		Chassis no./Engine no.:	HAR5DA5MP02854901/H0 234343	
Type of fuel:	Diesel	Cubic capacity (CC):	0	
Type of body:	Open	Gross Vehicle Weight (GVW):	0	
Make/Model:	JCB/4DX EXAVATOR LOADER	Registration no.	KA-33-M-7684	
Seating capacity including Driver:	1	Variant:	JCBLOADALL 530	
Automobile Association membership:		Colour:	Other	
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Yadgir	

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
1332000	0	0	0		1332000

SCHEDULE OF PREMIUM

Own Damage		Liability		
Basic OD Premium (-)Calculated NCB Discount(50%)	1868.8	Basic TP Premium	7267 0	
(+)Loading for Inclusion of IMT 23 (+) Additional OD Premium for Bi-Fuel/CNG/LPG	487.51 0	(+)LL to paid driver conductor cleaner employed for oprn	50	

Policy No. : 16060031240100003373Document gen

ed by 26956 at 2024/10/28 18:38:43. /lumbai - 400 001. TOLL FREE No. 1 800 209 1415. e: New India Assurance Bldg., 87 M.G. Road, Fort, Mumi

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ing offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not sati fied with our own grievance rec website http://newindia.co.in. For redressal of your grievance, if any, you may approach any one of the follo sal mechanism; you may also ap or



Calculated OD Premium	1869	Calculated TP	Premium			7317			
Total OD Premium (Rs)		1869	Total TP Prem	nium (Rs)			7317		
Net Premium (Rs)							9,186		
GST (Rs)									
Total Payable (Rs)									
Total Payable in Rs(in word	IS): RUPEES TEN THOUS	AND EIGHT HU	NDRED THIRTY	(-NINE ONLY					
GSTIN(Issuing Office)	GSTIN(Issuing Office) 27AAACN4165C3ZP								
SAC			997134 (Moto	or vehicle insurance se	ervices)				
Limitation as to use: The Pol under Sub-section 3 of Sect Reliability Trials d) Speed Te	icy covers use only under a p ion 66 of the Motor Vehicles esting	ermit within th Act, 1988.The	ne meaning of Policy does no	the Motor Vehicles Ad ot cover use FOR a)Or	ct, 1988 ganised	3 or such a carr I racing b) Pace	iage falling 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 Lia unt of the Company's Liabilit	bility Under Se y Under Sectior	ction II 1(i) in r n II 1(ii) in resp	espect of any one acc ect of any one claim c	ident: or serie	as per the Mot s of claims arisi	or Vehicles ng out of one		
For individual covers (OD) ir	n RS:1332000		Compulsory e	excess in Rs:6660					
Imposed excess in Rs:0			Voluntary exc						
license at the time of the ac	ns entitled to drive:Any perso cident and is not disqualified nay also drive the vehicle an	d from holding (or obtaining su	ich a license. Provideo	d also tl	hat the person	holding an		
PA cover for Owner Driver		1							
Name of Nominee	Age of Nominee			Name of the Appointee (if Nominee is a minor)		Relationship to the Nominee			
none	0	none		none		none			
PA cover for named persons	S								
Name	CSI Opted(Rs.)		Nominee Relationship						
NA	NA		NA		NA				
Premium and GST Details	Rate of	Тах		Amount in I	NR				
Premium				Rs 9	,186				
SGST	0		0						
CGST	0			0					
IGST	18			1653					
WARRANTED THAT IN CASE This policy is subject to the	icy has been signed at AMAR OF DISHONOUR OF THE PRE Terms, conditions and excep Endorsement Number(s) prir	MIUM CHEQUI	E, THIS DOCUN e to Package/L	IENT STANDS AUTON iability policy attache	1ATICAI d/avail	LY CANCELLED able on the we	ABINITIO b site		
Important notice:									
company by reason of wide insured: see clause headed	ied, if, the vehicle is used or r terms appearing in the cert "AVOIDANCE OF CERTAIN TE olicy details made by the insi	tificate in order ERMS AND RIGH	to comply wit	h the Motor Vehicles ERY". It is clarified tha	Act, 19 t in cas	88 is recoverat e the declarati	ole from the on regarding		
Anti Money Laundering Cla lakh, the insured will comp well as Company website.	use: In the event of a claim ly with the provisions of AM	under the polic 1L policy of the	cy exceeding R company. The	s 1lakh or a claim for AML policy is availa	refunc ble in a	l of premium e Il our operatin	xceeding Rs 1 g offices as		
relates as well as this Certif	e policy to which this Certifi Ficate of Insurance are issue ions of Chapter X and XI of I	d in	For and on	behalf of The New Ir	ndia As	surance Compa	any Limited		

Date of Issue: 28/10/2024

Policy No. : 16060031240100003373Document generated by 26956 at 2024/10/28 18:38:43. 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 redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website http://newindia.co.in.



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 : 16060024E0008616

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

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