

# Global Health & Allied Insurance Service

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Ref No.: GIC/2025-26/01/0030111234

Date: 05/05/2025

To,

**MR. SHWETA GUPTA**

**NOIDA B-62 SECTOR-53, , , Gautam Buddha Nagar**

**Uttar Pradesh, 201301**

**Contact Details: 9928151651**

**Policy number: GIC/2025-26/01/0030111234**

**CRN: ID**

**Subject: Risk assumption for Car Secure**

**Dear MR. SHWETA GUPTA,**

We welcome you to Global Health & Allied Insurance Service and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Car Secure.

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. Please visit <https://www.globalhealth.com/customersupport/>

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 [globalhealth235@gmail.com](mailto:globalhealth235@gmail.com) within 15 days from the date of this letter.

Please note that the information provided by you will be verified at the time of claim and the captured 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.

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,

Global Health & Allied Insurance Services

*Authorized Signatory*

Global Health & Allied Insurance Services

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**Car Secure**  
**Comprehensive Policy**  
**Certificate cum Policy Schedule**

Policy / Certificate No: **GIC/2025-26/01/0030111234**

For any assistance please call 1800 266 4545 or visit [www.globalhealth.com](http://www.globalhealth.com)

**INSURED DETAILS**

<b>Name:</b> SHWETA GUPTA	<b>Policy Issuing Office:</b> Muscat, Oman (Headquarters)
<b>Address:</b> NOIDA B-62 SECTOR-53, , , Gautam Buddha Nagar, Uttar Pradesh, 201301	<b>Period of Insurance:</b> From: 05 May 2025 to: 04 May 2026 midnight
<b>Phone:</b> 9928151651	<b>Type of Vehicle:</b> Private Vehicle
<b>Mobile:</b> 9928151651	<b>Hypothecated to:</b> N/A
<b>Email:</b> shwetagupta@gmail.com	

**VEHICLE DETAILS**

Owner Name	SHWETA GUPTA
Mobile number	9928151651
Registration Number	UP16DX3416
Maker Model	BALENO ALPHA AGS
Variant	PRME CELESTIAL BLUE
Year	2023-09-06T18:30:00.000Z
Engine No	K12NP4303196
Chassis No	MBHHWB13SPG509699
Cubic Capacity	1197
Fuel Type	PETROL
RTO	Noida
Financer	N/A

**PREMIUM TABLE**

Section I		Section II		Section III	
Basic Own Damage	6400	Basic TP incl. TPPD	3416		
Add Covers	330	Total Liability	3416		
No Claim Bonus	1600				
No Claim Bonus Percentage %	25				

Section I		Section II		Section III	
Insured Value (IDV)	800000				
IGST @ 18%					1538
Total Premium					10084

#### NOMINEE DETAILS

Nominee Name	Kunal sharma	Nominee Relationship	friend	Nominee Age	24
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#### CUSTOMER DECLARATION FOR CNG/ LPG KIT

I/ We agree and undertake to immediately inform the Company in case of change on account of addition of CNG/LPG kit and obtain necessary endorsement in the Policy.

#### 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.zurichkotak.com](http://www.zurichkotak.com)). Please refer to the claim form for necessary documents to be submitted for processing the claim

#### PUC DECLARATION

This policy has been issued subject to valid Pollution Under Control (PUC) Certificate Fitness Certificate disclosed to our representative / declared by You prior to commencement of risk under this policy and further undertaking to renew and maintain a valid PUC throughout the duration of the Policy.

#### PUC DECLARATION

Previous policy document is required at the time of claim verification. All type of pre – existing damages or cost of repair of such damage will be excluded at the time of claim settlement..

#### NO CLAIM BONUS SCALE

Description	Discount
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%

## DETAILS OF DEPRECIATION

Description	Discount
Not exceeding 6 Months	5%
Exceeding 6 months but not exceeding 1 year	15%
Exceeding 1 year but not exceeding 2 years	20%
Exceeding 2 years but not exceeding 3 years	30%
Exceeding 3 years but not exceeding 4 years	40%
Exceeding 4 years but not exceeding 5 years	50%

## TAX INVOICE

Owner Name	SHWETA GUPTA
Mobile number	9928151651
Registration Number	UP16DX3416
Name	Global Health & Allied Insurance Service
PAN Number	OWKPS4091F
Email	shwetagupta@gmail.com
Maker Model	BALENO ALPHA AGS
Variant	PRME CELESTIAL BLUE
Year	2023-09-06T18:30:00.000Z
Engine No	K12NP4303196
Chassis No	MBHHWB13SPG509699
Cubic Capacity	1197
Fuel Type	PETROL
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Financer	N/A
IDV	800000
IGST @ 18%	1538
Total Invoice	10084

