



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :16060031240200003344

| | | |
|---|--|--|
| 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 Name | ANUPKUMAR MAGANLAL GARG | Customer ID | POA0858937 (PAN No :NA) |
| Insured Address | AT/PO/TO.PALAM.,AURANGABAD,, AURANGABAD ,MAHARASHTRA, 431001 | Contact Number | / / XXXXXX3796 |
| | | Email | mhtiwari@gmail.com |
| | | GSTIN | NA |

POLICY DETAILS

| | | | |
|------------------|--|------------------------|---------------------------------|
| Period of cover | 30/10/2024 12:00:01 AM to 29/10/2025 11:59:59 PM | Receipt Number | 16060081240000004581 - 28/10/24 |
| Previous Insurer | THE NEW INDIA ASSURANCE COMPANY LTD. | Previous Policy Number | 16060031230200002804 |

VEHICLE DETAILS

| | | | |
|--------------------------------------|--------------------------|-----------------------------------|--------------------------|
| Registration Number | MH-22-K-4974 | Chassis no./Engine Number | 07M16F18373/07M15E356 46 |
| Make / Model | HERO HONDA/SPLENDOR PLUS | Variant: | SPLENDOR PLUS SPOKE |
| Year of manufacture | 2007 | Type of body / Type of Fuel | Metal/Petrol |
| Colour | OTHER | Cubic capacity(cc) /Wattage(kW): | 97cc |
| Seating capacity including Driver | 2 | Name of registration authority | Parbhani |
| Geographical Area / Zone | India | Name of the Financier | |
| Cover Note No/Cover Note Issue Date: | / | Automobile Association membership | none |

INSURED DECLARED VALUE (in Rs)

| 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 (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) | 714 275 |
| Calculated OD Premium | 0 | Calculated TP Premium | 989 |
| Total OD Premium | 0 | Total TP Premium | 989 |
| Net Premium in Rs | | | 989 |
| GST in Rs | | | 178 |
| Total Payable in Rs | | | 1,167 |
| Total Payable in Rs(In words): | | RUPEES ONE THOUSAND ONE HUNDRED SIXTY-SEVEN ONLY | |

| | |
|---|---|
| GSTIN(Issuing Office) | 27AAACN4165C3ZP |
| SAC | 997134 (Motor vehicle insurance services) |
| Limitation as to use:The policy covers use for any purpose other than: a)Hire or reward b)Organized racing, OR c)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. 1,00,000 | |
| For individual covers (OD) in RS:0 | Compulsory excess in RS:NA |



| | |
|--|--------------------------|
| Imposed excess in Rs:0 | Voluntary excess in Rs:0 |
| Persons or classes of persons entitled to drive:Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. | |

PA cover for Owner Driver

| Name of Nominee | Age of Nominee | Relationship with the Insured | Name of the Appointee (if Nominee is a minor) | Relationship to the Nominee |
|-----------------|----------------|-------------------------------|---|-----------------------------|
| NA | NA | NA | NA | NA |

PA cover for named persons

| Name | CSI Opted(Rs.) | Nominee | Relationship |
|------|----------------|---------|--------------|
| none | 0 | NA | NA |

Premium and GST Details

| | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium | | Rs 989 |
| SGST | 9 | 89 |
| CGST | 9 | 89 |
| IGST | 0 | 0 |

In witness where of this policy has been signed at AMARAVATHI DO on this 28-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 22.

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 1lakh 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.

Date of Issue: 28/10/2024

For and on behalf of The New India Assurance Company Limited

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 : 16060024E0008556

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C