

Ref No.: GEN/WEL/SG/0008.3/5107012800

Date: 28/10/2024

To,

Mr. Kousik Pandit S/O NABA PANDIT R/O JAGANNATHPUR FULESWAR Howrah - 711316 District: HOWRAH WEST BENGAL, India Contact Details 6290597623



Policy number: 5107012800 CKYC ID: 60080181377910

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

Dear Mr. Kousik Pandit,

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** 







# **Commercial Vehicle Secure (Goods Carrying Vehicle)**

Comprehensive Policy

# **Certificate cum Policy Schedule**

Policy / Certificate No: 5107012800

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



# INSURED DETAILS

Mr. Kousik Pandit Name:

S/O NABA PANDIT R/O JAGANNATHPUR FULESWAR Address:

Howrah - 711316 District: HOWRAH WEST BENGAL(19),

Place of Supply: WEST BENGAL

Supply State Code: 19 Phone: NA

Mobile: 6290597623

ANSHCHOUHAN091@GMAIL.COM Email:

GSTIN:

# **POLICY DETAILS**

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

Period of Insurance:

From: 28/10/2024 00:00 to: 27/10/2025Midnight

Policy issued

Cover Note No: NA on: 28/10/2024

Hypothecated to: INDUSIND BANK LTD.

#### **VEHICLE DETAILS**

| Registration<br>Number | Manufa | cturer | Model                   | Variant                                    | Year of<br>Manufactu | RTO Location ure   | Engine<br>Number |            | Chassis/<br>hassis No. | Seating<br>Capacity | Gross<br>Vehicle<br>Weight        |
|------------------------|--------|--------|-------------------------|--|----------------------|--|------------------|------------|------------------------|---------------------|-----------------------------------|
| WB136518               | ASH(   |        | BADA DOST               | I4 TNDD                                    | 2023                 | HOWRAH   | FPH043280P       | MB1AB42E   | E9PRFM1418             | 3                   | 3490                              |
| IDV of B<br>(in ₹      | •      | IC     | OV of Chassis<br>(in ₹) | Non - Elec<br>Accessories fit<br>Vehicle ( | ted to the           | Electrical & Electronic<br>Accessories fitted to the<br>Vehicle (in ₹) | Tra<br>(in       | iler<br>₹) | CNG / L                | ∟PG Kit<br>ı ₹)     | Total Value of the Vehicle (in ₹) |
| 0                      |        |        | 8,76,375                | 0  |                      | 0  | (                | )          |                        | )                   | 8,76,375                          |

# PREMIUM COMPUTATION TABLE (IN ₹)

No. of Claims for Depreciation Cover

Intermediary Code

| Section I   |                           | Section II   |           |  |
|---|---------------------------|--|-----------|--|
| Own Damage  |                           | Liability  |           |  |
| Basic Own Damage  | 3,736.86                  | Basic TP Including TPPD Premium                                | 16,049.00 |  |
| Add:  |                           | Legal Liability to Paid Driver and/or Conductor and/or Cleaner | 400.00    |  |
| Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts                 | 560.53                    | (IMT 28)   | 100.00    |  |
| Less:   |                           | Total Liability Premium (B)                                    | 16,149.00 |  |
| No Claim Bonus Percent 20%  | 747.37                    |  |           |  |
| Total Own Damage Premium (A)  | 3,550.02                  | Section III  |           |  |
| <u> </u>  |                           | Personal Accident  |           |  |
|   |                           | PA Cover for Owner Driver of ₹ 15,00,000                       | 330.00    |  |
|   |                           | Total Personal Accident Premium (C)                            | 330.00    |  |
| Taxable value of Services (A+B+C)                                       |                           |  | 20,029.02 |  |
| CGST 9%   |                           |  | 358.20    |  |
| CGST 6%   |                           |  | 962.94    |  |
| SGST 9%   |                           |  | 358.20    |  |
| SGST 6%   |                           |  | 962.94    |  |
| Total Premium (in ₹ )   |                           |  | 22,671.00 |  |
| **GST amount represent 18% on OD component (Section I) and 12% on Liabi | ility (Section II) and is | split into equal proportion wherever applicable.               |           |  |

**INTERMEDIARY DETAILS** 

3 | 6 | 0 | 1 | 7 | 7 | 0 | 0 | 0 | 0

CERTIGO INSURANCE BROKERS PRIVATE LIMITED

Total Deductible ₹

500

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

Intermediary Name

Voluntary Deductible for Depreciation Cover ₹



#### **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 ₹ 15,00,000

### 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, GR36A, 28, A.3, 7, 23 Printed/herein/attached hereto Under Hire Purchase Agreement with NA



|  | FΤ |  |
|--|----|--|
|  |    |  |
|  |    |  |

| Service Tax/GST Registration No. | 1 9 A 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                   | 5107012800                    |             |                                  |

#### **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 28 day of October 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.



#### 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 : 202410280061608

Proposal for : Rollover Policy

22,671.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

| Registration No.    |     | Vehicle Make/Model/Variant |                      | Type of body  | Fu                | Fuel Type  |  |  |
|---------------------|-----|----------------------------|----------------------|---------------|-------------------|--|--|--|
| WB136518            |     | ASHOK LEYLAN               | D /BADA DOST/I4 TNDD |               |                   | Diesel   |  |  |
| Year of Manufacture | IDV | of Body                    | IDV of Chassis       | Engine Number | Chassis Number    | Gross Vehicle Weight<br>(GVW) (for Goods<br>Carrying Vehicle) / Cubic<br>Capacity/KW |  |  |
| 2023                |     | 0                          | 8,76,375             | FPH043280P    | MB1AB42E9PRFM1418 | 3490   |  |  |

#### Special conditions:

#### PROPOSER / OWNER'S DETAILS

| 1. Title and Name  | e of the Insured: | Mr. Kous     | Mr. Kousik Pandit   |               |                          |  |  |  |
|--|-------------------|--------------|---|---------------|--------------------------|--|--|--|
| 2. Insured Permanent Address* JAGANN   |                   |              | AGANNATHPUR FULESWAR SHIB MANDIR District: HOWRAH 711316 WEST BENGAL(19), India               |               |                          |  |  |  |
| If Correspondence Address different from<br>Permanent Address,please provide*: |                   | I S/O NIAF   | S/O NABA PANDIT R/O JAGANNATHPUR FULESWAR Howrah - 711316 District: HOWRAH WEST BENGAL, India |               |                          |  |  |  |
| 3.Phone  |                   | 4.Mobile *   | 6290597623  | 5.Email ID*   | ANSHCHOUHAN091@GMAIL.COM |  |  |  |
| 6.Gender   | Male              | 7.Date Of Bi | rth * 14/01/1998  | 8.Nationality | Indian Resident          |  |  |  |
| Proposal Date &  | Time: 28/10/20    | 024 15:50    |   |               |                          |  |  |  |
| Policy Start Date  | e: 28/10/20       | 024 00:00    |   |               |                          |  |  |  |

#### Limitations as to use (GCV):

Policy End Date:

(Comprehensive)

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)

27/10/2025 at midnight

- 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<br>Registration | CNG/LPG/Bi<br>Fuel | Lease / Hire / Hypothecation (Name and address of concerned parties) | Color of<br>Vehicle | No of Wheels |
|---|-------------------------|--------------------|--|---------------------|--------------|
| HOWRAH                                  | 30/10/2023              | Diesel             | INDUSIND BANK LTD.   |                     | 4            |
|   |                         | _                  |  |                     |              |

| *Insured Declared<br>Value<br>of the Vehicle (in<br>INR) | IDV of Chassis<br>(in INR) | *Non - Electrical<br>Accessories<br>fitted to the Vehicle<br>(in INR) | *Electrical & Electronic Accessories fitted to the Vehicle (in INR) | *Trailer<br>(in INR) | *CNG / LPG Kit<br>(in INR) | *Total Value<br>(in INR) |
|--|----------------------------|---|---|----------------------|----------------------------|--------------------------|
| 0  | 8,76,375                   | 0   | 0   | 0                    | 0                          | 8,76,375                 |

# OPTIONAL ADD-ON COVERS

|   | 31 H31012                               | NED ON COVERC  |
|---|---|--|
|   |   |  |
| <ol> <li>Depreciation Cover#</li> </ol> | <ol><li>Engine Protect</li></ol>        | #If Depreciation cover is selected: Voluntary Deductible offered under the |
| <ol><li>Return to Invoice</li></ol>     | <ol> <li>Consumable Cover</li> </ol>    | "Depreciation Cover", which would be applied over and above the Compulsory |
| 5. Road Side Assistance                 | <ol><li>6. ☐ Key Replacement</li></ol>  | Deductible? No   |
| 5. I Road Side Assistance               | Sum Insured                             |  |
| 7. □NCB Protect                         | 8. Additional PA Cover for Owner Driver |  |
| 7. I NOB Protect                        | Sum Insured                             |  |
| 9. ☐ Hospital Cash Benefit              | 10. ☐EMI Protect                        |  |
| Max No. of days Select                  | Monthly Amount                          |  |
| Per day benefit Select                  | No of EMIs Select                       |  |
| 11. ☐ Additional Towing Charges         | 12. ☐Loss of Income                     |  |
| Sum Insured                             | Max No. of days Select                  |  |
| Suili liisuled                          | Per day benefit Select                  |  |

# RISK INCLUSION / EXCLUSION

| 1. *Personal Accident Cover of INR 15,00,000  | *Nominee Name and Age   | *Relationship              | *Name of Appointee (if nominee is a minor) | Relationship to the<br>Nominee |  |  |  |  |
|---|---|----------------------------|--|--------------------------------|--|--|--|--|
| for the Owner Driver  | MR NABA PANDIT 55   | Father                     | nominee is a minor)                        | Nommee                         |  |  |  |  |
| 2. Do you wish to include Personal Accident   | Name  | CSI Opted (Rs)             | *Nominee Name                              | Relationship                   |  |  |  |  |
| cover for the Named passenger? No Please give details mentioned aside:  |   |                            |  |                                |  |  |  |  |
| 3. Do you wish to include Personal Accident co  | No. of Persons<br>As Per Seating Capacity   | C. S. I. (Per Person)      |  |                                |  |  |  |  |
| Please give details mentioned aside:  |   |                            |  |                                |  |  |  |  |
| # 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 y person (2)   | 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) Yes No If Yes, no of person (2) |                            |  |                                |  |  |  |  |
| B) Legal Liability to Employee (IMT 29) ☐Yes I  | ▼No If Yes, no. of Person: C  | C) Unnamed Passengers TYes | s ✓ No If Yes, no. of Person:              | 0                              |  |  |  |  |
| B) Legal Liability to Employee (IMT 29) \(\text{Tyes} \) No. If Yes, no. of Person: C) Unnamed Passengers \(\text{Tyes} \) 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)  hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as  \(\text{Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15  acs. Tenure \(\text{years} \) years \(\text{years} \) to \(\text{years} \) in the Vehicle to be insured is not owned by an individual  \(\text{years} \) 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. |   |                            |  |                                |  |  |  |  |
|   | PREVIO  | US INSURANCE DETAILS       |  |                                |  |  |  |  |
|   |   | <u> </u>                   |  |                                |  |  |  |  |

|   | PREVIO                | DUS INSURANCE DETAILS |                       |
|---|-----------------------|-----------------------|-----------------------|
| Name and address of the previous insurer    | CHOLA-thth            |                       |                       |
| 2. Previous Policy Type Comprehensive 3. Pr | revious Policy Number | 3379/03665420/000/00  | 4. Existing bonus 0 % |
| 5. Period of Insurance 20/10/2023 To        | 19/10/2024            |                       |                       |
| 6. Details of Claims made: 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: 21406310661

Payment Amount: 22,671.00

Payment/Transaction Date: 28/10/2024

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 7623 on 28/10/2024 or as submitted by you in the physical proposal form.



# **TAX INVOICE**



| Details of Receiver (Billed To) |  | Details of Supplier (billed by) |  |  |  |
|---------------------------------|--|---------------------------------|--|--|--|
| GSTIN/UIN                       |  | Name :                          | Zurich Kotak General Insurance Company (India) Limited                   |  |  |
| Customer ID                     | 1017888239   | GSTIN:                          | 19AAFCK7016C1ZQ  |  |  |
| Customer Name                   | KOUSIK PANDIT  | Pan Number :                    | AAFCK7016C   |  |  |
| Email ID                        | ANSHCHOUHAN091@GMAIL.COM   | CIN:                            | U66000MH2014PLC260291  |  |  |
| Contact No                      | 6290597623   | Address:                        | White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016. |  |  |
| Address                         | S/O NABA PANDIT, R/O JAGANNATHPUR<br>FULESWAR, HOWRAH, 711316, WEST<br>BENGAL, India | Date of Invoice                 | 28/10/2024   |  |  |
| IMD Code                        | 3601770000   | Invoice No                      | 5107012800   |  |  |
| Receipt No                      | 1202501229564  | Proposal No                     | 202410280061608  |  |  |
| ·                               |  | 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<br>Code                           | Total Value of Supply (Rs.) | Taxable value of Supply (Rs.) | CGST<br>Rate | CGST Amt<br>(Rs.) | SGST<br>Rate | SGST Amt<br>(Rs.) |
|---|---|-----------------------------|-------------------------------|--------------|-------------------|--------------|-------------------|
| Motor Vehicle Insurance                       | 997134                                      | 16049                       | 16049                         | 6%           | 962.94            | 6%           | 962.94            |
| Services                                      |   | 3980.02                     | 3980.02                       | 9%           | 358.20            | 9%           | 358.20            |
| Total   |   | 20029.02                    | 20029.02                      |              | 1321.14           |              | 1321.14           |
| Total Invoice Value (In                       |   |                             |                               |              |                   |              | 22.671.00         |
| Figure)                                       |   |                             |                               |              |                   |              |                   |
| Total Invoice Value (In                       | Twenty Two Thousand Six Hundred Seventy One |                             |                               |              |                   |              |                   |
| Words)  |   |                             |                               | i wenty i    | wo mousand Si     | x Hundled    | Severity One      |
| 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."