



LIABILITY ONLY POLICY - PRIVATE BIKE

Certificate of Insurance cum Policy Schedule

POLICY DETAILS

Insured Name: **MEGH RAJ**
Address: **S/O DULA RAM R/O H NO 520 11 DLP DHOLIPAL HANUMANGARH, Jaipur, Rajasthan**
Pincode: **335513**
GSTIN: **N/A**
Period of Insurance: **30 Jun 20 00:00 hrs to 29 Jun 21 23:59 hrs**
Policy Issuance Date: **30 Jun 20**
Policy Number: **BBTA00252594428/00**
Nominee: **DULA RAM , Father, 60**
Owner Number: **9799769995**
Previous Policy Expiry Date: **N/A**

VEHICLE DETAILS

Registration Number: **RJ31SN0002**
Make/Model: **Bajaj CT 100 Spoke**
Registration Year: **2017**
Manufacturing Year: **2016**
Seating Capacity : **2**
Fuel Type: **Petrol**
Engine No: **B07129**
Chassis No: **B01749**



PREMIUM DETAILS (₹)

Premium Breakup	
Basic Third Party Liability	751.69
Net Liability Premium (B)	751.69
IGST (18%)	135.31
Total Premium	887

Geographical Area: **India** Compulsory Deductible: **₹ 0** Voluntary Deductible: **₹ 0**
No-Claim Bonus: **0 %** Hypothecation: **None**

INTERMEDIARY DETAILS

Name	Code	Contact	Email	Address
Advance india insurance broker Pvt limited	131362	7596957214	support@posadvanceinsurance.com	DLF Qutab Enclave Ph-1, Gurugram, Haryana 122002

POS Name	POS Contact	POS ID NO

Acko General Insurance Ltd.

Unit No. 301, 3rd Floor, E Wing, Lotus Corporate Park, Off Western Express Highway,
Goregaon (E), Mumbai - 400063.
Email: hello@acko.com | Phone: 1800 266 2256 | www.acko.com
CIN : U66000MH2016PLC287385 | IRDAI Reg No. 157 |
UIN: IRDAN157P0002V01201718



For Acko General Insurance Ltd. Duly Constituted Attorney

Limitations As To Use:

The Policy covers use only under a permit within the meaning of the Motor Vehicle Act 1988 or such a carriage falling under Sub-Section (3) of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for: a) Organised racing b) Pace Making c) Reliability Trials d) Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. **Persons or Class of Persons entitled to drive:** 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 when not used for the transport of passengers at the time of accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. **Limits of Liability.** 1. Under Section II-1 (i) of the policy - Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. 2. Under Section II - 1(ii) of the policy -Damage to Third Party Property - Rs. 100000 3. P. A. Cover under Section III for Owner - Driver(CSI): Rs. 0.0 **Terms, Conditions & Exclusions:** As per the Indian Motor Tariff. A personal copy of the same is available free of cost on request & the same is also available at our website. Please note: Previous Policy document is required in case of claim within 30 days of the Acko Policy Start Date

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. "The stamp duty of Rs. 0.50 paid by electronic medium vide Receipt/Challan no. 3677100201718 dated 26/10/2017 as prescribed in Government Notification Revenue and Forest Department No. Mudrank 2004/4125/CR/690/M-1, dated 31/12/2004. GSTN: 27AAOCA9055C1ZJ. 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". Disclaimer: The Policy shall be void from inception if the premium cheque is not realized. In the event of misrepresentation, fraud or non-disclosure of material fact, the Company reserves the right to cancel the Policy. The policy is issued basis the information provided by you, which is available with the company. In case of discrepancy/non recording of relevant information in the policy, the insured is requested to bring the same to the notice of the company within 15 days.

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Ltd. Duly Constituted Attorney



RECEIPT

Received with thanks from MEGH RAJ a sum of ₹ **887** towards premium on BIKE Insurance Policy

INSURED DETAILS

Insured Name: **MEGH RAJ**
Address: **S/O DULA RAM R/O H NO 520 11 DLP
DHOLIPAL HANUMANGARH, Jaipur,
Rajasthan**
GST: **N/A**
Period of Insurance: **30 Jun 20 00:00 hrs to 29 Jun 21
23:59 hrs**
Policy Number : **BBTA00252594428/00**

INTERMEDIARY DETAILS

Name : **Advance india insurance broker Pvt limited**
Code: **131362**

PREMIUM DETAILS (₹)

Net Premium	₹ 751.69
IGST (18%)	₹ 135.31
Total Premium	₹887

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PROPOSAL

Dear MEGH RAJ,

We wish to inform you that the Insurance policy number **BBTA00252594428/00** has been issued on the basis of the information and declaration given by you, the transcript whereof is mentioned below.

Please be informed that this Policy shall be construed to be void ab initio/invalid in the event we find that you have not disclosed material or correct information required for the purpose of providing the below insurance cover and in case of any claim arising under the policy in such a scenario, we shall be under no obligation whatsoever to settle such claim to you and the premium paid by you under this policy shall stand fully forfeited.

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Policy Number: **BBTA00252594428/00**
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BIKE DETAILS

Bike Number : **RJ31SN0002**
Make/Model: **Bajaj CT 100 Spoke**
Fuel Type: **Petrol**
Registration Year: **2017**
Manufacturing Year: **2016**
Insured Declared Value (IDV): **N/A**
Accessories (IDV): **0**

BIKE OWNER DETAILS

Name: **MEGH RAJ**
Email Address: **SANJAYSARSWA47@GMAIL.COM**
Mobile Number: **9799769995**
Pincode: **335513**

NOMINEE DETAILS

Name: **DULA RAM**
Relationship with Insured: **Father**

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