



The New India Assurance Co.Ltd.

N BLOCK, CONNAUGHT CIRCUS (310300)

Tel. No.: 23723521//

Email: nia.310300@newindia.co.in/nia.310300@newindia.co.in

**Two Wheeler Liability Only Policy
IRDAN190RP0002V01200203**

Policy Number: 31030031210200110604

Vehicle: HERO MOTO/GLAMOUR

Period of Cover

From: 29/07/2021 12:00:01 AM

To: 28/07/2022 11:59:59 PM

Insured Details

Muhammad

To: Darul Mubarak, Vijayanagar,, Th azhamel, Anchal, ,ANCHAL ,KERALA, 691306

For Insurance Renewals contact

POLICYBAZAAR INSURANCE BROKER PVT LTD

Tel. No.: 18002585970 / /

Email: care@policybazaar.com /

For Claims contact our OFFICE

N BLOCK, CONNAUGHT CIRCUS 310300

BOMBAY LIFE BUILDING, N-34, CONNAUGHT CIRCUS, NEW DELHI,,, 110001

Tel. No.: 23723521

Email: nia.310300@newindia.co.in

Tax Invoice No : 31030021P0118599

IRDA Registration Number: 190



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :31030031210200110604

POLICY ISSUING OFFICE: N BLOCK, CONNAUGHT CIRCUS (310300), BOMBAY LIFE BUILDING, N-34, CONNAUGHT CIRCUS, NEW DELHI , , , DELHI , 110001. PHONE NUMBER:23723521 FAX NUMBER:NA / NA Email:pb.support@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: Policybazaar Insurance Broker Pvt Ltd - (BR00000972), PHONE NUMBER:18002585970 / / LAND/FAX NUMBER:/ EMAIL:care@policybazaar.com /	CLAIM CONTACT: N BLOCK, CONNAUGHT CIRCUS (310300) BOMBAY LIFE BUILDING, N-34, CONNAUGHT CIRCUS, NEW DELHI, ,23723521// Ph: 011- 27105783/87/81/90, Ch31@newindia.co.in CUSTOMER CARE NUMBER: 1800-209-1415
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INSURED DETAILS

Insured Name	Muhammad	Customer ID	PO90491556 (PAN No :NA)
Insured Address	Darul Mubarak, Vijayanagar,,Th azhamel, Anchal,, ANCHAL ,KERALA, 691306	Contact Number	/ / 9656399442
		Email	marrsmuneer@gmail.com
		GSTIN	NA

CHANNEL PARTNER CONTACT DETAILS

Channel Partner Name	Email Address(s)	Contact Number(s)
Policy Bazaar	care@policybazaar.com	1800-258-5970

POLICY DETAILS

Period of cover	29/07/2021 12:00:01 AM to 28/07/2022 11:59:59 PM	Receipt Number	31030081210000109025 - 26/07/21
Previous Insurer	Others.	Previous Policy Number	

VEHICLE DETAILS

Registration Number	KL-25-J-4519	Chassis no./Engine Number	MBLJA06ANGGK10767/JA0 6EJGGK48681
Make / Model	HERO MOTO/GLAMOUR	Variant:	DISC SELF CAST
Year of manufacture	2016	Type of body / Type of Fuel	
Colour	As per RC Book	Cubic capacity(cc) /Wattage(kW):	125cc
Seating capacity including Driver	2	Name of registration authority	Punalur
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	752
Calculated OD Premium	0	Calculated TP Premium	752
Total OD Premium	0	Total TP Premium	752
Net Premium in Rs			752
GST in Rs			135
Total Payable in Rs			887
Total Payable in Rs(in words):	RUPEES EIGHT HUNDRED EIGHTY-SEVEN ONLY		



GSTIN(Issuing Office)	07AAACN4165C1ZT
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:1000	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

As per the declaration given, the Insured has opted out of CPA cover under this policy.

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 752.00
SGST	0	0
CGST	0	0
IGST	18	135

In witness where of this policy has been signed at N BLOCK, CONNAUGHT CIRCUS on this 26/07/2021 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.

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: 26/07/2021

For and on behalf of The New India Assurance Company Limited

(MS. RASHMI LUCY BARWA)
[SR Divisional Manager]

Duly Constituted Attorney(s)

Tax Invoice No : 31030021P0118599

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COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office : N BLOCK, CONNAUGHT CIRCUS (310300)
Address : BOMBAY LIFE BUILDING, N-34, CONNAUGHT CIRCUS, NEW DELHI
110001
NEW DELHI
Phone : 23723521
Email : nia.310300@newindia.co.in
Fax :
Collection Number : 31030081210000109025
Collection Date : 26/07/2021
Business Source Code : BR00000972
PAN No of Payer :

Received with thanks from Muhammad .

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
31030031210200110604	Bank-310300	887.00	9100.310300	BA00018819-310300-9100

Total = ₹ 887.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
ECS	887.00	PG3586 0592	N.A.	N.A.	N.A.	31030021553432216	N.A.

Total = ₹ 887.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
752.00	135.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NA	POLICYBAZAAR INSURANCE BROKER PVT LTD	31

For The New India Assurance Company Limited
Revenue Stamp



Date of Issue: 26/07/2021

(MS. RASHMI LUCY
BARWA)
[SR Divisional Manager]

Cashier's Initial

Authorized Signatory

Note -

1. Please note the Policy Number, Collection Number and date in all future correspondence. .
2. NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

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IMT.22. COMPULSORY DEDUCTIBLE

(Applicable to Private Cars, three wheelers rated as private cars, all motorized two wheelers, taxis, private car type vehicle plying for public/private hire, private type taxi let out on private hire)

Notwithstanding anything to the contrary contained in the policy it is hereby understood and agreed that the insured shall bear under Section 1 of the policy in respect of each and every event (including event giving rise to a total loss/constructive total loss) the first ₹ 100 (or any less expenditure which may be incurred) of any expenditure for which provision has been made under this policy and/or of any expenditure by the insurer in the exercise of his discretion under Condition no 3 of this policy.

If the expenditure incurred by the insurer shall include any amount for which the insured is responsible hereunder such amount shall be repaid by the insured to the insurer forthwith.

For the purpose of this Endorsement the expression "event" shall mean an event or series of events arising out of one cause in connection with the vehicle insured in respect of which indemnity is provided under this policy.

Subject otherwise to the terms conditions limitations and exceptions of this Policy.

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