



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :76050731230200002075

POLICY ISSUING OFFICE: PERRORKADA MICRO OFFICE (760507), CHALAKUZH Building, PERRORKADA , TRIVANDRUM , , KERALA , 695005. PHONE NUMBER:0471-2431040 FAX NUMBER:NA / NA Email:nia.760507@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: DI_PERRORKADA Micro office DI_PERRORKADA Micro office - (DI760507) Mr. Harish H S - (NIAAG00119367), PHONE NUMBER: / / 9061556443 LAND/FAX NUMBER:/ EMAIL:prmmtrs@gmail.com /	CLAIM CONTACT: Trivandrum Non Suit Claim Hub (769001) ADDRESS: T.C. 26/1436, GOVT. PRESS ROAD, 695001 KERALA , 695001. PHONE NUMBER: 123456 / MOBILE NUMBER: Email: ch769001@newindia.co.in
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INSURED DETAILS

Insured Name	ABHILASH R	Customer ID	POA5936255 (PAN No :NA)
Insured Address	K P 11/400, JAI NAGAR-59, MAHESWARY NIVAS, JAI NAGAR, OONNANPARA, PEROORKADA PO THIRUVANANTHAPURAM,,PEROORKADA,, THIRUVANANTHAPURAM ,KERALA, 695005	Contact Number	/ / XXXXXX7155
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	30/06/2023 12:00:01 AM to 29/06/2024 11:59:59 PM	Receipt Number	76050781230000001756 - 27/06/23
Previous Insurer	RELIANCE GENERAL INSURANCE CO. LTD.	Previous Policy Number	1004003122P102848440

VEHICLE DETAILS

Registration Number	KL-01-BX-1431	Chassis no./Engine Number	MD2A74BZ5GWM06103/J HZWGM06204
Make / Model	BAJAJ/V15	Variant:	V15
Year of manufacture	2016	Type of body / Type of Fuel	Metal/Petrol
Colour	PEARL WHITE	Cubic capacity(cc) /Wattage(kW):	150cc
Seating capacity including Driver	2	Name of registration authority	Thiruvananthapuram - KL 01
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 kit	Total Value
0	0	N/A	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)	32AAACN4165C4ZX
SAC	997134 (Motor vehicle insurance services)
Limit of SATS Use:	The policy covers use for any purpose other than: a)Hire or reward b)Organized racing, OR c)Speed testing
Limit 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
KERALA FLOOD CESS	0	0

In witness where of this policy has been signed at PERRORKADA MICRO OFFICE on this 27/06/2023 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: 27/06/2023

For and on behalf of The New India Assurance Company Limited

(Mr VISHNU S)
[Office In-Charge]

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 : 76050723P0002295

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C
