



Commerce Bank
Member FDIC

1000 Walnut
Kansas City MO 64106-3686

Jane Customer
1234 Anywhere Dr.
Small Town, MO 12345-6789

Primary Account Number: 000009752

Bank Statement

*If you have any questions about your statement,
please call us at 816-234-2265*

Statement Date: June 5, 2003
Page Number: 1

CONNECTIONS CHECKING Account # 000009752

Account Summary Account # 000009752

Beginning Balance on May 3, 2003	\$7,126.11
Deposits & Other Credits	+3,615.08
ATM Withdrawals & Debits	-20.00
VISA Check Card Purchases & Debits	-0.00
Withdrawals & Other Debits	-0.00
Checks Paid	-200.00
Ending Balance on June 5, 2003	\$10,521.19

Deposits & Other Credits Account # 000009752

Description	Date Credited	Amount
Deposit Ref Nbr: 130012345	05-15	\$3,615.08
Total Deposits & Other Credits		\$3,615.08

ATM Withdrawals & Debits Account # 000009752

Description	Tran Date	Date Paid	Amount
ATM Withdrawal 1000 Walnut St M119 Kansas City MO 00005678	05-18	05-19	\$20.00
Total ATM Withdrawals & Debits			\$20.00

Checks Paid Account # 000009752

Date Paid	Check Number	Amount	Reference Number
05-12	1001	75.00	00012576589
05-18	1002	30.00	00036547854
05-24	1003	200.00	00094613547
Total Checks Paid			\$305.00

CERTIFICATE CUM POLICY SCHEDULE

POS-LONG TERM TWO WHEELER - NEW BUNDLED POLICY - Zone B
BUNDLED MOTOR 2 WHEELER POLICY -
UIN No.IRDAN137RP0007V01201819 - SAC Code: 997134

Branch Address		No:302, 3rd Floor, S&S Corner Building,, BANGALORE, KARNATAKA - 560001 INDIA		Branch Office Phone No.		7412078236 / 7412078237 / 7412078238							
Geographical Area				Policy No.		OG-24-4001-85910008							
Insured's Code/ Name		IN-29828682 / Mr Gopal Roy		GSTIN No. Of Insured		Unregistered							
Insured Address		W/O RAJU R #16 LINGAYATHARA, STREET , SINGANALLUR , CHAMRAJNAGAR, KARNATAKA - 571443		KOLLEGAL									
Insured State Code		29		NCB Discount (%)		0							
Executive		VINOD S - NAN000000193		Period of Insurance		OD Policy From 15:26 Hrs of 15/03/2024 To Midnight Of 07/08/2025 TP Policy From 18:13 Hrs of 15/03/2024 To Midnight Of 07/08/2028							
Agent Details		KANCHAN VERMA - PSN000023601- Mobile No.-9999247020- Toll/Phone No.N.A											
PAN No.		AERP7787C											
Prop No. - TR No.		N.A - N.A		Prop Issue Date		N.A							
Gross Premium		3802		IGST		0							
CGST		342		SGST/UTGST		342							
Previous Insurer		N.A.		Total		4486							
Previous Policy No.		N.A		Nominee for Owner/Driver		N.A							
Nominee Age		N.A		Nominee Relationship		N.A							
Appointee Name		N.A		Appointee Relationship		N.A							
REGISTRATION MARK & PLACE		ENGINE NO. & CHASSIS NO.		MAKE - MODEL		TYPE OF BODY / FUEL TYPE		CUBIC CAPACITY / WATT/YEAR OF MANF.		DATE OF REGN. / DELIVERY		SEAT CAP. (INCL. DRIVER)	
NEW & CHAMRAJNAGAR		767921798321 & NAPBRSTUV12345690		Bajaj Auto Ltd - null KTM DUKE 125 ABS		null / P		125 / 0.00 / 2024		15/03/2024		1 + 1	
IDV FOR THE VEHICLE		IDV SIDE CAR		SI FOR NAMED PERSON		NON ELECTRICAL ACCESSORIES		ELECTRICAL ACCESSORIES		CNG/LPG kit SI		TOTAL VALUE	
87216.00		0		0		0		0		0		87216.00	
From Date & Time		Own Damage Policy Period		To Date & Time		Liability Policy Period		To Date & Time		07/08/2028 23:59 Hrs of Midnight			
15/03/2024 18:13 Hrs				07/08/2024 23:59 Hrs of Midnight		15/03/2024 18:13 Hrs							
A. OWN DAMAGE						B. LIABILITY							
OD TOTAL				201		BASIC TP COVER				3851			
TOTAL PREMIUM				3802		LESS :GR39A-Limit The Third Party Property Damage Cover				250			
ADD : SGST/UTGST 9.00%				342		TP TOTAL				3601			
ADD : CGST 9.00%				342									
PREMIUM AMOUNT				4486									

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass/CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable).
Nil Depreciation Cover ADD ONS: - (IRDAN137RP0007V01201819/A0025V01201819)
CPA Policy number: FGP-31-22-7007526-01-000, CPA Sum Insured: , CPA Company Name: FUTURE GENERALI INDIA INSURANCE
COMPANY LTD., CPA Valid From: 15/03/2024, CPA Valid To: 07/08/2024
Deductibles under Section-I : Compulsory Deductible Rs.100
Subject to IMT Endorsement Printed herein/attached to : IMT-20, IMT-22

Hypothecation Agreement with:

Hire Purchase/Lease Agreement with:

Limit of Liability :

Under Section II-1(i) in respect of any one accident: as per Motor Vehicles Act, 1988.

Under Section II-1(ii) in respect of any one claim or series of claims arising out of one event is Rs. 6000

P.A. Cover under Section III for Owner - Driver (CSL) : Rs. 0

PreInspection Survey: Dented Part : N.A,Broken Part : N.A, Scratched Part : N.A ,Claim not payable for : N.A

Preinspection Report: Not Applicable

Driver's Clause

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 requirements of Rule 3 of the Central Motor Vehicles Rules,1989.

PLACE : BANGALORE -
SHIVAJI NAGAR

For and on behalf of

Shriram General Insurance Co.Ltd.

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com

Consolidated Stamp Duty paid vide order No. F7(77)Gen/2023/4624 dated 12/06/2023

Policy Issuing office - E-8, EPIP, RICO INDUSTRIAL AREA, SITAPURA, JAIPUR, RAJASTHAN, 302022

For Policy Wordings, NEFT/RTGS/IMPS or any other online payment kindly visit our website

"www.shriramgi.com" Validity of policy is subject to KYC verification.

Note :- Claim intimation after 48 hours will be considered as delayed intimation.

All the Amounts mentioned in this policy are in Indian Rupees

GSTIN No. 29AAKCS2509K1ZZ

Authorized Signatory

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CERTIFICATE CUM POLICY SCHEDULE

POS-LONG TERM TWO WHEELER - NEW BUNDLED POLICY - Zone B

BUNDLED MOTOR 2 WHEELER POLICY -

UIN No.IRDAN137RP0007V01201819 - SAC Code: 997134

Attached to and forming part of policy number : **OG-24-4001-85910008**

Limitations as to Use:

The Policy covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage)

c) Organized racing d) Pace making e) Speed testing f)

Reliability Trials g) Any purpose in connection with Motor Trade. The insurance under this policy

is subject to conditions, clauses, warranties, endorsements as per forms attached. Warranted that in case of dishonour of premium cheque(s) the

Company shall not be liable under the policy and the policy shall be void ab initio (from inception). I/We hereby certify that the policy to which the

certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act,

1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BANGALORE -

SHIVAJI NAGAR. If the declared details of TP Policy found incorrect than OD claim will be repudiated

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 MVAct, 1988 is recoverable from the Insured. See the Clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". POLICY IS SUBJECT TO EXCLUSION OF DAMAGES NOTED DOWN BY OUR AUTHORISED REPRESENTATIVE DURING THEIR INSPECTION.

If policy is cancelled/Endorsed beyond the said date [i.e.31/10/2024], only the proportionate amount of premium would be refunded and any GST amount would

NOT be refunded owing to the restrictions prescribed under GST law.

Note: In case of new vehicle, Insured have to submit registration documents within a period of 15 days from the date of issue of Registration Certificate of Vehicle.

In case of Claims/Grievance, Please contact us at: Toll Free No - **180030030000**, **18001033009** Email id - chd@shriramgi.com

For instant renewal of your insurance policy, Log on to www.shriramgi.com or contact us at our Head office no. - 0141-4828400

**NOT VALID
(AegisCovenant)**

**PLACE : BANGALORE -
SHIVAJI NAGAR**

For and on behalf of

Shriram General Insurance Co.Ltd.

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com

Consolidated Stamp Duty paid vide order No. F7(77)Gen/2023/4624 dated 12/06/2023

Policy Issuing office - E-8, EPIP, RIICO INDUSTRIAL AREA, SITAPURA, JAIPUR, RAJASTHAN, 302022

For Policy Wordings, NEFT/RTGS/IMPS or any other online payment kindly visit our website

"www.shriramgi.com" Validity of policy is subject to KYC verification.

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All the Amounts mentioned in this policy are in Indian Rupees

GSTIN No. 29AAKCS2509K1ZZ

Authorized Signatory

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AegisCovenant - Certificate of Assistance

Tax Invoice cum Certificate Number: AFC230032803

Certificate Issuing & Servicing Office: AegisCovenant Private Limited Plus Offices, First Floor, Landmark Cyber Park, Sector-67, Gurgaon-122001 PH: 9811156464, CIN: U74999HR2020PTC087731, GSTN: 06AATCA7291D1ZE	For Assistance, Please contact us at: Toll Free Number: 1800 572 0911 Email ID: hello@aegiscovenant.com
Tax Invoice cum Certificate Number: AFC230032803	Period of Coverage: 2024-03-21 - 2025-03-20
Name of Certificate Holder: Ziro	DOB: 1998-04-06
Mobile.: 9999999999	Email ID: ziro@gmail.com
Address: noppppp	City / District: CENTRAL DELHI
State: DELHI	Pincode: 110001
Vehicle Type: TW	Manufacturing Year: 2024
Vehicle Registration Number: 8789263127	Vehicle Manufacturer: KTM
Model: DUKE 125	Variant: null
Engine Number: 767921798321	Chassis Number: NAPBRSTUV12345690
Plan: 1513.62	Coverage: CA
IMD Name: ACPL01052	IMD Code: ACPL01052

Plan Features

S.No.	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Rider's friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
5	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
5	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
6	Programme Start Date	The date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date.	After 7 Days
7	Number of Services	Proposed Number of Services	4

Special Conditions (applicable to all coverage): This Certificate is valid subject to realization of the payment and is effective from the Payment realization date or certificate issue date, whichever is later.

Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
1282.73	-	-	230.89	1513.62

Date and Time of Issue: 15/03/2024, 15:29

For AegisCovenant Private Limited

Authorised Signatory

For Assistance, Please Reach Out AegisCovenant at Toll Free Number - 1800 572 0911

Future Generali India Personal Accident Policy - Certificate of Insurance

Certificate Number: AFC230032803

Policy Issuing & Servicing Office: Future Generali India Insurance Co. Ltd. Unit No. - G - 007, Ground Floor, Suncity Business Tower, Golf Course Road, Sector - 54, Gurgaon, Haryana- 122002	In case of Claim, Please contact us at: Toll Free Number: 1800-220-233, 1860-500-3333, 022-67837800 Email ID: fgcare@futuregenerali.in
Master Policy No.: FGP-31-22-7007526-01-000	Master Policy Holder: AegisCovenant Private Limited
Name of Certificate Holder: Ziro	Period of Insurance: 2024-03-21 (00:00 HRS) - 2025-03-20 MIDNIGHT
DOB: 1998-04-06	Gender: Male
Mobile.: 9999999999	Email ID: ziro@gmail.com
Address: nopppppp	City / District: CENTRAL DELHI
State: DELHI	Pincode: 110001
Vehicle Type: TW	Manufacturing Year: 2024
Vehicle Registration Number: 8789263127	Vehicle Manufacturer: KTM
Model: DUKE 125	Variant: null
Engine Number: 767921798321	Chassis Number: NAPBRSTUV12345690
Nominee Name: Sam	Nominee Relationship: Sister
Nominee Gender: Female	Nominee Age: 20
Plan: C	Personal Accident Insurance Amount: 15,00,000/-
IMD Name: ACPL01052	IMD Code: ACPL01052

Special Conditions

1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident. 4) We shall pay compensation as per the following scale for death sustained by the Insured, in direct connection with the vehicle of which he / she is registered owner or whilst driving or mounting into / dismounting from such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle having direct connection with his / her injury / death. (b) The Insured holds a valid and effective driving license, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only.

"Important Note: Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all material information and which has a bearing on the acceptance or rejection of the Proposal by the Insurer. In the event of any discrepancy, contact us immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule."

Date and Time of Issue : 15/03/2024, 15:29 Place: Mumbai
Insurance Co. Ltd.
Future Generali India Insurance Company Limited
Registered and Corporate
Office Address, Embassy 24X7
Park, 801 and 802, 8th Floor
L.B.S. Marg, Vikhroli - West
Mumbai, Maharashtra, 400083

For Future Generali India



(Authorised Signatory)

Claims Process / Documentation

Claim Procedure In case of death, written notice to the policy issuing office and call center intimation of the death must, unless reasonable cause is shown, be so given before interment / cremation. In the event of disability, written notice of disability must be given to the Company immediately on a likely demand or claim being made on the Company but not later than 15 days from the date of incident. Settlement of Claim In the event of death of the Insured Person, any settlement of admissible claim will be made to the nominee (family member of the Insured Person) appointed by the Insured Person. For any further assistance please feel free to write to us on fgcare@futuregenerali.in or call us on our Toll Free number 1800-220-233, 1860-500-3333, 022-67837800 our representatives will be glad to help you.

On receipt of intimation from you regarding a claim under the policy, we are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person. All certificates, information and evidence from a Medical Practitioner or otherwise required by us shall be provided by you.

Following documents shall be required in the event of a claim.

For Death:

- Policy Copy
 - Duly filled up claims form
 - Original Death Certificate or Death certificate - Notarized/ Attested by a gazetted officer, if applicable
 - Original F.I.R or F.I.R - Notarized/ Attested by a gazetted officer
 - Police Final charge sheet/ Court Final order - Notarized/ attested by a Gazetted Officer - if applicable
 - Spot Panchnama and Police Inquest report - Notarized/ Attested by a gazetted officer, if applicable
 - Post Mortem Report - Notarized/ Attested by a gazetted officer, if concluded
 - Viscera Analysis Report/ Chemical analysis report/ Forensic Science Lab report notarized/ Attested by gazetted officer, if applicable
 - Other Document as per Case details - Complete medical records including Death Summary; if hospitalized, Website Links/ Newspaper cuttings, Other references
 - AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
 - Cancel Cheque with NEFT Mandate form - duly filled in by the claimant and bank
 - Any other document as required by the Company to investigate the Claim or Our obligation to make payment for
1. In respect of fatal claims, the payment is to be made to the assignee named under the policy. If there is no assignee, the payment is made to the legal representative as identified by Will / Probate / Letter of Administration / Succession Certificate.
2. Where the above documents are not available, the following procedure may be followed: -
- An affidavit from the Claimant(s) that he/she (they) is (are) the legal heir(s) of the deceased
 - An affidavit from other near family members and relatives of the deceased that they have no objection if the claim amount is paid to the claimant(s)
- Any other document as required by the Company to investigate the Claim or Our obligation to make payment for

For Claims, Please reach out: Future Generali India Insurance Company Limited, Registered and Corporate Office address: 801 and 802, 8thFloor, Tower C, Embassy 24X7 Park, L.B.S. Marg, Vikhroli - West, Mumbai, Maharashtra - 400083 Care Line:- 1800-220-233, 1860-500-3333, 022-67837800, Email: fgcare@futuregenerali.in, Website: www.futuregenerali.in. IRDA Regn.No. 132, CIN - U66030MH2006PLC165287.