

Ref No.: GEN/WEL/SG/0008.3/5163185600

Date: 16/11/2024

To,

Mr. Sujay Das

AT-BASAI KANAIPUR SERAMPUR, UTTARPARA, HOOGHLY

WEST BENGAL Hooghly - 712234 District: HOOGHLY WEST BENGAL, India Contact Details 6290749826

TO DOWNLOAD POLICY WORDING SCAN HERE

Policy number: 5163185600

CKYC ID:

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

Dear Mr. Sujay Das,

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: 5163185600

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



INSURED DETAILS

Mr. Sujay Das Name:

AT-BASAI KANAIPUR SERAMPUR, UTTARPARA, Address:

HOOGHLY WEST BENGAL Hooghly - 712234 District:

HOOGHLY WEST BENGAL(19), India

Place of Supply: WEST BENGAL

Supply State Code: 19 Phone: NA

Mobile: 6290749826

BRANJIT603@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: 17/11/2024 00:00 to: 16/11/2025Midnight

Policy issued

Cover Note No: NA on: 16/11/2024

Hypothecated to: CHOLAMANDALAM INVESTMENT &

FINANCE CO LTD

VEHICLE DETAILS

| Registration Number | Manufac | turer | Model | Variant | Year o Manufac | | Engine Number | | Chassis/ chassis No. | Seating Capacity | Gross Vehicle Weight |
|------------------------|-------------------------|-------|------------------------|--|-------------------|--|------------------|---------|-------------------------|---------------------|---|
| WB173000 | MAHINI AND MAHINI |) | BOLERO | PICK UP FB 1.3 BS 6 | 2018 | HOOGHLY | TBJ1E52127 | MA1ZU2T | BKJ1E43152 | 2 | 2960 |
| IDV of Bo (in ₹) | dy | ID' | V of Chassis (in ₹) | Non - Elect Accessories fitt Vehicle (ii | ed to the | Electrical & Electronic Accessories fitted to the Vehicle (in ₹) | Trai (in | | CNG / L | .PG Kit ≀₹) | Total Value of the Vehicle (in ₹) |
| 0 | | | 3,60,000 | 0 | | 0 | 0 | | (|) | 3,60,000 |

PREMIUM COMPUTATION TABLE (IN ₹)

| Section I | Section II | | | |
|---|--------------------------|---|-----------|--|
| Own Damage | | Liability | | |
| Basic Own Damage | 2,280.60 | Basic TP Including TPPD Premium | 16,049.00 | |
| Add: | | LL to Employed / paid driver / Conductor / cleaner | 50.00 | |
| Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts 342.09 Legal Liability to F | | Legal Liability to Paid Driver and/or Conductor and/or Cleaner (IMT 28) | 50.00 | |
| No Claim Bonus Percent 35% 798.21 | | Total Liability Premium (B) | 16,149.00 | |
| Total Own Damage Premium (A) | 1,824.48 | | | |
| <u> </u> | | Section III | | |
| | | Personal Accident | | |
| | | Total Personal Accident Premium (C) | 0.00 | |
| Taxable value of Services (A+B+C) | | | 17,973.48 | |
| CGST 9% | | | 173.20 | |
| CGST 6% | | | 962.94 | |
| SGST 9% | | | 173.20 | |
| SGST 6% | | | | |
| Total Premium (in ₹) | | | 20,246.00 | |
| **GST amount represent 18% on OD component (Section I) and 12% on Liabi | lity (Section II) and is | split into equal proportion wherever applicable. | | |

Geographical Area INDIA Additional Excess ₹ 0 Compulsory Deductible ₹ 500 No. of Claims for Depreciation Cover Voluntary Deductible for Depreciation Cover ₹ Total Deductible ₹ 500

INTERMEDIARY DETAILS

CERTIGO INSURANCE BROKERS **Intermediary Code** 3 | 6 | 0 | 1 | 7 | 7 | 0 | 0 | 0 | 0 Intermediary Name PRIVATE LIMITED Intermediary's Mobile No. 6 2 9 3 | 2 3 0 2 Intermediary's Landline No. 6 2 9 1 7 3 2 3 0 2



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, 39, 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 | 5163185600 | | |

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 16 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.



CUSTOMER INFORMATION SHEET

This document provides key information about your policy. Please refer to the policy document for detailed terms and conditions.

| SI NO | Title | | Policy Clause Number | | | | |
|-------|--|--|--|--|--|--|--|
| 1 | Product Name | Commercial Ve | (Please refer to applicable Policy Clause Number in next column) Commercial Vehicle Secure (Goods Carrying Vehicle) | | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN152RP0 | 008V04201516 | | | | |
| 3 | Structure | State basisIndemnityFixed Bene | of Sum/Limit Insured | | | | |
| 4 | Interests Insured | Commercial Ve | ehicle Secure (Goods Carrying Vehicle) is designed to provide nercial Vehicles | insurance cover to Goods | | | |
| 5 | Sum Insured / Motor Insured Declared Value Scope | The IDV of the manufacturer's | beclared Value (IDV) of the vehicle will be deemed to be the 'SUI h is fixed at the commencement of each policy period for the instruction of the commencement of each policy period for the instruction of the commencement of each policy period for the insurance (instead selling price of the brand and model as the vehicle insurance and adjusted for depreciation. | on the basis of the | | | |
| | | Section | Coverage | Sum Insured | | | |
| | | Section I | Loss of Or Damage to The Vehicle Insured | Refer below table | | | |
| | | Section II | Liability to Third Parties | As per Court Order | | | |
| | | Section III | Towing Disabled Vehicle | INR XXXXX | | | |
| | | Section IV | Personal Accident Cover for Owner-Driver | INR 15,00,000/- | | | |
| | | | | | | | |
| | | Insured Decla | ared Value (IDV) of the Vehicle (INR) | INR 3,60,000 | | | |
| | | Non - Electric | al Accessories fitted to the vehicle (INR) | INR 0 | | | |
| | | Electrical & E | | | | | |
| | | Trailer (INR) INR 0 | | | | | |
| | | CNG / LPG K | | | | | |
| | | Total Value of | f the Vehicle (INR) | INR 3,60,000 | | | |
| | | The Compar accessories not exceed: a. For total loss vehicle (inclub.) b. For partial loactual and reper limits sp. c. If a damaged 'write-off' the settlement (buthe Company) d. In the event effective the insurance podocumentary liability insurance to the insured of the i | Constructive Total Loss by may at its own option repair reinstate or replace the vehicle of or may pay in cash the amount of the loss or damage and the loss of constructive total loss/cash-loss of the vehicle - the Insured's adding accessories thereon) as specified in the Schedule less the sess, i.e. losses other than Total Loss/Constructive Total Loss, beasonable costs of repair and/or replacement of parts lost/damedified. If motor vehicle is assessed as being unrepairable and hence a Company shall grant the Policyholder the option to retain the water in the IDV less the assessed value of Salvage based on concept in the IDV less that it is a statement, the Company is entitled to cancel the date of damage. Additionally, the Company can cancel the statustic of the concept in original thereof or alternatively evidence in original ance policy covering the wreck effective the date of damage. Vehicle shall be treated as a CTL if the aggregate cost of retrievers and conditions of the policy, exceeds 75% of the IDV of the | Declared Value (IDV) of the evalue of the wreck. (cash-loss of the vehicle - aged subject to depreciation as wreck i.e. a 'total loss' or reck and accept a 'cash loss' nepetitive quotes procured by e Own Damage insurance tory Motor Third Party Liability tion of the wreck and submit a statutory Motor Third Party | | | |
| | - | Illustration of II | <u>`</u> | | | | |
| | | | Example: Ex-showroom price of the vehicle is INR 10 | ,00,000. | | | |
| , | | | . p | | | | |



| Depreciation % | 15% | 20% | 30% | |
|----------------|--------------|--------------|--------------|--|
| IDV | INR 8,50,000 | INR 8,00,000 | INR 7,00,000 | |

Note: The above Illustration is as per the depreciation slabs mentioned in the policy wording for the age of the vehicle.

6 Policy Coverage

The coverages available under this policy are listed in below and will be applicable as mentioned in the Policy Schedule.

Policy Wordings -Section I, Section II, Section III, Section IV

Policy Wordings -

General Exclusions (Applicable to all

Sections of the Policy)

Section I: Loss of Or Damage to The Vehicle Insured

Cover for any Partial or Total Loss or Damage to the vehicle due to natural calamities such as - Fire, explosion, self-ignition or lightning, earthquake, flood, typhoon, hurricane, storm, tempest, inundation, cyclone, hailstorm, frost landslide, rockslide etc. Or man - made calamities such as burglary, theft, riot, strike, malicious act, accidental external means, terrorist activity, any damage in transit by road, rail, inland waterway, lift elevator or air, etc.

Section II: Liability to Third Parties

Covers legal liability for third party property damage and third-party bodily injury (including death) due to an accident.

Section III: Towing Disabled Vehicle

The policy shall be operative whilst the insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle and the indemnity provided by Section II of this policy shall subject to its terms and limitations be extended to apply in respect of liability in connection with such towed vehicle

Section IV: Personal Accident Cover for Owner-Driver

Personal Accident Cover is provided to the Owner-Driver whilst driving the vehicle including mounting into/ dismounting from or traveling in the insured vehicle as a co-driver. Additionally, other passengers and paid drivers can also be covered by opting for the same- limited to the carrying capacity of the vehicle, excluding the

8 Loss Participation Peductible

Additional Excess: INR 0

Compulsory Deductible: INR 500

Voluntary Deductible: INR 0

Voluntary Deductible for Depreciation Cover: INR 0

Total Deductible: INR 500

9 Exclusions

GENERAL EXCEPTIONS (Applicable to all Sections of the Policy)

The Company shall not be liable under this Policy in respect of

- Any accidental loss or damage and/or liability caused sustained or incurred outside the geographical area:
- 2. Any claim arising out of any contractual liability;
- Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is
 - a. Being used otherwise than in accordance with the 'Limitations as to Use'. Or
 - b. Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.

4.

- a. Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss
- b. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
- Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- 6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.

For complete list of exclusions including Section-wise exclusions, refer the policy wordings



| 10 | Special Conditions and Warranties (if any) | Special Conditions | Policy Wording - Conditions | |
|----|---|--|--|--|
| | | Explain obligations of the Policyholder | | |
| | | •The insured shall take all reasonable steps to safeguard the vel in efficient condition and the Company shall have at all times free any part thereof or any driver or employee of the insured. In the exhall not be left unattended without proper precautions being take the vehicle be driven before the necessary repairs are effected an damage to the vehicle shall be entirely at the insured's own risk. •The due observance and fulfillment of the terms, conditions and relate to anything to be done or complied with by the insured and the said proposal shall be conditions precedent to any liability of | | |
| | | this Policy. | | |
| 11 | | Notice shall be given in writing to the Company immediately up damage in the event of any claim and thereafter the insured sh as the Company shall require. No admission offer promise payment or indemnity shall be mad without the written consent of the Company which shall be entit in the name of the insured the defence or settlement of any clai insured for its own benefit any claim for indemnity or otherwise conduct of any proceedings or in the settlement of any claim ar information and assistance as the Company may require. In the event of the death of the sole insured, this policy will not it period of three months from the date of the death of insured or uparties. | Policy Wording - Conditions | |
| | | Sample claim calculation process | | |
| | | Mr. ABC has Commercial Vehicle Secure (Goods Carrying Vehicl The claim amount (for Own Damage Section) for this vehicle will | | |
| | | Details | Amount (INR) | |
| | | Vehicle Repair Cost | 50,000 | |
| | | Amount assessed by surveyor Depreciation applicable (Part Depreciation: Metal as per | 48,000 | |
| | | age, plastic 50%, Glass nil) | 5,000 | |
| | | Compulsory deductible Total Claim payable | 1,000 42.000 | |
| | | ** The above claim calculation is subject to change as per Add or conditions | n covers opted and policy terms and | |
| 12 | Policy Servicing - Claim Intimation and ProcessingÂ | Website / Email: www.zurichkotak.com/ care@zurichkotak.com Details of designated company officials to be contacted in time zkgi.motorclaimservices@zurichkotak.com | of claim: | |
| | | Details of procedure to be followed for cashless service (In carreimbursement of claim | se of Motor Insurance) as well as for | |
| | | In case of cashless process, please follow the below mentioned | | |
| | | Call our 12 hours helpline with details of accident and policy/cov Once the claim is registered, the customer support executive with the customer support executive support executive with the customer support executive su | | |
| | | Number. You will need to submit relevant documents to us such as - Drivi accordance with the Policy terms and conditions. | ing license, RC copy, Policy copy etc. in | |
| | | We will arrange for an inspection in | | |
| | | - 24 hours, if a claim is reported on a working day | | |
| | | - Next working day, if a claim is reported on Sunday or Public holid | | |
| | | On cashless facility confirmation, the vehicle would be repaired would be made directly to the garage. | at a cashless garage and the payment | |
| | | •You will only have to pay the deductible as mentioned in the policinformed by the surveyor. | cy and the depreciation value, salvage etc. as | |
| | | In case of reimbursement process, you will have to submit docume Company Ltd., and we will make the payment within 7 days of coof documents required is mentioned in the claims form which care www.zunchkorak.com. | mpletion of documentation. The detailed list | |



| | | Turn Around Time (TAT) for claims settlemen | t | | | |
|----|--|--|---|--|--|--|
| | | Appointment of surveyor | Immediate after intimation | | | |
| | | Survey report submission | 15 days | | | |
| | | Claims concluded by the insurer | within 7 days after receipt of final survey report | | | |
| | | Settlement of claims | Within 7 days after receipt of final survey report and/or the last relevant and necessary document as the case may be | | | |
| | Escalation Matrix when TAT is not satisfied | | | | | |
| | | Level 1 | regional.motorclaims@zurichkotak.com | | | |
| | | Level 2 | zonal.motorclaims@zurichkotak.com | | | |
| | | Level 3 | head.motorclaims@zurichkotak.com | | | |
| 13 | Grievance Redressal and Policyholders protection | | | | | |
| 14 | Obligations of the Policyholder/ | Insurance Ombudsmen:www.cioins.co.in/Ombudents | | | | |

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date Signature of the Policy Holder

Note:

- i. Please visit https://www.zurichkotak.com/documents/customer-support/downloads for product related documents including CIS
- ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail



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 : 202411160057206

Proposal for : Rollover Policy

20,246.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

| Registration No. | Vehicle | Make/Model/Variant | Type of body | Fue | Fuel Type | |
|------------------|---------|---|--------------|--------|--|--|
| WB173000 | | DRA AND MAHINDRA D/PICK UP FB 1.3 BS 6 | | Diesel | | |
| | | | | | Gross Vehicle Weight (GVW) (for Goods | |

| Year of Manufacture | IDV of Body | IDV of Chassis | Engine Number | Chassis Number | Gross Vehicle Weight (GVW) (for Goods Carrying Vehicle) / Cubic Capacity/KW |
|---------------------|-------------|----------------|---------------|-------------------|--|
| 2018 | 0 | 3,60,000 | TBJ1E52127 | MA1ZU2TBKJ1E43152 | 2960 |

Special conditions:

PROPOSER / OWNER'S DETAILS

| 1. Title and Name of the Insured: | | Mr. Sujay Das | Mr. Sujay Das | | | | | |
|-----------------------------------|---|-------------------|--|---------------|----------------------|--|--|--|
| 2. Insured Perma | anent Address* | | AT-BASAI KANAIPUR SERAMPUR , UTTARPARA, HOOGHLY WEST BENGAL District: HOOGHLY 712234 WEST BENGAL(19), India | | | | | |
| | ce Address different from ess,please provide*: | | T-BASAI KANAIPUR SERAMPUR , UTTARPARA, HOOGHLY WEST BENGAL Hooghly - 712234 District: HOOGHLY VEST BENGAL, India | | | | | |
| 3.Phone | | 4.Mobile * | 6290749826 | 5.Email ID* | BRANJIT603@GMAIL.COM | | | |
| 6.Gender | Male | 7.Date Of Birth * | 20/05/1996 | 8.Nationality | Indian Resident | | | |
| Proposal Date & | roposal Date & Time: 16/11/2024 17:55 | | | | | | | |

Proposal Date & Time: 16/11/2024 17:55

Policy Start Date: 17/11/2024 00:00

Policy End Date: (Comprehensive) 16/11/2025 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/-



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

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 |
|---|-------------------------|--------------------|--|---------------------|--------------|
| HOOGHLY | 17/11/2018 | Diesel | CHOLAMANDALAM INVESTMENT & FINANCE CO LTD KOLKATA | | 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 | 3,60,000 | 0 | 0 | 0 | 0 | 3,60,000 |

OPTIONAL ADD-ON COVERS

| □ Depreciation Cover# | Engine Protect | #If Depreciation cover is selected: Voluntary Deductible offered under the |
|---|---|--|
| 3. ☐ Return to Invoice | 4. Consumable Cover | |
| 3. I Return to invoice | | "Depreciation Cover", which would be applied over and above the Compulsory |
| 5. ☐Road Side Assistance | 6. ☐ Key Replacement | Deductible? No |
| 5. I Road Side Assistance | Sum Insured | |
| - FNOR R | 8. Additional PA Cover for Owner Driver | |
| 7. ☐NCB 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 | |
| 44 Additional Tayling Charges | 12. ☐Loss of Income | |
| 11. ☐ Additional Towing Charges | Max No. of days Select | |
| Sum Insured | Per day benefit Select | |
| | i or day benefit delect | |

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) | Nominee | | | | |
|--|------------------------------------|---------------------------------|--|----------------------|--|--|--|--|
| 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: | | | | | | | | |
| B. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion 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 ₹ | f 10,000. | | | | | | |
| 4. Do you wish to restrict Third Party Property | Damage of ₹ 7.5 Lakh to the st | atutory TPPD liability limit of | ₹ 6,000/- only? No | | | | | |
| 5. Legal liability against Third Party Risks: Do y person (1) | rou wish to cover legal liability? | A) Paid Driver and/or Condu | ctor and/or Cleaner (IMT 28) ☑Y | es □No If Yes, no of | | | | |
| B) Legal Liability to Employee (IMT 29) ☐Yes I | ▼No If Yes, no. of Person: C | C) Unnamed Passengers ☐Y | es 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 _ 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 years to _ The Vehicle to be insured is not owned by an individual _ 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 | | | | | | | |

| | | | PREVIO | DUS INSURANCE DETAILS | | |
|--------------------------|----------------------|--------|---------------------|-----------------------|------------------------|--|
| 1. Name and address of | the previous insurer | Z | UNO-thth | | | |
| 2. Previous Policy Type | Comprehensive | 3. Pre | vious Policy Number | 900575665 | 4. Existing bonus 25 % | |
| 5. Period of Insurance | 17/11/2023 | То | 16/11/2024 | | | |
| 6. Details of Claims mad | e: 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 : 21583758989

Payment Amount: 20,246.00

Payment/Transaction Date: 16/11/2024

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 9826 on 16/11/2024 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 | 1018127175 | GSTIN: | 19AAFCK7016C1ZQ | | |
| Customer Name | SUJAY DAS | Pan Number : | AAFCK7016C | | |
| Email ID | BRANJIT603@GMAIL.COM | CIN: | U66000MH2014PLC260291 | | |
| Contact No | 6290749826 | Address: | White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016. | | |
| Address | AT-BASAI KANAIPUR SERAMPUR , UTTARPARA, HOOGHLY, WEST BENGAL, HOOGHLY, 712234, WEST BENGAL, India | Date of Invoice | 16/11/2024 | | |
| IMD Code | 3601770000 | Invoice No | 5163185600 | | |
| Receipt No | 1202501349084 | Proposal No | 202411160057206 | | |
| | | 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 | 997134 | 16049 | 16049 | 6% | 962.94 | 6% | 962.94 |
| Services | | 1924.48 | 1924.48 | 9% | 173.20 | 9% | 173.20 |
| Total | | 17973.48 | 17973.48 | | 1136.14 | | 1136.14 |
| Total Invoice Value (In Figure) | | 20,246.00 | | | | | |
| Total Invoice Value (In Words) | Twenty Thousand Two Hundred Forty Six | | | | | | |
| Whether Tax Payable on | 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."