

Ref No.: GEN/WEL/SG/0008.3/3287505802

Date: 29/04/2025

To,

Mr. Jamuna Prasad Soni S O Sawal Das Soni 13 RAM ASREY KA PURWA HUSIDIYA NEAR GORAKNATH MANDIR Lucknow - 226010 District: LUCKNOW UTTAR PRADESH, India Contact Details 79XXXXXX47



Policy number: 3287505802 CKYC ID: XXXXXXXXXX2009

Subject: Risk assumption for Car Secure

Dear Mr. Jamuna Prasad Soni S O Sawal Das Soni,

We thank you for your continued trust in Zurich Kotak General Insurance Company (India) Limited and renewing your policy to cater to your motor insurance needs.

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 <a href="https://www.zurichkotak.com/customer-support/downloads">https://www.zurichkotak.com/customer-support/downloads</a> or scan above QR code for detailed policy wording.

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@zurichkotak.com within 30 days from the date of this letter. Alternatively, you can also write to us at 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), ,Mumbai – 400063. , Maharashtra, 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.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

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 Zurich Kotak General Insurance Company (India) Limited

**Authorised Signatory** 







# **Car Secure**

Comprehensive Policy

# **Certificate cum Policy Schedule**

Policy / Certificate No: 3287505802

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



## **INSURED DETAILS**

Name: Mr. Jamuna Prasad Soni S O Sawal Das Soni

Address: 13 RAM ASREY KA PURWA HUSIDIYA NEAR

GORAKNATH MANDIR Lucknow - 226010 District:

LUCKNOW UTTAR PRADESH(09), India

Phone: 79XXXXX47 Mobile: 79XXXXX47

Email: JXXXXXXXX8@GMAIL.COM

GSTIN:

## **POLICY DETAILS**

Policy Issuing Office: A-2 3Rd Floor Kirti Nagar Near Karla Hospital

Delhi Delhi 110015.

Period of Insurance:

From: 06/05/2025 00:00 to: 05/05/2026Midnight

Type Of Vehicle: Private Car Policy issued on: 29/04/2025

Cover Note No: NA

Hypothecated to: HDFC BANK LTD. (1240)

#### **INTERMEDIARY DETAILS**

Intermediary Code 3 1 5 9 2 7 0 0 0 0 Intermediary Name LTD

Intermediary's Mobile No.

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										INO.

## **VEHICLE DETAILS**

Registration Number	Manufacturer	Model	Variant	Year of Manufacture	RTO Location	Engine Number	Vehicle Chassis/ Trailer Chassis No.	Cubic Capacity/KW	Fuel Type	Seating Capacity
UP 32 MW 2025	MARUTI	XL6	SMART HYBRID ZETA	2022	LUCKNOW	K15CN9 013601	MA3CNC72 SND292147	1462	PETROL	6

Insured Declared Value (IDV) of the Vehicle (in ₹)	Non - Electrical Accessories fitted to the Vehicle (in ₹)	Electrical & Electronic Accessories fitted to the Vehicle (in ₹)	Trailer (in ₹)	CNG / LPG Kit (in ₹)	Total Value of the Vehicle (in ₹)
7,83,134	0	0	0	0	7,83,134

## PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II		
Own Damage		Liability		
Basic Own Damage	8,247.18	Basic TP Including TPPD Premium	3,416.00	
Add:		Total Liability Premium (B)	3,416.00	
Add on Covers Total Premium #	7,976.58			
Less:		Section III		
No Claim Bonus Percent 35%	2,886.51	Personal Accident		
		PA Cover for Owner Driver of ₹ 15,00,000	330.00	
Total Own Damage Premium (A)	13,337.25	Total Personal Accident Premium (C)	330.00	
Taxable value of Services (A+B+C)			17,083.25	
IGST @ 18%			3,074.99	
Total Premium (in ₹ )			20,158.00	

Add on Covers Opted For: Consumable Cover, Depreciation Cover, Engine Protect, Return to Invoice, Road Side Assistance #: For the covers opted as shown in Add On Cover Details Table

Geographical Area	INDIA	Additional Excess ₹ 0	Compulsory Deductibles ₹	1000
/oluntary Deductible ₹	0	Voluntary Deductible for Depreciation Cover ₹ 0	Total Deductible ₹ [	1,000

Car Secure UIN:IRDAN152RP0006V04201516;



# NOMINEE DETAILS

*Nominee Name	*Nominee Age	*Relationship	*Name of Appointee(if nominee is a minor)	Relationship to the Nominee
shakuntala devi	41	Spouse		

# ADD-ON COVER DETAILS

Sr. No.	Add-On Cover	Sum Insured( ₹)	Premium (₹)	Remarks
1	Consumable Cover UIN:IRDAN152RP0006V04201516/A0012V02201516	NA	965.60	
2	Depreciation Cover UIN:IRDAN152RP0006V04201516/A0011V03201516	NA	3,002.54	No. Of Claims:2 Voluntary Deductible: 0
3	Engine Protect UIN:IRDAN152RP0006V04201516/A0013V02201516	NA	925.66	
4	Return to Invoice UIN:IRDAN152RP0006V04201516/A0014V02201516	NA	2,582.78	
5	Road Side Assistance UIN:IRDAN152RP0006V04201516/A0015V02201516	NA	500.00	

## **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). 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.

## **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 Vehicles Act, 1988. Under Section II - 1(ii) of the policy -> Damage to Third Party Property ₹ 7,50,000; PA Cover under Section III: for Owner Driver CSI ₹ 15,00,000

#### **LIMITATIONS AS TO USE**

Limitation as to use (Package Policy): 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 trails (g)Use in connection with Motor Trade. Note: In case of vehicles used for Driving Tuition the words "other than for the purpose of driving tuition" to be read after the words "hire or reward.

#### **DRIVER'S CLAUSES**

Any person including the insured: Provided that a person driving hold an 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 Rules 1989.

#### **SPECIAL CONDITIONS**

- 1. Previous policy document is required at the time of claim verification.
- 2. 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**

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.

Subject to I.M.T. Endt.Nos. & Memorandum 22, GR36A, GR27, 7 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	3287505802	

#### **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 A-2 3Rd Floor Kirti Nagar Near Karla Hospital Delhi Delhi 110015. at Mumbai this 29 day of April of 2025

Stamp Duty of ₹ 0.50 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/ENF-2/CSD/14/2025/Validity Period Dt. 31/01/2025 To Dt. 31/12/2026 (O/w.No. 488)/Date: 29/01/2025).

For Zurich Kotak General Insurance Company (India) Limited

**Authorised Signatory** 

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

Policy Clause Number



# **CUSTOMER INFORMATION SHEET**

This document provides key information about your policy. Please refer to the policy document for detailed terms and conditions.

SI NO	Title		(Please	<b>Desc</b> refer to applicable Polic	<b>ription</b> y Clause Number	in next c	column)		
ı	Product Name	Car Secure							
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN152RP0	IRDAN152RP0006V04201516						
3	Structure	<ul> <li>State basis of Sum/Limit Insured</li> <li>Indemnity</li> <li>Fixed Benefit</li> </ul>							
1	Interests Insured	ed							
5	Sum Insured / Motor Insured Declared Value Scope	purpose of this The IDV of the manufacturer's	policy which i vehicle (and a listed selling	e (IDV) of the vehicle will s fixed at the commence ccessories if any fitted to price of the brand and rejusted for depreciation.	ement of each polion of the vehicle) is to	cy period be fixed	d for the	e insured basis of	vehicle
		Section	Coverage			s	Sum Ins	ured	
		Section I	Loss of Or	Damage to The Vehicle	Insured	R	Refer be	elow table	Э
		Section II	Liability to	Third Parties		A	As per C	Court Ord	er
		Section III	Personal A	ccident Cover for Owner	-Driver	IN	NR 15,0	00,000/-	
					,	Year 1		Year 2	Year 3
		Insured Decla	red Value (ID	V) of the Vehicle (INR)	I	INR 7,83	3,134	INR 0	INR 0
		Non - Electric	al Accessorie	s fitted to the vehicle (IN	IR) I	INR 0		INR 0	INR 0
			ectronic Acce	essories fitted to the veh	· , ,	INR 0		INR 0	INR 0
		Trailer (INR)	` '			INR 0	INR 0		
		CNG / LPG K Total Value of	. ,	ND)		INR 0 INR 7,83	104	INR 0	INR 0
		accessories shall not exc shall not exc a. For total loss vehicle (included included	y may at its cor may pay in eed: / constructive diding accessory accessory as per limits and the Company shent (being the company of a 'cash-los date of dama, ance policy a coumentary of a 'tash-los date of the company shent (being the company of a 'cash-los date of dama, ance policy a coumentary of a 'tash-los date of the company accumentary of a 'tash-los date of the company accumentary of a coumentary of a counter a cou	own option repair reinstal cash the amount of the etotal loss/cash-loss of pries thereon) as specificates other than Total Loss of repair and/or replayspecified. The etotal loss sets of repair and/or replayspecified. The etotal loss of the Policyholde etotal loss the assessed as being all grant the Policyholde etotal loss the assessed including any submitted including any submitted including any submitted including any submitted including the compage. Additionally, the Compage. Additionally, the Compage the etotal loss of the policy covering the treated as a CTL if the etotal loss of the policy conditions of the policy covering the conditions of the policy covering the etotal loss of the etotal	e loss or damage at the vehicle - the Ineed in the Schedule s/Constructive Tot accement of parts to unrepairable and r the option to reta value of Salvage d by or through the any is entitled to company can cancel the of or alternatively the wreck effective e aggregate cost of cy, exceeds 75% of	and the liansured's I eless the call Loss/coot/dama hence a sain the wrobased or element the road evidence the data of retrieva of the IDV	Declare e value cash-los aged su wreck reck an on compl). e Own loory Motoregistrate in origitate of da al and / v of the	of the Co ed Value of the wiss of the ubject to i.e. a 'tot d accept betitive qu Damage for Third I ation of the ginal a st amage. or repair vehicle.	mpany (IDV) of reck. vehicle al loss' a 'cash uotes insuran Party ne wrec atutory
		IDV of the vehice	te is calculat	ad an ay ahawraam aria	e less depreciation	n depend	ding on	the age	
		vehicle.		·	· 	•			or the
			Examp	le: Ex-showroom price	· 	•	<b>0,000.</b> 3 Yea		or the



Depreciation %	15%	20%	30%	ı
IDV	INR 8,50,000	INR 8,00,000	INR 7,00,000	

**Note:** The above Illustration is as per the depreciation slabs mentioned in the policy wording for the age of the vehicle.

6 Policy Coverage

The coverages available under this policy are listed in below and will be applicable as mentioned in the Policy Schedule.

Policy Wordings -Section I, Section II, Section III

## Section I: Loss of Or Damage to The Vehicle Insured

Cover for any Partial or Total Loss or Damage to the vehicle due to natural calamities such as - Fire, explosion, self-ignition or lightning, earthquake, flood, typhoon, hurricane, storm, tempest, inundation, cyclone, hailstorm, frost landslide, rockslide etc. Or man - made calamities such as burglary, theft, riot, strike, malicious act, accidental external means, terrorist activity, any damage in transit by road, rail, inland waterway, lift elevator or air, etc.

#### Section II: Liability to Third Parties

Covers legal liability for third party property damage and third-party bodily injury (including death) due to an accident.

#### Section III: Personal Accident Cover for Owner-Driver

Personal Accident Cover is provided to the Owner-Driver whilst driving the vehicle including mounting into/dismounting from or traveling in the insured vehicle as a co-driver. Additionally, other passengers and paid drivers can also be covered by opting for the same- limited to the carrying capacity of the vehicle, excluding the driver.

7 Add-on C	Cover S.No	Add-on Name and Description	UIN	Sum Insured	Add-on Wo
	1	Depreciation Cover Description: Covers for depreciation in case of parts replaced on account of damage to the Insured vehicle and/or to its accessories, arising out of any peril covered under Section I of the Policy	UIN:IRDAN152RP0006V04201516/A0011V03201516	783134	
	2	Consumables cover Description: Cover is provided for expenses incurred by the Insured in respect of Consumable Items in the event of damage to the Insured vehicle and/or to its accessories, arising out of any peril as covered under the Policy.	UIN:IRDAN152RP0006V04201516/A0012V02201516	783134	
	3	Engine Protect Description: Cover is provided to indemnify the Insured for expenses incurred in repair or replacement of Engine Parts, Differential Parts and Gear Box Parts which becomes necessary due to Consequential Damage arising out of water ingression/leakage of lubricating oil which directly cause loss or damage to the aforesaid parts.	UIN:IRDAN152RP0006V04201516/A0013V02201516	783134	
	4	Return to Invoice Description: Cover is provided to pay the difference between the Insured's Declared Value (IDV) of the Insured vehicle and lower of the Purchase Invoice Price (as defined below) of Insured Vehicle OR current replacement price of new vehicle in case exactly same make/model is available, upon the occurrence of any Total Loss (including theft)/ Constructive Total Loss as defined in the Policy.	UIN:IRDAN152RP0006V04201516/A0014V02201516	783134	
	5	Road Side Assistance Description: Cover is Provided for following: a.Towing due to an accident or breakdown b.Battery jump start	UIN:IRDAN152RP0006V04201516/A0015V02201516	0	



		c.Arrangement/ Supply of fuel: d.Emptying of fuel tank e.Flat Tyre(s) f.Breakdown support over phone g.Taxi Benefits h.Arrangement of keys i.Message Relay j.Minor Repairs	
8	Loss Participation	Deductible	
		Compulsory Deductible: INR 1000	
		Voluntary Deductible: INR 0	
		Voluntary Deductible for Depreciation Cover: INR 0	
		Total Deductible: INR 1000	
9	9 Exclusions  GENERAL EXCEPTIONS (Applicable to all Sections of the Policy) The Company shall not be liable under this Policy in respect of  1. Any accidental loss or damage and/or liability caused sustained or incurred outside the geographical area; 2. Any claim arising out of any contractual liability; 3. Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle herein is  a. Being used otherwise than in accordance with the 'Limitations as to Use'. Or b. Being driven by or is for the purpose of being driven by him/her in the charge of any persor than a Driver as stated in the Driver's Clause.  4.		Policy Wordings - General Exclusions (Applicable to all Sections of the Policy)
		<ul> <li>a. Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss</li> <li>b. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.</li> <li>5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.</li> <li>6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.</li> </ul>	
	For complete list of exclusions including Section-wise exclusions, refer the policy wordings		
10	Special Conditions and Warranties (if any)	Special Conditions  • All type of pre - existing damages or cost of repair of such damage will be excluded at the time of claim settlement.  Explain obligations of the Policyholder	Policy Wording - Conditions
		The insured shall take all reasonable steps to safeguard the vehicle from loss or damage and to maintain it in efficient condition and the Company shall have at all times free and full access to examine the vehicle or any part thereof or any driver or employee of the insured. In the event of any accident or breakdown, the vehicle shall not be left unattended without proper precautions being taken to prevent further damage or loss and if the vehicle be driven before the necessary repairs are effected any extension of the damage or any further damage to the vehicle shall be entirely at the insured's own risk.  The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.	
11	Admissibility of Claim	1. Notice shall be given in writing to the Company immediately upon the occurrence of any accidental loss or damage in the event of any claim and thereafter the insured shall give all such information and assistance as the Company shall require.  2. No admission offer promise payment or indemnity shall be made or given by or on behalf of the insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the insured the defence or settlement of any claim or to prosecute in the name of the insured for its own benefit any claim for indemnity or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the insured shall	Policy Wording - Conditions



give all such information and assistance as the Company may require.

In the event of the death of the sole insured, this policy will not immediately lapse but will remain valid for a period of three months from the date of the death of insured or until the expiry of this policy (whichever is earlier).

#### · Sample claim calculation process

Mr. ABC has Motor OD policy and met with an accident.

The claim amount for this vehicle will be calculated as below:

Details	Amount (INR)
Vehicle Repair Cost	50,000
Amount assessed by surveyor	48,000
Depreciation applicable (Part Depreciation: Metal as per age, plastic 50%, Glass nil)	5,000
Compulsory deductible	1,000
Total Claim payable	42,000

\*\* The above claim calculation is subject to change as per Add on covers opted and policy terms and conditions

#### Policy Servicing -Claim Intimation and Processing

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- Toll free / IVRS number of the insurer: 1800 266 4545 (8 AM TO 8 PM)
- Website / Email: www.zurichkotak.com/ care@zurichkotak.com
- Details of designated company officials to be contacted in time of claim: zkgi.motorclaimservices@zurichkotak.com

# Details of procedure to be followed for cashless service (In case of Motor Insurance) as well as for reimbursement of claim

In case of cashless process, please follow the below mentioned process

- Call our 12 hours helpline with details of accident and policy/cover note number.
- Once the claim is registered, the customer support executive will provide you with a Claim Reference Number.
- You will need to submit relevant documents to us such as Driving license, RC copy, Policy copy etc. in accordance with the Policy terms and conditions.
- · We will arrange for an inspection in
- 24 hours, if a claim is reported on a working day
- Next working day, if a claim is reported on Sunday or Public holiday
- On cashless facility confirmation, the vehicle would be repaired at a cashless garage and the payment would be made directly to the garage.
- •You will only have to pay the deductible as mentioned in the policy and the depreciation value, salvage etc. as informed by the surveyor.

In case of reimbursement process, you will have to submit documents to Zurich Kotak General Insurance Company Ltd., and we will make the payment within 7 days of completion of documentation. The detailed list of documents required is mentioned in the claims form which can be downloaded from our website www.zurichkotak.com.

## • Turn Around Time (TAT) for claims settlement

Appointment of surveyor	Immediate after intimation	
Survey report submission	15 days	
Claims concluded by the insurer	within 7 days after receipt of final survey report	
Settlement of claims	Within 7 days after receipt of final survey report and/or the last relevant and necessary document as the case may be	

#### Escalation Matrix when TAT is not satisfied

Level 1	regional.motorclaims@zurichkotak.com
Level 2	zonal.motorclaims@zurichkotak.com
Level 3	head.motorclaims@zurichkotak.com

13 Grievance Redressal and Policyholders protection

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free number 1800 266 4545 or may write an e- mail at care@zurichkotak.com. In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Company at grievanceofficer@zurichkotak.com. In case if the Insured is not satisfied with the solution the Grievance Officer has provided, Insured can write to seniorgrievanceofficer@zurichkotak.com/chiefgrievanceofficer@zurichkotak.com.

Policy Wording -Grievance Redressal



		However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: https://bimabharosa.irdai.gov.in.  You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance.  The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Company's website: www.zurichkotak.com	
14	Obligations of the Policyholder/	To disclose all information correctly sought by the insurer at time of filling the proposal form In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately Non-disclosure of material information may affect the claim settlement. Disclosure of other material information during the policy period.  ("Material Information" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk such as Purpose of the Vehicle, Usage of the Vehicle, Claim details (accident date, spot of accident, damaged parts etc.), details of vehicle, NCB details etc.)	

## **Declaration by the Policy Holder**

I have read the above and confirm having noted the details.

Place

Date Signature of the Policy Holder

# Note:

- i. Please visit https://www.zurichkotak.com/documents/customer-support/downloads for product related documents including CIS
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail



## **Transcript cum Proposal Form - Car Secure**

#### Important Information for the Insured:

- 1. This is a transcript of the details declared by you on the e-proposal and shall be the basis of underwriting of the policy. Request you to carefully review the complete information provided under this transcript and get back to us within 15 days of issuance of this document, in case there is any discrepancy found.
- 2. The policy is subject to receipt of complete premium and the risk under the Policy shall commence only from the date as specified in the policy schedule.
- 3. This document has to be read in conjunction with the policy schedule/document.
- 4. Refund, if any, with regard to the premium paid, would be processed in the same source / account (net banking / credit card / debit card) from where the premium payment has been originally made subject to policy terms and conditions.
- 5. The policy is subject to the underwriting guidelines of the Company and the details as declared by the Insured under the e-proposal.
- 6. Online premium payment should be made by the policyholder himself. No third party payment should be made using this mode of payment.
- 7. The Policyholder/ Insured has fully understood the terms and conditions of the Policy including all the features available thereunder.

Proposal No : 202504290042434						
Proposal for : Renewal F	Policy					
20,158.00	Premium Amount (Inclusive of taxes)					

Type of cover: Comprehensive Policy

Registration No.	Vehicle Make/Model/ Variant	Type of body	Cubic Capacity/KW	Fuel Type
UP 32 MW 2025	MARUTI/XL6/SMART HYBRID ZETA	SUV	1462	Petrol

Year of Manufacture Insured Declared Value		Engine Number	Chassis Number
2022 7,83,134		K15CN9 013601	MA3CNC72 SND292147

Special conditions:

Policy Start Date:

Policy End Date:

(Comprehensive)

06/05/2025 00:00

05/05/2026 at midnight

		PROPO	SER / OWNER'S [	DETAILS	
1. Title and Name of the Insured	l: Mr. Jamuna	Prasad Soni S O Sa	wal Das Soni		
2. Insured Permanent Address*		RANAPATTI POST GARHI MANIKPUR BHABHANPUR PADAMPUR PURWA HUSIDIYA NEAR GORAKNATH MANDIR District: PRATAPGARH 230202 UTTAR PRADESH(09), India			
If Correspondence Address diffe	rent from 13 RAM AS	REY KA PURWA HU	SIDIYA NEAR GO	RAKNATH MANDIR Lucknow - 226010 District: LUCKNOW UTTAR	
Permanent Address, please prov	ride*: PRADESH,	India			
3.Phone	4.Mobile *	79XXXXXX47	5.Email ID*	JXXXXXXXX8@GMAILCOM	
6.Gender	7.Date Of Birth *		8.Nationality	Indian Resident	
Proposal Date & Time: 29/0	4/2025 14:16				



Limitation as to use (Private Car): 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 trails (g)Use in connection with Motor Trade. Note: In case of vehicles used for Driving Tuition the words "other than for the purpose of driving tuition" to be read after the words "hire or reward.

**Driver's Clauses:** Any person including insured: Provided that a person driving hold an effective Driving Licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learners' Licence may also drive the Vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

#### STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ₹ 1,000,000/-

# VEHICLE DETAILS

Registration Authority and RTO	Date of	CNG/LPG/Bi	Lease / Hire / Hypothecation (Name and address of concerned parties)	Color of	Seating
Location	Registration	Fuel		Vehicle	Capacity
LUCKNOW	09/05/2022	PETROL	HDFC BANK LTD. (1240) LUCKNOW		6

*Insured Declared Value of the Vehicle (in INR)	*Non - Electrical Accessories fitted to the Vehicle (in INR)	*Electrical & Electronic Accessories fitted to the Vehicle (in INR)	Trailer (in INR)	*CNG / LPG Kit (in INR)	*Total Value (in INR)
7,83,134	0	0	0	0	7,83,134

PUC - NO

## **OPTIONAL ADD-ON COVERS**

1.   ✓ Depreciation Cover#	2. <b>☑</b> Engine Protect	#If Depreciation cover is selected: Voluntary Deductible offered under the "Depreciation Cover", which would be applied over and above the Compulsory
3. Return to Invoice	4. <b>C</b> onsumable Cover	Deductible? No
5. <b>☑</b> Road Side Assistance	6. ☐ Key Replacement Sum Insured	
7. □Loss of Personal Belongings Sum Insured	8. ☐ Tyre Cover	
9. ☐ Daily Car Allowance	10. ☐NCB Protect	
11. ☐ Meter (Switch On/ Switch Off) Cover	12. ☐ Battery Protect Cover	
13. ☐Clutch Protect		



# **RISK INCLUSION / EXCLUSION**

*Personal Accident Cover of INR     15,00,000 for the Owner Driver	*Nominee Name and Age	*Relationship	*Name of Appointee (if nominee is a minor)	Relationship to the Nominee		
15,00,000 for the Owner Driver	shakuntala devi 41	Spouse				
2. Do you wish to include Personal	Name	CSI Opted (Rs)	*Nominee Name	Relationship		
Accident cover for the Named passenger?  No  Please give details mentioned aside:						
Do you wish to include Personal Accident passenger? No	No. of Persons As Per Seating Capacity	C. S. I. (Per Person)				
Please give details mentioned aside:						
# The maximum CSI available per person is	₹ 2,00,000, each in multiples	of ₹ 10,000.				
4. Do you wish to restrict Third Party Property Damage of ₹ 7.5 Lakh to the statutory TPPD liability limit of ₹ 6,000/- only? No						
5. legal liability against Third Party Risks: A) Owner Driver ☐ Yes ☑ No Any person other than Paid Driver: No						
B) Legal Liability to Employee (IMT 29) ☐ Yes ☑ No If Yes, no. of Person: C) Unnamed Passengers ☐ Yes ☑ No If Yes, no. of Person: 0						
Compulsory Personal Accident (PA) Cover for I  The Owner Driver does not require Com and Permanent Disability (Total and Partial) not have an effective driving license.	pulsory Personal Accident Co	ver as Owner Driver has a s	separate existing Personal Accid	dent Cover against Death		

## **PREVIOUS INSURANCE DETAILS**

1. Name and address of the previous insurer KOTAK-A-2 3RD FLOOR,KIRTI NAGAR,WEST DELHI-110015									
2. Previous Policy Type	OD Only	3. Previous Policy Number		3287505801		4. Existi	ng bonus	25	%
5. Period of Insurance		06/05/2024 To		То		05/05/2025		25	
6. Details of claims taken in previous policy: No									

Whether you are entitled to No Claim Bonus 

✓ Yes NO

## **DETAILS OF DEPRECIATION**

# Table 1:Schedule of depreciation for arriving at IDV:

The Insured's declared value (IDV) of the vehicle will be deemed to be the 'Sum insured' and it will be fixed at commencement of each policy period for each insured vehicle

Age of The Vehicle	% of Depreciation for fixing	Age of The Vehicle	% of Depreciation for fixing	
	IDV		IDV	
Not exceeding 6 Months	5%	Exceeding 2 years but not exceeding 3	30%	
		years		
Exceeding 6 months but not exceeding 1	15%	Exceeding 3 years but not exceeding 4	40%	
year		years		
Exceeding 1 year but not exceeding 2	20%	Exceeding 4 years but not exceeding 5	50%	
years		years		

**Note:** IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

## **PAYMENT DETAILS**

Payment Mode: PAYMENT AGGREGATOR Payment Reference No: 113744383050 Payment Amount: 20,158.00 Payment/Transaction Date: 29/04/2025

Bank Details:

I confirm that the premium is paid out of my legitimate sources of fund and the Company has the right to call for documents to establish sources of funds. The Company has the right to cancel the policy in case I am/have been found guilty by any competent authority or court of law of violating any law/regulation.

Intermediary Code: 3159270000

As verified using OTP sent on mobile number ending with 2847 on 29/04/2025 or as submitted by you in the physical proposal form.

## **DECLARATION**



#### PEP:

Are You or any of the proposed applicants or close relatives is/are associated to Politically Exposed Person (PEP)? ☐Yes ▼No

#### **AML Declaration:**

I / We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act,2002. I / We understand that the Company has the right to call for document to establish sources of funds. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.



# **TAX INVOICE**



Details of Receiver (Billed To)		Details of Supplier (billed by)		
GSTIN/UIN		Name :	Zurich Kotak General Insurance Company (India) Limited	
Customer ID	1011240075	GSTIN:	07AAFCK7016C1ZV	
Customer Name	JAMUNA PRASAD SONI S O SAWAL DAS SONI	Pan Number :	AAFCK7016C	
Email ID	JXXXXXXXXX8@GMAIL.COM	CIN:	U66000MH2014PLC260291	
Contact No	79XXXXX47	Address:	A-2 3Rd FloorKirti NagarNear Karla HospitalDelhi Delhi 110015.	
Address	13 RAM ASREY KA, PURWA HUSIDIYA NEAR, GORAKNATH MANDIR, LUCKNOW, 226010, UTTAR PRADESH, India	Date of Invoice	29/04/2025	
IMD Code	3159270000	Invoice No	3287505802	
Receipt No	1202600152544	Proposal No	202504290042434	
		Partner Application No	3287505801	
State Code	09	State Code:	07	
Place Of Supply Name	UTTAR PRADESH - 09	State Name	DELHI	
		IRN		

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	<b>IGST Rate</b>	IGST Amt (Rs.)	
Motor Vehicle Insurance Services	997134	17083.25	17083.25	18%	3,074.99	
Total		17083.25	17083.25		3074.99	
Total Invoice Value (In Figure)	20,158.00					
Total Invoice Value (In Words)  Twenty Thousand One Hundred Fifty Eight						
Whether Tax Payable on a Re	No					

For : Zurich Kotak General Insurance Company (India) Limited

Authorized Signatory

"I/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."