Cholamandalam MS General Insurance Company Limited
Registered Office:2nd Floor, "Dare House" No.2, NSC Bose Road, Chennai-600001. India
T: +91 (0) 44 4044 5400, F: +91 (0) 44 4044 5500|

E:customercare@cholams.muruqappa.com Website:www.cholainsurance.com CIN U66030TN2001PLC047977 PAN AABCC6633K IRDAI Regn. No.123



# Chola Standalone Own Damage Policy for Private Car UIN: IRDAN123RP0002V01201920

Certificate Number 3407/00136013/000/00



Policy Number 3407/00136013/000/00



Name & Communication Address: Puttamoni kondanna 1.NO 1-94,Gatlakhanapur Pedhamandadi wanaparthy <b>veltur b.0</b> ,Mahabub nagar,Telangana,Pin - 509382				Registration Address: H.NO 1-94,GATLAKHANAPUR PEDHAMANDADI WANAPARTHY VELTUR B.O,MAHABUB NAGAR,TELANGANA PIN - 509382							
Mobile: 9177687018   Landlin EIA No.   Customer ID: 10142		_	com								
Cover Note Number					Geogra	phical A	Area: Indi	a			
Period of Insurance: From 20/	12/2023 11:37 hours to	midnight on 19/12/202	4		<u>, , , , , , , , , , , , , , , , , , , </u>			/ Profession: Individ	dual		
•	,										
			PARTI	CULARS OF T	HE VEHI	CLE IN	SURED				
Date of Registration	13/02/2023	PI	ace of Reg	istration	WANAPART	'HY		Registration Nun	nber	TS-32-G-3029	
Make MARUTI SUZUKI	Model	BA	LENO	Variant	ZETA 1.2			Vehicle Colour	-	TypeofBod	у: НАТСНВАСК
rear of Mfg	2022	To	tal Seating	g Capacity	5			Fuel used		PETROL	
Cubic Capacity	1197	En	gine No.		K12NP7184	970		Chassis No.		MBHHWB13S	NM330480
			-	D)/ /T	D I.	- 137-1	- \				
	lc 04 00	- 00 l.		DV (Insured's		ed Valu				(5.)	lo .
For Vehicle (Rs.)	6,01,89	5.00 Nor	ı-Electrica	Accessories (Rs.)	0		Ele	ectrical/Electronic	Accessorie	es (Rs.)	0
Value of CNG/LPG Kit (Rs.)	0	Tota	al Value (R	s.)	6018	395	Od	lometer reading (I	kms):		Anticipated distance to be travelled (kms):
	Dotails of	Motor Third P	arty Inc	uranco Policy	, covori	ag the	vohick	new rod under	thic Poli	C)/	
Name of Insurer	ROYAL SUN		arty Ins	diance Poncy	Start Dat		veilible i	19/12/2022		Су	
Policy Number	MOBL3950				End Date			18/12/2025			
The coverage hereunder is on its only and the coverage hereunder is only and the coverage is			e insured	under this policy.			connection			Third party liab	oility for Personal
IDV Rs.			First yea	r	-		Second yea	<u>Y</u>		Third y	ear
			001093		£ 1000000		1000			0	
						All Indiana	*	Premium (Rs.)			
Own Dam	age of the Vehicl	e	IMT	Firs	t year //	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Second year		Th	ird year
Basic OD			1	19206		7/	0		0		
PA - Owner				425	NV		0		0		
Sub Total: (additions)			// / / / / / / / / / / / / / / / / / /	19631	//		0		0		
_ess:											
Bonus Discount (%)			$A \subseteq A$	3841			-		-		
Sub Total: (discounts)		Lon.		3841			0		0		
Гotal		/( )		15790			0		0		
Own Damage Premium				15790			0		0		
Experience Based Discount (	%)	James Comments of the Comments		9987			-		-		
Total Premium		/( \		5803			0		0		
Add-on Covers	Gum Insured* fo Add-on	Options	Time Excess	Firs	st year			Second year		Th	ird year
Naiver of Depreciation for Standalone Private Car OD				3310			0		0		
*Sum Insured for Add-on is t	he IDV otherwise	e specifically ment	ioned								
Total Premium (Own Damage	e + Add-on)				Rs.	9113					
CGST					Rs.	820					
GGST					Rs.	820					

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

lRs. Rs.

10753

DRIVER CLAUSE: Any person including 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.

### Deduction Under section 1: Rs.1000

ligst

# Voluntary deductibles under Section 1 Rs.0 Per claim

Additional Imposed deductibles under Section 1 Rs.0

Subject to I.M.T. Endt. Nos. and Memorandum: 22,7

Coverage Under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the policy stands cancelled from inception.

Date and Signature of the proposal 20/12/2023 In witness where of this policy has been signed in lieu of the Cover Note No.: 0 Date: 20/12/2023

Warranties: Warranted that NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the

information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company. "The policy covers damages to vehicle only and not the Third Party losses. Third Party cover is taken by the customer in previous policy, details of which are as per the customer declaration only. Customer needs to ensure that there is a valid TP cover at all time. " Own Damage Cover is subject to a valid Third Party Policy".

NII Dep: Notwithstanding anything contained in the Policy, it is warranted that Maximum Liability of the company under Nil Dep cover shall not exceed 2 claims during the Policy

This policy has been issued upon declaration by the Assured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

NOTE: The Policy Schedule CUM Certificate of Insurance is an important document issued based on your declaration. We request you to verify the

details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy Financier Name & Address: SHRIRAM TRANSPORT FINANCE LTD, Hyderabad

Intermediary Name: CIFCL MAHABOOB NAGAR

Code: 202064631372 Contact No. 4030475000

POSP PAN No.: POSP Aadhaar No.

POSP Name:

For Cholamandalam MS General Insurance Company Ltd

Place: CHENNAI Date: 20/12/2023

Receipt Date:

**Duly Constituted Attorney(s)** 

Business Location: HYDERABAD - BRANCH

GST Invoice No.: 3407486663215 | GSTIN: 36AABCC6633K1ZK | SAC Code: 997134 | SAC Description: Motor Vehicle Insurance Services

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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017. Consolidated Stamp Duty Paid Vide G.O. Rt No.G.O.No.363,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated

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 Chapter XI of the Motor Vehicles Act, 1988

In the event of a claim under Compulsory personal accident cover (CPA), the intimation of the claim to the Insurer shall be within 30 days of its occurrence

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 Vehicle Act, 1988, is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation, English Version will hold good.

Note: UIN of the add-on cover(s) availed under this policy are mentioned below:

SI.No	Add on cover Name	IRDA BAP UIN	UIN
1	Waiver of Reduction in Depreciation	IRDAN123RP0002V01201920/A0005V02201920	IRDAN123RP0002V01201920/A0005V02201920

Details of Compulsory Personal Accident cover for Owner-driver (Either with TP Policy or Standalone)							
Name of Insurer	ROYAL SUNDARAM	Start Date	19/12/2022				
Policy Number	MOBL395025	End Date	18/12/2023				

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list.

Call Toll Free: 1800 208 5544 SMS CHOLA to 56677 \ Visit www.cholainsurance.com \ Email customercare@cholams.murugappa.com

Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & service offered. To opt out from the facility, player re ster under Do No tall section on our website Cholamandalam MS General Insurance Company Limited

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CIN U66030TN2001PLC047977 PAN AABCC6633K IRDAI Regn. No.123



### **Policy Schedule** Chola Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies

UIN: IRDAN123RP0086V01201819

Policy Number: 3407/00136013/000/00

A. INSURED DETAILS						
Name of the Insured	Gender	Age	Date of Birth	*Nominee Name	Nominee Relationship	
PUTTAMONI KONDANNA	Male	57	25/06/1966	-	-	

#### **B. SUM INSURED DETAILS**

Sum Insured: Rs.15,00,000 (Rupees Fifteen lakhs only)

Vehicle Make

Nature of injury	Scale of compensation
(i) Death	100% of Sum Insured
(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100% of Sum Insured
(iii) Loss of one limb or sight of one eye	50% of Sum Insured
(iv) Permanent total disablement from injuries other than named above	100% of Sum Insured

#### Provided always that:

• The compensation shall be payable under only one of the items (i) to (iv) above in respect of the Insured arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum of Rs.15 lakhs (Rupees Fifteen Lakhs only) during any one period of insurance.

C. VEHICLE DETAILS

MARUTI SUZUKI	MARUTI SUZUKI TS-32-G-3029		K12NP7184970	MBHHWB13SNM330480			
	D. PREMIU	M DETAI	LS				
Premium		Rs.	425				
IGST		Rs.	0				
CGST		Rs.	38				
SGST		Rs.	38				
Total Premium		Rc	501				

The registered Owner in person is entitled to the Compulsory PA cover where he/she holds an effective driving license

Regn. No.

Coverage under this policy will extend to all the vehicles owned by the Owner-driver under 🎀 same Policy. In other words, the cover under this Policy would be valid when the owner-driver drives any of the vehicles he / she owns

Intermediary Name: CIFCL MAHABOOB NAGAR APONE

Contact No. 4030475000

Intermediary Code: 202064631372

Engine No.

Receipt Number and Date:

In WITNESS WHEREOF, this Policy of Insurance has been signed on 20/12/20 For Cholamandalam MS General Insurance Company Ltd.

Chassis No.

Place: Chennai

Duly Constituted Attorney(s)

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list

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Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & service offered. To opt out from the facility, please register under Do Not Call section on our website