

Ref No.: GEN/WEL/SG/0008.3/5135829200

Date: 05/11/2024

To,
M/S. Maya Saha
113NAZRUL SARANI
ASHRAMPARA
SILIGURI
Siliguri - 734001
District: DARJILING
WEST BENGAL, India
Contact Details 8910758408



Policy number: 5135829200
CKYC ID:

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

Dear M/S. Maya Saha,

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 (Goods 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 (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

Commercial Vehicle Secure (Goods Carrying Vehicle)

Comprehensive Policy

Certificate cum Policy Schedule

Policy / Certificate No: 5135829200

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

INSURED DETAILS

Name: **M/S. Maya Saha**
 Address: 113NAZRUL SARANI ASHRAMPARA SILIGURI Siliguri - 734001 District: DARJILING WEST BENGAL(19), India
 Place of Supply: WEST BENGAL
 Supply State Code: 19
 Phone: NA
 Mobile: 8910758408
 Email: ABHISHEK.FINMART@GMAIL.COM
 GSTIN: 19AAPFM3105M1ZX

POLICY DETAILS

Policy Issuing Office: White House Office Space No 2B(1) 2Nd Floor 119 Kolkata West Bengal 700016.

Period of Insurance:

From: 05/11/2024 00:00 to: 04/11/2025Midnight

Policy issued on: 05/11/2024

Cover Note No: NA

Hypothecated to: NA

VEHICLE DETAILS

Registration Number	Manufacturer	Model	Variant	Year of Manufacture	RTO Location	Engine Number	Vehicle Chassis/ Trailer Chassis No.	Seating Capacity	Gross Vehicle Weight
NEW	TATA	INTRA V30	PICKUP LX CLB BS VI	2024	SILIGURI	15CR09GVXS 85309	MAT535346RYJ37996	2	2565

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	7,17,830	0	0	0	0	7,17,830

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
Own Damage		Liability	
Basic Own Damage	3,716.20	Basic TP Including TPPD Premium	16,049.00
Add:		Legal Liability to Paid Driver and/or Conductor and/or Cleaner (IMT 28)	100.00
Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts	557.43	Total Liability Premium (B)	16,149.00
Total Own Damage Premium (A)	4,273.63		
		Section III	
		Personal Accident	
		Total Personal Accident Premium (C)	0.00
Taxable value of Services (A+B+C)			20,422.63
CGST 9%			393.63
CGST 6%			962.94
SGST 9%			393.63
SGST 6%			962.94
Total Premium (in ₹)			23,136.00

**GST amount represent 18% on OD component (Section I) and 12% on Liability (Section II) and is split into equal proportion wherever applicable.

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

INTERMEDIARY DETAILS

Intermediary Code Intermediary Name
 Intermediary's Mobile No. Intermediary's Landline No.

Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

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

Goods 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 subsection (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.

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, A.3, 23 Printed/herein/attached hereto Under Hire Purchase Agreement with NA

TAX DETAILS

Service Tax/GST Registration No.	19A A F C K 7 0 1 6 C 1 Z Q	Category	General Insurance Services
SAC Code	997134	Description	Motor Vehicle Insurance Services
Invoice Number	5135829200		

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 05 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 (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

Transcript cum Proposal Form - Commercial Vehicle Secure (Goods Carrying Vehicle)**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 : 202411050089165

Proposal for : New Policy

23,136.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

Registration No.	Vehicle Make/Model/Variant	Type of body	Fuel Type
NEW	TATA /INTRA V30/PICKUP LX CLB BS VI		Diesel

Year of Manufacture	IDV of Body	IDV of Chassis	Engine Number	Chassis Number	Gross Vehicle Weight (GVW) (for Goods Carrying Vehicle) / Cubic Capacity/KW
2024	0	7,17,830	15CR09GVXS 85309	MAT535346RYJ37996	2565

Special conditions :

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured: M/S. Maya Saha
2. Insured Permanent Address* 113, NAZRUL SARANI, ASHRAMPARA SILIGURI, DARJEELING, WEST BENGAL, 734001 ASHRAMPARA SILIGURI District: DARJILING 734001 WEST BENGAL(19), India
- If Correspondence Address different from Permanent Address, please provide*: 113NAZRUL SARANI ASHRAMPARA SILIGURI Siliguri - 734001 District: DARJILING WEST BENGAL, India
3. Phone 4. Mobile * 8910758408 5. Email ID* ABHISHEK.FINMART@GMAIL.COM
6. Gender 7. Date Of Birth * 8. Nationality

Proposal Date & Time: 05/11/2024 18:08

Policy Start Date: 05/11/2024 00:00

Policy End Date:
(Comprehensive) 04/11/2025 at midnight**Limitations as to use (GCV):**

Goods 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 subsection (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.

Driver's Clauses: Any person including 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 licence. Provided also that the person holding an effective Learners' License 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/-

Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

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
SILIGURI		05/11/2024	Diesel				4
*Insured Declared Value of the Vehicle (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	7,17,830	0	0	0	0	7,17,830	

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"/> NCB Protect 9. <input type="checkbox"/> Hospital Cash Benefit Max No. of days Select.. Per day benefit Select.. 11. <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"/> Additional PA Cover for Owner Driver Sum Insured 10. <input type="checkbox"/> EMI Protect Monthly Amount No of EMIs Select.. 12. <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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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 (2)				
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

2. Previous Policy Type 3. Previous Policy Number 4. Existing bonus %

5. Period of Insurance To

6. Details of Claims made:

Whether you are entitled to No Claim Bonus? ☐ Yes ☒ NO

Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

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 : 21483048657

Payment Amount: 23,136.00

Payment/Transaction Date: 05/11/2024

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 8408 on 05/11/2024 or as submitted by you in the physical proposal form.

Commercial Vehicle Secure (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516

TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
GSTIN/UIN	19AAPFM3105M1ZX	Name :	Zurich Kotak General Insurance Company (India) Limited
Customer ID	1017981915	GSTIN :	19AAFCK7016C1ZQ
Customer Name	MAYA SAHA	Pan Number :	AAFCK7016C
Email ID	ABHISHEK.FINMART@GMAIL.COM	CIN:	U66000MH2014PLC260291
Contact No	8910758408	Address:	White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016.
Address	113NAZRUL SARANI, ASHRAMPARA, SILIGURI, DARJILING, 734001, WEST BENGAL, India	Date of Invoice	05/11/2024
IMD Code	3601770000	Invoice No	5135829200
Receipt No	1202501278166	Proposal No	202411050089165
		Partner Application No	
State Code	19	State Code:	19
Place Of Supply Name	WEST BENGAL - 19	State Name	WEST BENGAL
		IRN	

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	16049	16049	6%	962.94	6%	962.94
		4373.63	4373.63	9%	393.63	9%	393.63
Total		20422.63	20422.63		1356.57		1356.57
Total Invoice Value (In Figure)	23,136.00						
Total Invoice Value (In Words)	Twenty Three Thousand One Hundred Thirty Six						
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 (Goods Carrying Vehicle) UIN: IRDAN152RP0008V04201516