

Ref No.: GEN/WEL/SG/0008.3/5156367100

Date: 13/11/2024

To,  
MR. PRIYA DEY  
S/O SATYA NARAYAN DEY  
R/O VIVEKANANDA COLLEGE ROAD MIYAR BERH PO SRIPALLY PURBA  
Bardhaman - 713103  
District: BARDHAMAN  
WEST BENGAL, India  
Contact Details 8250601789



Policy number: 5156367100  
CKYC ID: 40039301278482

Subject: Risk assumption for Car Secure

Dear MR. PRIYA DEY,

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 Car Secure.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.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](mailto: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, 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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Car Secure UIN:IRDAN152RP0006V04201516;

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

Policy / Certificate No: 5156367100

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



#### INSURED DETAILS

Name: **MR. PRIYA DEY**  
Address: S/O SATYA NARAYAN DEY R/O VIVEKANANDA COLLEGE  
ROAD MIYAR BERH PO SRIPALLY PURBA Bardhaman -  
713103 District: BARDHAMAN WEST BENGAL(19), India  
Phone: NA  
Mobile: 8250601789  
Email: SUMANDASCERTIGO24@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: 16/11/2024 00:00 to: 15/11/2025 Midnight**  
Type Of Vehicle: Private Car  
Policy issued on: 13/11/2024  
Cover Note No: NA  
Hypothecated to: YES BANK LTD.

#### INTERMEDIARY DETAILS

Intermediary Code 

3	6	0	1	7	7	0	0	0	0
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 Intermediary Name 

CERTIGO INSURANCE BROKERS PRIVATE LIMITED
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Intermediary's Mobile No. 

6	2	9	1	7	3	2	3	0	2
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 Intermediary's Landline No. 

6	2	9	1	7	3	2	3	0	2
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#### 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
WB 42 BA 5617	MARUTI	DZIRE	VXI	2021	BURDWAN	K12NP4 037824	MBHCZFB3 SMJ149898	1197	PETROL	5

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 ₹)
5,10,000	0	0	0	0	5,10,000

#### PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
<b>Own Damage</b>		<b>Liability</b>	
Basic Own Damage	11,391.36	Basic TP Including TPPD Premium	3,416.00
Add:		Legal Liability to Paid Driver (IMT 28)	50.00
Add on Covers Total Premium #	4,054.70	<b>Total Liability Premium (B)</b>	<b>3,466.00</b>
Less:			
No Claim Bonus Percent 35%	3,986.98	<b>Section III</b>	
		<b>Personal Accident</b>	
		PA Cover for Owner Driver of ₹ 15,00,000	330.00
<b>Total Own Damage Premium (A)</b>	<b>11,459.08</b>	<b>Total Personal Accident Premium (C)</b>	<b>330.00</b>
<b>Taxable value of Services (A+B+C)</b>		<b>15,255.08</b>	
CGST @ 9%		1,372.96	
SGST @ 9%		1,372.96	
<b>Total Premium (in ₹)</b>		<b>18,001.00</b>	

Add on Covers Opted For: Consumable Cover, Depreciation Cover, Road Side Assistance

# : For the covers opted as shown in [Add On Cover Details Table](#)

Geographical Area 

INDIA
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 Additional Excess ₹ 

0
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 Compulsory Deductibles ₹ 

1000
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Voluntary Deductible ₹ 

0
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 Voluntary Deductible for Depreciation Cover ₹ 

0
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 Total Deductible ₹ 

1,000
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Car Secure UIN:IRDAN152RP0006V04201516;

#### NOMINEE DETAILS

*Nominee Name	*Nominee Age	*Relationship	*Name of Appointee(if nominee is a minor)	Relationship to the Nominee
MR SATYANARAYAN DEY	54	Spouse		

#### ADD-ON COVER DETAILS

Sr. No.	Add-On Cover	Sum Insured(₹)	Premium (₹)	Remarks
1	Consumable Cover UIN:IRDAN152RP0006V04201516/A0012V02201516	NA	433.50	
2	Depreciation Cover UIN:IRDAN152RP0006V04201516/A0011V03201516	NA	3,121.20	No. Of Claims:2 Voluntary Deductible: 0
3	Road Side Assistance UIN:IRDAN152RP0006V04201516/A0015V02201516	NA	500.00	

Car Secure UIN:IRDAN152RP0006V04201516;

## CUSTOMER DECLARATION FOR CNG/ LPG KIT

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

## DISCLAIMER

For complete details on terms and conditions governing the coverage and NCB please read the Policy Wordings. This document is to be read with the Policy Wordings(which are also available on the Company website i.e. [www.zurichkotak.com](http://www.zurichkotak.com)). Please refer to the claim form for necessary documents to be submitted for processing the claim.

## PUC DECLARATION

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

## 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, 28. GR27, 7 Printed/herein/attached hereto Under Hire Purchase Agreement with NA

Car Secure UIN:IRDAN152RP0006V04201516;

## TAX DETAILS

Service Tax/GST Registration No.	19AAFC7016C1ZQ	Category	General Insurance Services
SAC Code	997134	Description	Motor Vehicle Insurance Services
Invoice Number	5156367100		

## 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.

Car Secure UIN:IRDAN152RP0006V04201516;

### 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 : 202411130011813

Proposal for : Rollover Policy

Premium Amount (Inclusive of taxes)

Type of cover: Comprehensive Policy

Registration No.	Vehicle Make/Model/ Variant	Type of body	Cubic Capacity/KW	Fuel Type
WB 42 BA 5617	MARUTI/DZIRE/VXI		1197	Petrol

Year of Manufacture	Insured Declared Value (IDV)	Engine Number	Chassis Number
2021	5,10,000	K12NP4 037824	MBHCZFB3 SMJ149898

Special conditions :

#### PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:	<input type="text" value="MR. PRIYA DEY"/>		
2. Insured Permanent Address*	<input type="text" value="C O SATYANARAYAN DEY SHRIPALLY BURDWAN BARDHAMAN WEST BENGAL District: BARDHAMAN 713103 WEST BENGAL(19), India"/>		
If Correspondence Address different from Permanent Address,please provide*:	<input type="text" value="S/O SATYA NARAYAN DEY R/O VIVEKANANDA COLLEGE ROAD MIYAR BERH PO SRIPALLY PURBA Bardhaman - 713103 District: BARDHAMAN WEST BENGAL, India"/>		
3.Phone	<input type="text"/>	4.Mobile *	<input type="text" value="8250601789"/>
		5.Email ID*	<input type="text" value="SUMANDASCERTIGO24@GMAIL.COM"/>
6.Gender	<input type="text"/>	7.Date Of Birth *	<input type="text"/>
		8.Nationality	<input type="text" value="Indian Resident"/>

Proposal Date & Time:

Policy Start Date:

Policy End Date:  
(Comprehensive)

Car Secure UIN:IRDAN152RP0006V04201516;

**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 trials (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 Location	Date of Registration	CNG/LPG/Bi Fuel	Lease / Hire / Hypothecation (Name and address of concerned parties)	Color of Vehicle	Seating Capacity
BURDWAN	24/11/2021	PETROL	YES BANK LTD.		5
*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)
5,10,000	0	0	0	0	5,10,000

PUC - NO

#### OPTIONAL ADD-ON COVERS

1. <input checked="" type="checkbox"/> Depreciation Cover# 3. <input type="checkbox"/> Return to Invoice 5. <input checked="" type="checkbox"/> Road Side Assistance 7. <input type="checkbox"/> Loss of Personal Belongings Sum Insured 9. <input type="checkbox"/> Daily Car Allowance 11. <input type="checkbox"/> Meter (Switch On/ Switch Off) Cover	2. <input type="checkbox"/> Engine Protect 4. <input checked="" type="checkbox"/> Consumable Cover 6. <input type="checkbox"/> Key Replacement Sum Insured 8. <input type="checkbox"/> Tyre Cover 10. <input type="checkbox"/> NCB Protect 12. <input type="checkbox"/> Battery Protect Cover	#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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Car Secure UIN:IRDAN152RP0006V04201516;



**RISK INCLUSION / EXCLUSION**

1. *Personal Accident Cover of INR 15,00,000 for the Owner Driver	<b>*Nominee Name and Age</b>	<b>*Relationship</b>	<b>*Name of Appointee (if nominee is a minor)</b>	<b>Relationship to the Nominee</b>
	MR SATYANARAYAN DEY 54	Spouse		
2. Do you wish to include Personal Accident cover for the Named passenger? No Please give details mentioned aside:	<b>Name</b>	<b>CSI Opted (Rs)</b>	<b>*Nominee Name</b>	<b>Relationship</b>
3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No Please give details mentioned aside:			<b>No. of Persons As Per Seating Capacity</b>	<b>C. S. I. (Per Person)</b>
# 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. Do you wish to cover legal liability? A) Paid Driver (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	HDFC ERGO-thth		
2. Previous Policy Type	ComprehensivePolicy	3. Previous Policy Number	2302 2058 5913 9500 000
4. Existing bonus	25	%	
5. Period of Insurance	16/11/2023	To	15/11/2024
6. Details of claims taken in previous policy:	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 Reference No : 21552786647  
 Payment Amount: 18,001.00  
 Payment/Transaction Date: 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 of violating any law/regulation.

Intermediary Code: 3601770000

As verified using OTP sent on mobile number ending with 1789 on 13/11/2024 or as submitted by you in the physical proposal form.

Car Secure UIN:IRDAN152RP0006V04201516;

Car Secure UIN:IRDAN152RP0006V04201516;

## TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
<b>GSTIN/UIN</b>		<b>Name :</b>	Zurich Kotak General Insurance Company (India) Limited
<b>Customer ID</b>	1018089456	<b>GSTIN :</b>	19AAFCK7016C1ZQ
<b>Customer Name</b>	PRIYA DEY	<b>Pan Number :</b>	AAFCK7016C
<b>Email ID</b>	SUMANDASCERTIGO24@GMAIL.COM	<b>CIN:</b>	U66000MH2014PLC260291
<b>Contact No</b>	8250601789	<b>Address:</b>	White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016.
<b>Address</b>	S/O SATYA NARAYAN DEY, R/O VIVEKANANDA COLLEGE ROAD MIYAR BERH PO SRIPALLY PURBA, BARDHAMAN, 713103, WEST BENGAL, India	<b>Date of Invoice</b>	13/11/2024
<b>IMD Code</b>	3601770000	<b>Invoice No</b>	5156367100
<b>Receipt No</b>	1202501327898	<b>Proposal No</b>	202411130011813
<b>State Code</b>	19	<b>Partner Application No</b>	
<b>Place Of Supply Name</b>	WEST BENGAL - 19	<b>State Code:</b>	19
		<b>State Name</b>	WEST BENGAL
		<b>IRN</b>	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Motor Vehicle Insurance Services	997134	15255.08	15255.08	9%	1,372.96	9%	1,372.96
<b>Total</b>		15255.08	15255.08		1372.96		1372.96
<b>Total Invoice Value (In Figure)</b>	18,001.00						
<b>Total Invoice Value (In Words)</b>	Eighteen Thousand One						
<b>Whether Tax Payable on a Reverse Basis or Not</b>			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."

Car Secure UIN:IRDAN152RP0006V04201516;