

Ref No.: GEN/WEL/SG/0008.3/3976449901

Date: 13/11/2024

To,
GARY CHERAN MOMIN
S/O LT CAPT W SANGMA RINGREY GITTIM TURA
WEST GARO HILLS
OPPS EVEREST SCHOOL
West Garo Hills - 794001
District: WEST GARO HILLS
MEGHALAYA, India
Contact Details 7086013803



Policy number: 3976449901
CKYC ID: 50005022637443

Subject: Risk assumption for Commercial Vehicle Secure (Passenger Carrying Vehicle)

Dear GARY CHERAN MOMIN,

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

This is with reference to your above mentioned Policy issued under Commercial Vehicle Secure (Passenger Carrying Vehicle).

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.zurichkotak.com/customer-support/downloads> 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 15 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. ,Mumbai , Maharashtra

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

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Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

Commercial Vehicle Secure (Passenger Carrying Vehicle)

Comprehensive Policy

Certificate cum Policy Schedule

Policy / Certificate No: 3976449901

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



INSURED DETAILS

Name: **GARY CHERAN MOMIN**
 Address: S/O LT CAPT W SANGMA RINGREY GITTIM TURA WEST GARO HILLS OPPS EVEREST SCHOOL West Garo Hills - 794001 District: WEST GARO HILLS MEGHALAYA(17), India
 Place of Supply: MEGHALAYA
 Supply State Code: 17
 Phone: NA
 Mobile: 7086013803
 Email: SINGH17041@GMAIL.COM
 GSTIN:

POLICY DETAILS

Policy Issuing Office: White House Office Space No 2B(1) 2Nd Floor 119 Kolkata West Bengal 700016.
 Period of Insurance:
From: 02/12/2024 00:00 to: 01/12/2025Midnight
 Policy issued on: 13/11/2024 Cover Note No: NA
 Hypothecated to: HDFC BANK LTD. (1240)

VEHICLE DETAILS

Registration Number	Manufacturer	Model	Variant	Year of Manufacture	RTO Location	Engine Number	Vehicle Chassis/ Trailer Chassis No.	Licensed Carrying Capacity	Seating Capacity	Gross Vehicle Weight	
ML08G8181	EICHER	10.75 H	SCHOOL BUS 41+1	2019	WEST GARO HILLS	E414CDKJ29 8946	MC2A5HRT0KJ449862	42	42	0	
IDV of Body (in ₹)		IDV of Chassis (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 ₹)
0		10,03,833		0		0		0		0	10,03,833
Category	School Bus										

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
Own Damage		Liability	
Basic Own Damage	172.66	Basic TP Including TPPD Premium	43,482.00
Add:		Legal Liability to Paid Driver and/or Conductor and/or Cleaner (IMT 28)	50.00
Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts	25.90	Total Liability Premium (B)	43,532.00
Less:			
No Claim Bonus Percent 50%	99.28	Section III	
		Personal Accident	
Total Own Damage Premium (A)	99.28	Total Personal Accident Premium (C)	0.00
Taxable value of Services (A+B+C)			43,631.28
IGST @ 18%			7,853.63
Total Premium (in ₹)			51,485.00

Geographical Area Additional Excess ₹ Compulsory Deductible ₹
 No. of Claims for Depreciation Cover Voluntary Deductible for Depreciation Cover ₹ Total Deductible ₹

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

INTERMEDIARY DETAILS

Intermediary Code Intermediary Name

Intermediary's Mobile No. Intermediary's Landline No.

CUSTOMER DECLARATION FOR CNG/ PNG KIT

I/ We agree and undertake to immediately inform the Company in case of change on account of addition of CNG/PNG 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 ₹ 0

LIMITATIONS AS TO USE

Passengers Carrying Vehicle: The policy covers use only under a permit within the meaning of the Motor Vehicles Act,1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organized 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.

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.

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%

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 21, 28, 35, 7, 23 Printed/herein/attached hereto Under Hire Purchase Agreement with NA

TAX DETAILS

Service Tax/GST Registration No.	19AAFC K7016C1ZQ	Category	General Insurance Services
SAC Code	997134	Description	Motor Vehicle Insurance Services
Invoice Number	3976449901		

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 White House Office Space No 2B(1) 2Nd Floor 119 Kolkata West Bengal 700016. at Mumbai this 13 day of November of 2024

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/98/2024/Validity Period Dt. 24/09/2024 To Dt. 31/12/2026 (O/w.No. 4576)/Date: 23/09/2024).

For Zurich Kotak General Insurance Company (India) Limited



Authorised Signatory

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

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

Transcript cum Proposal Form - Commercial Vehicle Secure (Passenger Carrying Vehicle)

Guideline

1. This is a transcript of the details provided by you and is basis of underwriting the policy. Request you to review the complete information & come -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 premium receipt and would incept from the date specified in the policy schedule.
3. This document has to be read in conjunction with the policy document.
4. Refund if any, would be processed in the same source (net banking / credit card / debit card) from which the premium payment has been made.
5. The policy is subject to the underwriting guidelines of the Company.
6. Online premium payment should be made by the policyholder himself. No third party payment should be made using this mode of payment.

Proposal No : 202411110003705

Proposal for : Renewal Policy

51,485.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

Registration No.	Vehicle Make/Model/Variant		Type of body	Fuel Type	
ML08G8181	EICHER /10.75 H/SCHOOL BUS 41+1			Diesel	
Year of Manufacture	IDV of Body	IDV of Chassis	Engine Number	Chassis Number	Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)
2019	0	10,03,833	E414CDKJ29 8946	MC2A5HRT0KJ449862	42

Special conditions :

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:	GARY CHERAN MOMIN				
2. Insured Permanent Address*	38RINGRE GITTIMTURAWESTGARO HILLS WEST GARO HILLS NEAR BRIDGE District: WEST GARO HILLS 794002 MEGHALAYA(17), India				
If Correspondence Address different from Permanent Address,please provide*:	S/O LT CAPT W SANGMA RINGREY GITTIM TURA WEST GARO HILLS OPPS EVEREST SCHOOL West Garo Hills - 794001 District: WEST GARO HILLS MEGHALAYA, India				
3.Phone		4.Mobile *	7086013803	5.Email ID*	SINGH17041@GMAIL.COM
6.Gender		7.Date Of Birth *		8.Nationality	Indian Resident

Proposal Date & Time: 11/11/2024 09:13

Policy Start Date: 02/12/2024 00:00

Policy End Date: 01/12/2025 at midnight
(Comprehensive)

Policy End Date: 01/12/2025 at midnight
(Compulsory PA)

Limitations as to use (PCV):

The Policy does not cover use of the vehicle for the purpose of Carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails, any purpose in connection with Motor Trade and Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle. 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 Vehicles Act 1988

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.

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

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 Location	Date of Registration	CNG/LPG/Bi Fuel	Lease / Hire / Hypothecation (Name and address of concerned parties)	Color of Vehicle	No of Wheels
WEST GARO HILLS	27/11/2019	Diesel	HDFC BANK LTD. (1240) KOLKATA		4

IDV of Body (in INR)	IDV of Chassis (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)
0	10,03,833	0	0		0	10,03,833

PUC - YES

OPTIONAL ADD-ON COVERS

1. <input type="checkbox"/> Depreciation Cover# 3. <input type="checkbox"/> Return to Invoice 5. <input type="checkbox"/> Road Side Assistance 7. <input type="checkbox"/> Tyre Cover 9. <input type="checkbox"/> Additional PA Cover for Owner Driver Sum Insured 11. <input type="checkbox"/> Hospital Cash Benefit Max No. of days Select.. Per day benefit Select.. 13. <input type="checkbox"/> Additional Towing Charges Sum Insured	2. <input type="checkbox"/> Engine Protect 4. <input type="checkbox"/> Consumable Cover 6. <input type="checkbox"/> Key Replacement Sum Insured 8. <input type="checkbox"/> NCB Protect 10. <input type="checkbox"/> Additional PA Cover for Passengers Sum Insured 12. <input type="checkbox"/> EMI Protect Monthly Amount No of EMIs Select.. 14. <input type="checkbox"/> Loss of Income Max No. of days Select.. Per day benefit Select..	#If Depreciation cover is selected: Voluntary Deductible offered under the "Depreciation Cover", which would be applied over and above the Compulsory Deductible? No
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Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

RISK INCLUSION / EXCLUSION

1. *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
2. Do you wish to include Personal Accident cover for the Named passenger? No Please give details mentioned aside:	Name	CSI Opted (Rs)	*Nominee Name	Relationship
3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No Please give details mentioned aside:			No. of Persons As Per Seating Capacity	C. S. I. (Per Person)
# 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: Do you wish to cover legal liability? A) Paid Driver and/or Conductor and/or Cleaner (IMT 28) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, no of person (1)				
B) Legal Liability to Employee (IMT 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, no. of Person: C) Unnamed Passengers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, no. of Person: 0				
Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners) I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as <input type="checkbox"/> Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15 lacs.Tenure ___ years ___ to ___ <input type="checkbox"/> The Vehicle to be insured is not owned by an individual <input type="checkbox"/> The Owner Driver does not have an effective driving license. (Note: Where the owner driver owns more than one vehicle, compulsory PA cover can be granted for any one vehicle as opted by him/her). Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lacs for Two-wheeler, Private Car and Commercial Vehicles. Compulsory PA Cover for Owner Drivers cannot be granted where the vehicle is owned by a company, a partnership firm or a similar body corporate.				

PREVIOUS INSURANCE DETAILS

1. Name and address of the previous insurer	KOTAK-NA		
2. Previous Policy Type	Comprehensive	3. Previous Policy Number	3976449900
4. Existing bonus	50	%	
5. Period of Insurance	02/12/2023	To	01/12/2024
6. Details of Claims made: No			
Whether you are entitled to No Claim Bonus? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 IDV	Age of The Vehicle	% of Depreciation for fixing IDV
Not exceeding 6 Months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

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 AGGREGATOR
 Payment Reference No : 113536606878, 113537582026
 Payment Amount: 51,485.00
 Payment/Transaction Date: 11/11/2024, 13/11/2024
 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.

Intermediary Code: 3601770000

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

TAX INVOICE


Details of Receiver (Billed To)		Details of Supplier (billed by)	
GSTIN/UIN		Name :	Zurich Kotak General Insurance Company (India) Limited
Customer ID	1013650070	GSTIN :	19AAFCK7016C1ZQ
Customer Name	GARY CHERAN MOMIN	Pan Number :	AAFCK7016C
Email ID	SINGH17041@GMAIL.COM	CIN:	U66000MH2014PLC260291
Contact No	7086013803	Address:	White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016.
Address	S/O LT CAPT W SANGMA RINGREY GITTIM TURA, WEST GARO HILLS, OPPS EVEREST SCHOOL, WEST GARO HILLS, 794001, MEGHALAYA, India	Date of Invoice	13/11/2024
IMD Code	3601770000	Invoice No	3976449901
Receipt No	1202501320099, 1202501328749	Proposal No	202411110003705
		Partner Application No	
State Code	17	State Code:	19
Place Of Supply Name	MEGHALAYA - 17	State Name	WEST BENGAL
		IRN	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	IGST Rate	IGST Amt (Rs.)
Motor Vehicle Insurance Services	997134	43631.28	43631.28	18%	7,853.63
Total		43631.28	43631.28		7853.63
Total Invoice Value (In Figure)					51,485.00
Total Invoice Value (In Words)				Fifty One Thousand Four Hundred Eighty Five	
Whether Tax Payable on a Reverse Basis or Not					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."

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516