

Ref No.: GEN/WEL/SG/0008.3/1283965000

Date: 21/07/2020

To,

Mr. G Lakshmayya Reddy NO 85 BASAVANNA TEMPLE STREET ADUGODI Bangalore - 560068 District: BANGALORE KARNATAKA, India Contact Details 9731338338



Policy number: 1283965000

Subject: Risk assumption for Kotak Long Term Two Wheeler Secure (Comprehensive Policy)

Dear Mr. G Lakshmayya Reddy,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Long Term Two Wheeler Secure (Comprehensive Policy).

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. The policy wordings detailing the terms and conditions has been sent to your registered email id and is also available on our website www.kotakgeneralinsurance.com under the downloads section.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Zone IV, Kotak Infiniti, Bldg.No. 21, Infinity IT Park, Off WEH, Gen. AK Vaidya Marg, Dindoshi, Malad(E), Mumbai – 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory



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Kotak Long Term Two Wheeler Secure

(Comprehensive Policy)

Certificate cum Policy Schedule

Policy / Certificate No: 1283965000

For any assistance please call 1800 266 4545 or visit www.kotakgeneralinsurance.com



INSURED DETAILS

Name: Mr. G Lakshmayya Reddy

Address: NO 85 BASAVANNA TEMPLE STREET ADUGODI

Bangalore - 560068 District: BANGALORE

KARNATAKA(29), India

Place of Supply: KARNATAKA

Supply State Code: 29 Phone: NA

Mobile: 9731338338

Email: CV70000@GMAIL.COM

GSTIN:

POLICY DETAILS

Policy Issuing Office: H - 78, 7Th Floor, 23 Himalaya HouseKg Marg Delhi

Delhi 110001.

Period of Insurance:

From: 23/07/2020 00:00 to: 22/07/2021 Midnight

Type of Vehicle: Two Wheeler

Policy issued on: 21/07/2020 Cover Note No: NA

Hypothecated to: NA

VEHICLE DETAILS

Registration no.	Make	Model	Variant	CC	Manufacturing Year	RTO Location	Engine No.	Chassis No.	Seating Capacity of side car (if any)
KA01JA6014	YAMAHA	SALUTO	STD	125	2018	BANGALORE	E0014944	H0006579	2

Insured Declared Value (IDV)									
Period	Insured Declared Value (IDV) of the Vehicle (in ₹)	IDV of Side Car (in ₹)	Additional Accessories (in ₹)	Non - Electrical Accessories fitted to the Vehicle (in ₹)	Electrical & Electronic Accessories fitted to the Vehicle (in ₹)	CNG / LPG Kit (in ₹)	Total Value of the Vehicle (in ₹)		
23/07/2020-22/07/2021	49,073	0	0	0	0	0	49,073		

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II			
Own Damage		Liability			
Basic Own Damage	291.49	Basic TP Including TPPD Premium	752.00		
Less:		PA Cover for Owner Driver of ₹ 15,00,000	375.00		
No Claim Bonus Percent 25% 72.87					
Total Own Damage Premium (A)	218.62	Total Liability Premium (B) 1,127			
Taxable value of Services (A+B)					
IGST @ 18%					
Total Premium (in ₹)					

Geographical Area	INDIA			Additional Excess ₹	0
Compulsory Deductibles ₹ No. of Claims for Depreciation	100	Voluntary Deductible ₹	0	Total Deductible ₹	100
Cover:			Voluntary Deductible for Depreciation Cover:	0	

INTERMEDIARY DETAILS

Intermediary Code 3 2	4 7	1 3 0	0 0	0 In	ıtermediaı	ry Name	SMC INSURAN	CE BROK	ERS PV	ſ LTD	
				-							
Intermediary's Mobile No.	8 5	2 7	$7 \mid 0$	5 7	7 7	Intermediar	y's Landline No.				



NOMINEE DETAILS

*Nominee Name	*Nominee Age	*Relationship	*Name of Appointee (if nominee is a minor)	Relationship to the Nominee
VIJAYA LAKSHMI	19/07/1964	Spouse		

DISCLAIMER

For complete details on terms and conditions governing the coverage and NCB please read the Policy Wordings. This document is to be read with the Policy Wordings(which are also available on the Company website i.e. www.kotakgeneralinsurance.com). Please refer to the claim form for necessary documents to be submitted for processing the claim.

LIMITS OF LIABILITY

Under Section II - 1(i) of the policy -> Death of or bodily injury: Such amounts is necessary to meet their requirements of Motor Vehicle Act, 1988. Under Section II - 1(ii) of the policy -> Damage to Third Party Property ₹ 1,00,000; PA Cover under Section III: for Owner Driver CSI ₹ 15,00,000; Deductible under section I -> ₹ 100

LIMITATIONS AS TO USE

The Policy does not cover use for hire or reward, tuition, Organized racing, pace making, reliability trial, speed testing, carriage of goods(other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade.

DRIVER'S CLAUSES

Any person including the insured: Provided that a person driving hold and effective Driving License at the time of accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learners' License may also drive the Vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules1989.

NO CLAIM BONUS SCALE

Renewal of annual policy to Long term policy and vice versa.

Number of Claims	% of Discount on Own Damage Premium
No claim made or pending during the preceding full year of insurance	20%
No claim made or pending during the preceding 2 consecutive years of insurance	25%
No claim made or pending during the preceding 3 consecutive years of insurance	35%
No claim made or pending during the preceding 4 consecutive years of insurance	45%
No claim made or pending during the preceding 5 consecutive years of insurance	50%

*No Claim Bonus (NCB) is subject to no claim on the previous policy. Benefits under the policy will be forfeited if claim is/was made in previous policy. Please contact our Customer Care team in case of wrong NCB % mentioned.



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 Policy 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.

Premium Collection Details:

Collection No: 1202100160775

Amount: 1,588.00

Receipt Date: 21/07/2020

Subject to I.M.T. Endt.Nos. & Memorandum 22, GR27 Printed/herein/attached hereto Under Hire Purchase Agreement with NA

TAX DETAILS

Service Tax/GST Registration No.	0 7 A A F C K 7 0 1 6 C 1 Z V	Category	: General Insurance Services
SAC Code	997134	Description	Motor vehicle insurance services
Invoice Number	1283965000		

DECLARATION

I/We hereby certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with the provision of chapter X, XI of M.V.Act 1988.

In Witness whereof this Policy has been signed for and behalf of H - 78, 7Th Floor, 23 Himalaya HouseKg Marg Delhi Delhi 110001. at Mumbai this 21 day of July of 2020

The stamp duty of ₹ 0.50 paid in cash or by demand draft or by pay order, vide receipt/challan no.

CSD40202014752020

dated

2 4 0 6 2 0 2 0

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory

This document is digitally signed, hence counter signature / stamp is not required.