



ST BRANDS ONLINE



**Universal Sampo**  
**General Insurance**

Suraksha, Hamesha Aapke Saath



Policy No: AVO/2315/11602762

**RAKESH SHAW**

1 1 NETAJI SUBHAS ROAD BUDGE BUDGE,

KOLKATA, WEST BENGAL,

INDIA, 700137

+91-xxxxxx8408

axxxxxxxxxxxxxt@gmail.com

Dear **RAKESH SHAW**,

Thank you for choosing us as your insurance partner for MOTOR GOODS CARRYING VEHICLE - CUM TAX INVOICE. We're extremely delighted to have you on-board and we are going to be with you every step of the way.

We are pleased to share a list of those garages in your city which have been trusted and rated highly by our customers basis their experience. You may like to consider to utilize their services in the unfortunate event of an accident or damage to your vehicle. Please visit below link to check the garage list or scan the QR code.

<https://www.universalsampo.com/cashless/>

To make your insurance experience seamless, we have introduced below tech-based solutions.

**USGI PULZ App - One stop solution for all your insurance needs. Now enjoy below complimentary value added benefits with our app.**

- **Insurance Wallet – Manage insurance policies on the go with buy and renew Option**
- **Claim Management – Intimate claim online and track claim status**
- **Complete Auto Care Solutions – Online car service appointment, road side assistance, extended warranty, buy spare parts and accessories, sell car online, self-drive car discount, tips to maintain your vehicle**
- **24X7 Road Side Assistance\* – In case you are in distress due to flat tyre, drained battery, minor repairing or towing of vehicle in case of break down or accident of your vehicle, Key locked in car or lost, fuel run dry or arrangement of taxi/ ambulance**
- **Location based Service – Find nearest pharmacy, blood bank, wellness center, lab test center, online medicine stores. Also you can track your daily activity, set reminders, and maintain your health profile and much more**

*\* Subject to Terms and conditions of Universal Sampo Policy covering the vehicle with RSA cover*

**AI-Powered Virtual Agent**

- Helps you intimate claim with ease

We're committed to offer you best-in-class services. For any query, call us on our toll-free number 1-800- 200-4030 (Other Users), 1-800-22-4030 (MTNL/BSNL Users), or mail us at [contactus@universalsampo.com](mailto:contactus@universalsampo.com). You can also drop by at one of our branches. For more information visit our website [www.universalsampo.com](http://www.universalsampo.com)

Please note that your policy is issued as per the information provided by you to us in the proposal form/ e-proposal form as well as the terms and conditions accepted by you. In case of any disagreement, discrepancy, or clarification that you may need, please let us know within 15 days of policy received.

Thanks again for choosing Universal Sampo, look forward to a long and healthy relationship.

Varsha Gujarathi

Head Operations and Customer Services

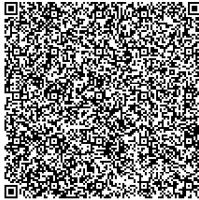


Scan to check Garage List

Reg. No. 134



Scan to download USGI Pulz App



Regd. Office: Unit No.103, 1st Floor, Akruti Star,  
MIDC Central Road, Gautam Nagar, Andheri (E), Mumbai - 400093.

MOTOR GOODS CARRYING VEHICLE - CUM TAX INVOICE  
POLICY SCHEDULE  
CERTIFICATE CUM POLICY NUMBER: AVO/2315/11602762  
INVOICE NO: USGAF231524599733

|  |   |                           |                            |                             |                            |                    |          |                |                        |  |
|--|---|---------------------------|----------------------------|-----------------------------|----------------------------|--------------------|----------|----------------|------------------------|--|
| INTERMEDIARY NAME  | GAYATRI ADITYASHITOOT   |                           |                            |                             |                            |                    |          |                |                        |  |
| INTERMEDIARY CODE  | 2017079205680001  |                           |                            | PHONE NO                    | 9065937875                 |                    |          | E-MAIL         | EZIINSURANCE@GMAIL.COM |  |
| POLICY/INVOICE ISSUED DATE   | 30/10/2024  |                           |                            |                             |                            |                    |          |                |                        |  |
| INSURED NAME   | RAKESH SHAW   |                           |                            |                             | MANUAL COVERNOTE NUMBER    | NA                 |          |                |                        |  |
| PROPOSER ADDRESS/PLACE OF SUPPLY   | 11 NETAJI SUBHAS ROAD BUDGE BUDGE, INDIA, WEST BENGAL, KOLKATA, 700137, axxxxxxxxxxxxxt@gmail.com, xxxxxx8408 |                           |                            |                             | REGISTRATION DATE          | 11/12/2023         |          |                |                        |  |
|  |   |                           |                            |                             | RTO Location               | HOWRAH II          |          |                |                        |  |
|  |   |                           |                            |                             | CUSTOMER ID                | 3002210            |          |                |                        |  |
|  |   |                           |                            |                             | NOMINEE NAME               |                    |          |                |                        |  |
| PERIOD OF INSURANCE  | 31/10/2024 00:00:00 To 30/10/2025 23:59:59  |                           |                            |                             | RELATIONSHIP WITH PROPOSER |                    |          |                |                        |  |
| HYPOTHECATION / FINANCIER NAME   | AXIS BANK LTD,KOLKATA   |                           |                            |                             | EIA ACCOUNT NO             | NA                 |          |                |                        |  |
| POLICY ISSUANCE OFFICE   | 7TH FLOOR, EXPRESS TOWERS, 42A, SHAKESPEARE SARANI, KOLKATA - 70001772, 700017, 19AAACU8917F1Z3               |                           |                            |                             |                            |                    |          |                |                        |  |
| PARTICULARS OF VEHICLE INSURED   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| REGISTRATION NUMBER  | CHASSIS NUMBER  | ENGINE NUMBER             | MAKE                       | MODEL                       | BODY TYPE                  | CUBIC CAPACITY/ KW | MFG YEAR | CARRY CAPACITY | GVW                    |  |
| WB-11-F-7755   | MAT566013P1F1 6713  | B67B62300D021 32F64299605 | TATA                       | LPT 4830 COWL LPT 4830 COWL | TANKER                     | 5883               | 2023     | 2              | 47500                  |  |
| INSURED'S DECLARED VALUE (RS.)   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| VEHICLE IDV  | TRAILER IDV   | NON-ELEC ACCESSORIES      | ELECTRICAL/ELE ACCESSORIES | CNG KIT                     | LPG KIT                    | TOTAL VALUE        |          |                |                        |  |
| 4230000.00   | 0   | 0                         | 0                          | 0                           | 0                          | 4230000.00         |          |                |                        |  |
| SCHEDULE OF PREMIUM (AMOUNT IN RS.)  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| A. OWN DAMAGE  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| B. LIABILITY   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| BASIC OWN DAMAGE PREMIUM 12389.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| INCLUSION OF IMT23 1858.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| OWN DAMAGE PREMIUM (A1) 14247.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| DISCOUNT (A2) SUB TOTAL(B2) 100.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL LIABILITY PREMIUM(B) 44342.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| BASIC OD 3 14247.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL OD (A3) 14247.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| NO CLAIM BONUS ( 20 %) 2849  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| ADD-ONS OPTED  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL ADD-ONS PREMIUM(A4) 0.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL OWN DAMAGE PREMIUM(A) 11398.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL PACKAGE PREMIUM(A+B) 55740.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| NET PREMIUM OD + OTHER LIABILITY COVERS(B2) 11498  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| BASIC LIABILITY(B1) 44242.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| CGST(9%) 1034.82   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| CGST(6%) 2654.52   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| SGST(9%) 1034.82   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| SGST(6%) 2654.52   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| UGST(9%) 0.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| UGST(6%) 0.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| IGST(18%) 0.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| IGST(12%) 0.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL OD(A) + OTHER LIABILITY COVERS(B2) (INCLUDING GST) 13568.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL BASIC LIABILITY(B1) (INCLUDING GST) 49551.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| TOTAL PREMIUM 63119.00   |   |                           |                            |                             |                            |                    |          |                |                        |  |
| COMPULSORY DEDUCTIBLE 1500.00  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| Policy subject to the following Special Condition(s) : NA, NA  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| Previous OD Policy number : OG-24-2495-1803-00006293 valid from 31/10/2023 12:00:00 AM to 30/10/2024 12:00:00 AM of BAJAJ ALLIANZ GENERAL INSURANCE CO.LTD NCB (0%)  |   |                           |                            |                             |                            |                    |          |                |                        |  |
| For No Claim Bonus (NCB): a) No Claim Bonus will only be allowed if the policy is renewed within 90 days of the expiry date of the previous year. b) The insured is entitled for a No Claim Bonus on the Own Damage Section of the policy, if no claim is made or pending during the preceding year(s) as per policy conditions. DRIVER (Persons or classes 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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. LIMITATIONS AS TO USE: 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) Organised racing d) Pace making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade. LIMITS OF LIABILITY: a) Under Section II- 1(i) of the Policy- Death or bodily injury-such amount as is necessary to meet the requirements of the Motor Vehicle Act 1988 b) Under Section II- 1(ii) of the Policy-Damage to Third Party Property-in respect of any one claim or series of claims arising out of one event (Rs. 6000/- OR Rs 7.5 Lakhs as may be applicable), P.A. Cover under Section III for Owner - Driver (CSI) : Rs.1500000/- Deductible under section 1: Refer Compulsory Deductible. 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" SUBJECT TO IMT ENDORSEMENT NOS. AND MEMORANDUM PRINTED HEREIN / ATTACHED HERETO : 22,23,28 PREMIUM COLLECTION DETAILS : Collection No / Amount / ReceiptDate: C3010243122308 / Rs.63119.00 / 30/10/2024 DISCLAIMER: For USGIC renewal policies, the policy wordings including terms and conditions were sent with the first year policy. The same policy wordings stands correct with no changes. You can also refer the wordings at our website www.universalsompo.com. Policy is valid subject to Realization of Cheque. We accept premium only via legally recognized modes except for cash. If our representatives request you to pay in cash, kindly report it to us. Please visit our website www.universalsompo.com to know more about the policy coverage, benefits, and exclusions. Kindly write to us on contactus@universalsompo.com to get the copy of the policy wordings, if required. CLAIMS DISCLAIMER: In the unfortunate event of any loss or damage to the insured property resulting into a claim on this policy, please intimate the mishap IMMEDIATELY to our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) or on chargeable numbers at +91-22-27639800 / +91-22-39133700. Email at contactclaims@universalsompo.com. Please note that no delay should be allowed to occur in notifying a claim on the policy as the same may prejudice liability. 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. IRDAI UIN NO: IRDAN134RP0009V02200809 SAC CODE : 997134 FOR UNIVERSAL SOMPO GENERAL INSURANCE CO. LTD. DULY CONSTITUTED ATTORNEY(S) USGI IRDAI REGISTRATION NO: 134 In Witness whereof this Policy has been signed at Mumbai in lieu of covernote No. NA Consolidated stamp duty Rs. 1 paid towards Insurance policy stamp vice receipt no. CSD/313/2020/573/2020 dated 2020-02-05 of General Stamp Office Mumbai. In case of any discrepancy, complaint or grievance, please feel free to contact us within 15 days of receipt of the Policy. Universal Sampo General Insurance Co. Ltd. Unit No 601/602, A wing, 6th Floor, Reliable Tech Park, Cloud City Campus, Gut No 31, Mouje Elthan, Thane Belapur Road, Airoli -400708Toll Free Numbers: 1-800-22-4030 (for MTNL/BSNL users) or 1-800-200-4030 (other users) Landline Numbers:+91-22-27639800 / +91-22-39133700 (Local Charges Apply). E-mail Address: contactus@universalsompo.com. Note: Please include your policy number for any communication with us. |   |                           |                            |                             |                            |                    |          |                |                        |  |



**Payment Receipt**

|                |                |
|----------------|----------------|
| Receipt Number | C3010243122308 |
| Receipt Date   | 30/10/2024     |

Received with thanks from RAKESH SHAW

| Mode Of Payment | Instrument/Transaction no. | Instrument/Transaction Date | Amount   |
|-----------------|----------------------------|-----------------------------|----------|
| OnlinePayment   | 21428383632                | 30/10/2024                  | 63119.00 |
| TOTAL           |                            |                             | 63119.00 |

Issuance of this receipt does not amount to acceptance of the risk by Universal Sampo General Insurance Co. Ltd. The insurance cover for the risk shall be as per the terms and conditions of the insurance contract and after the allocation of the receipt amount against insurance contract.

For and On Behalf of Universal Sampo General Insurance Co. Ltd.

  
Universal Sampo General Insurance Co. Ltd. Address: Corporate office address>. IRDAI Reg No. 134 CIN , GST Reg. No.:19AAACU8917F1Z3, HSN: Insurance Services, GSTIN Address:7TH FLOOR, EXPRESS TOWERS, 42A, SHAKESPEARE SARANI, KOLKATA - 70001772, 700017 In case of claim or any other query, please contact our 24-hour Call Centre at Toll Free No. : 1800-22-4030 / 1800-200-4030 email us at [contactus@universalsampo.com](mailto:contactus@universalsampo.com) or visit our website [www.universalsampo.com](http://www.universalsampo.com).

**PROPOSAL FORM CUM TRANSCRIPTION LETTER FOR MOTOR GOODS CARRYING VEHICLE - CUM TAX INVOICE**

|   |                              |                             |                            |   |
|---|------------------------------|-----------------------------|----------------------------|---|
| <b>PROPOSER ADDRESS/PLACE OF SUPPLY:</b> 1 1 NETAJI SUBHAS ROAD<br>BUDGE BUDGE, INDIA, WEST<br>BENGAL, KOLKATA, 700137,<br>axxxxxxxxxxxxxt@gmail.com,<br>xxxxxx8408 | <b>Make</b>                  | TATA                        | <b>Proposal No.</b>        | USN2024102829898957                             |
|   | <b>Model</b>                 | LPT 4830 COWL LPT 4830 COWL | <b>Issuance Date</b>       | 30/10/2024                                      |
|   | <b>Registration Number</b>   | WB-11-F-7755                | <b>Period of Insurance</b> | From 31/10/2024 00:00:00 To 30/10/2025 23:59:59 |
|   | <b>RTO</b>                   | C                           | <b>OD Period</b>           | From 31/10/2024 To 30/10/2025                   |
|   | <b>Chassis No.</b>           | MAT566013P1F1 6713          | <b>TP Period</b>           | From 31/10/2024 To 30/10/2025                   |
|   | <b>Cubic Capacity/KW</b>     | 5883                        |                            |   |
|   | <b>Year of Manufacturing</b> | 2023                        |                            |   |
|   | <b>Engine Number</b>         | B67B62300D021 32F64299605   |                            |   |

| VEHICLE IDV | TRAILER IDV | ELECTRICAL IDV | NON-ELECTRICAL IDV | LPG KIT IDV | CNG KIT IDV | TOTAL IDV  |
|-------------|-------------|----------------|--------------------|-------------|-------------|------------|
| 4230000.00  | 0           | 0              | 0                  | 0           | 0           | 4230000.00 |

| PREMIUM DETAILS  | Rs.          |
|--|--------------|
| OWN DAMAGE AFTER LOADING/DISCOUNT (INCLUDING ALL ACCESORIES PREMIUM)     | 2137.00      |
| TOTAL OWN DAMAGE PREMIUM   | 11398.00     |
| BASIC THIRD PARTY  | 44242.00     |
| COMPULSORY PERSONAL ACCIDENT COVER**:(OWNER-DRIVER)(SUM INSURED-1500000) | 0.00         |
| PERSONAL ACCIDENT: UNNAMED PERSONS                                       | 0.00         |
| LEGAL LIABILITY: PAID DRIVER   | 100.00       |
| TOTAL LIABILITY PREMIUM  | 44342.00     |
| NET PREMIUM  | 55740.00     |
| SGST(9%)   | 3689.34      |
| CGST(9%)   | 3689.34      |
| IGST(18%)  | 0.00         |
| <b>TOTAL PREMIUM</b>   | <b>63119</b> |

|                          |  |
|--------------------------|--|
| <b>Special condition</b> |  |
|--------------------------|--|

|                           |  |
|---------------------------|--|
| <b>Add On Cover Opted</b> |  |
|---------------------------|--|

|                        |  |                          |      |                         |  |
|------------------------|--|--------------------------|------|-------------------------|--|
| <b>Geographic Area</b> |  | <b>Compulsory excess</b> | 1500 | <b>Voluntary Excess</b> |  |
|------------------------|--|--------------------------|------|-------------------------|--|

|                         |  |                  |  |
|-------------------------|--|------------------|--|
| <b>Nominee of Owner</b> |  | <b>Appointee</b> |  |
|-------------------------|--|------------------|--|

|  |   |
|--|---|
| <b>Agent Name, Code and Contact number</b> | Name : GAYATRI ADITYASHITOOT, Code: 2017079205680001, Tel: 9065937875 |
|--|---|

| Anti Rebate Clause  |
|---|
| <b>Prohibition of Rebates(Section 41of Insurance Act, 1938asamended) :</b> <ul style="list-style-type: none"> <li>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: provided that acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bonafide insurance agent employed by the insurer.</li> <li>Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.</li> </ul> |

| Terms and Conditions  |
|---|
| <b>I hereby declare that the Insured Person(s) listed in Proposal Form will abide to the following Terms and Conditions :</b> <ul style="list-style-type: none"> <li>I/We hereby declare that the statements made by me/us are true to the best of my / our knowledge and belief and I/we hereby agree that this declaration shall form the basis of the contract between me/us and Universal Sampo General Insurance Company Limited.</li> <li>I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately.</li> <li>I/We also shall endeavor to procure the renewal notice and pass on the same to Universal Sampo General Insurance immediately upon the receipt of such renewal notice.</li> <li>Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the Company's sole discretion and result in a denial of insurance benefits. <b>GSTIN</b> :- Motor(Comprehensive and TP):For policy issued in the name of corporate entity (proprietor, HUF, partnership, private company etc), GSTIN is printed on the policy, basis the details provided during policy issuance. For any subsequent changes or addition (i.e. if GSTIN not entered at the time of policy issuance) on policy schedule, changes shall be carried out through fresh policy issuance with prospective effect.</li> <li>Your policy will be cancelled in case vehicle class/category of the vehicle is different than what is mentioned in policy schedule.</li> <li>I understand the Proposal No.USN2024102829898957 is issued to me basis on above information.</li> </ul> <b>Transcript Declaration</b> : In case disagreement or objection or any other changes with respect to information and contents mentioned herein above, please contact our toll free number and register your objections / changes / disagreement to the content of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along. |