

Ref No.: GEN/WEL/SG/0008.3/3976450301

Date: 13/11/2024

To,  
GARY CHERAN MOMIN  
S/O LT CAPT W SANGMA RINGREY GITTIM TURA  
WEST GARO HILLS  
OPPS EVEREST SCHOOL  
West Garo Hills - 794001  
District: WEST GARO HILLS  
MEGHALAYA, India  
Contact Details 7086013803



Policy number: 3976450301  
CKYC ID: 50005022637443

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

Dear GARY CHERAN MOMIN,

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 (Passenger 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](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. ,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 (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

## Commercial Vehicle Secure (Passenger Carrying Vehicle)

Comprehensive Policy

### Certificate cum Policy Schedule

Policy / Certificate No: 3976450301

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



#### INSURED DETAILS

Name: **GARY CHERAN MOMIN**  
 Address: S/O LT CAPT W SANGMA RINGREY GITTIM TURA WEST GARO HILLS OPPS EVEREST SCHOOL West Garo Hills - 794001 District: WEST GARO HILLS MEGHALAYA(17), India  
 Place of Supply: MEGHALAYA  
 Supply State Code: 17  
 Phone: NA  
 Mobile: 7086013803  
 Email: SINGH17041@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: 03/12/2024 00:00 to: 02/12/2025 Midnight**

Policy issued on: 13/11/2024 Cover Note No: NA

Hypothecated to: HDFC BANK LTD. (1240)

#### VEHICLE DETAILS

| Registration Number | Manufacturer | Model   | Variant         | Year of Manufacture | RTO Location    | Engine Number   | Vehicle Chassis/ Trailer Chassis No. | Licensed Carrying Capacity | Seating Capacity | Gross Vehicle Weight |
|---------------------|--------------|---------|-----------------|---------------------|-----------------|-----------------|--------------------------------------|----------------------------|------------------|----------------------|
| ML08G7171           | EICHER       | 10.75 H | SCHOOL BUS 41+1 | 2019                | WEST GARO HILLS | E414CDKJ29 8890 | MC2A5HRT0KJ449861                    | 42                         | 42               | 0                    |

| 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                  | 10,03,833             | 0   | 0  | 0              | 0                    | 10,03,833                         |

Category: **School Bus**

#### PREMIUM COMPUTATION TABLE (IN ₹)

| Section I   |              | Section II  |                  |
|---|--------------|---|------------------|
| <b>Own Damage</b>                                       |              | <b>Liability</b>  |                  |
| Basic Own Damage  | 172.66       | Basic TP Including TPPD Premium   | 43,482.00        |
| Add:  |              | Legal Liability to Paid Driver and/or Conductor and/or Cleaner (IMT 28) | 50.00            |
| Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts | 25.90        | <b>Total Liability Premium (B)</b>                                      | <b>43,532.00</b> |
| Less:   |              |   |                  |
| No Claim Bonus Percent 50%                              | 99.28        | <b>Section III</b>  |                  |
|   |              | <b>Personal Accident</b>  |                  |
| <b>Total Own Damage Premium (A)</b>                     | <b>99.28</b> | <b>Total Personal Accident Premium (C)</b>                              | <b>0.00</b>      |
| <b>Taxable value of Services (A+B+C)</b>                |              |   | <b>43,631.28</b> |
| IGST @ 18%  |              |   | 7,853.63         |
| <b>Total Premium (in ₹)</b>                             |              |   | <b>51,485.00</b> |

Geographical Area:  Additional Excess ₹  Compulsory Deductible ₹

No. of Claims for Depreciation Cover:  Voluntary Deductible for Depreciation Cover ₹  Total Deductible ₹

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

#### INTERMEDIARY DETAILS

Intermediary Code           Intermediary Name

Intermediary's Mobile No.           Intermediary's Landline No.

#### 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](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 ₹ 0

#### LIMITATIONS AS TO USE

**Passengers 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 sub-section (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 e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.

#### 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, 35, 7, 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                   | 3976450301                  |             |                                  |

#### 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.

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

### Transcript cum Proposal Form - Commercial Vehicle Secure (Passenger Carrying Vehicle)

#### Guideline

1. This is a transcript of the details provided by you and is basis of underwriting the policy. Request you to review the complete information & come -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 premium receipt and would incept from the date specified in the policy schedule.
3. This document has to be read in conjunction with the policy document.
4. Refund if any, would be processed in the same source (net banking / credit card / debit card) from which the premium payment has been made.
5. The policy is subject to the underwriting guidelines of the Company.
6. Online premium payment should be made by the policyholder himself. No third party payment should be made using this mode of payment.

Proposal No : 202411110003717

Proposal for : Renewal Policy

51,485.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

| Registration No.    | Vehicle Make/Model/Variant      |                | Type of body    | Fuel Type         |   |
|---------------------|---------------------------------|----------------|-----------------|-------------------|---|
| ML08G7171           | EICHER /10.75 H/SCHOOL BUS 41+1 |                |                 | Diesel            |   |
| Year of Manufacture | IDV of Body                     | IDV of Chassis | Engine Number   | Chassis Number    | Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle) |
| 2019                | 0                               | 10,03,833      | E414CDKJ29 8890 | MC2A5HRT0KJ449861 | 42  |

Special conditions :

#### PROPOSER / OWNER'S DETAILS

|   |  |                   |            |               |                      |
|---|--|-------------------|------------|---------------|----------------------|
| 1. Title and Name of the Insured:   | GARY CHERAN MOMIN  |                   |            |               |                      |
| 2. Insured Permanent Address*   | 38RINGRE GITTIMTURAWESTGARO HILLS WEST GARO HILLS NEAR BRIDGE District: WEST GARO HILLS 794002 MEGHALAYA(17), India                              |                   |            |               |                      |
| If Correspondence Address different from Permanent Address,please provide*: | S/O LT CAPT W SANGMA RINGREY GITTIM TURA WEST GARO HILLS OPPS EVEREST SCHOOL West Garo Hills - 794001 District: WEST GARO HILLS MEGHALAYA, India |                   |            |               |                      |
| 3.Phone   |  | 4.Mobile *        | 7086013803 | 5.Email ID*   | SINGH17041@GMAIL.COM |
| 6.Gender  |  | 7.Date Of Birth * |            | 8.Nationality | Indian Resident      |

Proposal Date & Time: 11/11/2024 09:15

Policy Start Date: 03/12/2024 00:00

Policy End Date: 02/12/2025 at midnight  
(Comprehensive)

Policy End Date: 02/12/2025 at midnight  
(Compulsory PA)

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

The Policy does not cover use of the vehicle for the purpose of Carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails, any purpose in connection with Motor Trade and Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle. The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act 1988

**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.

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

**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         | No of Wheels |
|---|----------------------------|---|--|--|----------------------------|--------------------------|--------------|
| WEST GARO HILLS                         |                            | 27/11/2019  | Diesel   | HDFC BANK LTD. (1240)<br>WEST GARO HILLS                             |                            |                          | 4            |
| IDV of Body<br>(in INR)                 | IDV of Chassis<br>(in INR) | *Non - Electrical Accessories fitted to the Vehicle<br>(in INR) | *Electrical & Electronic Accessories fitted to the Vehicle<br>(in INR) | *Trailer<br>(in INR)   | *CNG / LPG Kit<br>(in INR) | *Total Value<br>(in INR) |              |
| 0                                       | 10,03,833                  | 0   | 0  |  | 0                          | 10,03,833                |              |

PUC - YES

**OPTIONAL ADD-ON COVERS**

|  |   |  |
|--|---|--|
| 1. <input type="checkbox"/> Depreciation Cover#<br>3. <input type="checkbox"/> Return to Invoice<br>5. <input type="checkbox"/> Road Side Assistance<br>7. <input type="checkbox"/> Tyre Cover<br>9. <input type="checkbox"/> Additional PA Cover for Owner Driver<br>Sum Insured<br>11. <input type="checkbox"/> Hospital Cash Benefit<br>Max No. of days Select..<br>Per day benefit Select..<br>13. <input type="checkbox"/> Additional Towing Charges<br>Sum Insured | 2. <input type="checkbox"/> Engine Protect<br>4. <input type="checkbox"/> Consumable Cover<br>6. <input type="checkbox"/> Key Replacement<br>Sum Insured<br>8. <input type="checkbox"/> NCB Protect<br>10. <input type="checkbox"/> Additional PA Cover for Passengers<br>Sum Insured<br>12. <input type="checkbox"/> EMI Protect<br>Monthly Amount<br>No of EMIs Select..<br>14. <input type="checkbox"/> Loss of Income<br>Max No. of days Select..<br>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 |
|--|---|--|

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516

**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<br>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<br>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 (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)<br>I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as<br><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   ___<br><input type="checkbox"/> The Vehicle to be insured is not owned by an individual<br><input type="checkbox"/> The Owner Driver does not have an effective driving license.<br>(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   | KOTAK-NA      |                           |            |
| 2. Previous Policy Type   | Comprehensive | 3. Previous Policy Number | 3976450300 |
| 4. Existing bonus   | 45            | %                         |            |
| 5. Period of Insurance  | 03/12/2023    | To                        | 02/12/2024 |
| 6. Details of Claims made: 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 AGGREGATOR  
 Payment Reference No : 113537582026, 113538466789  
 Payment Amount: 51,485.00  
 Payment/Transaction Date: 13/11/2024, 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.

Intermediary Code: 3601770000

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516



## 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>              | 1013650070   | <b>GSTIN :</b>                  | 19AAFCK7016C1ZQ  |
| <b>Customer Name</b>            | GARY CHERAN MOMIN  | <b>Pan Number :</b>             | AAFCK7016C   |
| <b>Email ID</b>                 | SINGH17041@GMAIL.COM   | <b>CIN:</b>                     | U66000MH2014PLC260291  |
| <b>Contact No</b>               | 7086013803   | <b>Address:</b>                 | White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016. |
| <b>Address</b>                  | S/O LT CAPT W SANGMA RINGREY<br>GITTIM TURA, WEST GARO HILLS, OPPS<br>EVEREST SCHOOL, WEST GARO HILLS,<br>794001, MEGHALAYA, India | <b>Date of Invoice</b>          | 13/11/2024   |
| <b>IMD Code</b>                 | 3601770000   | <b>Invoice No</b>               | 3976450301   |
| <b>Receipt No</b>               | 1202501328749, 1202501328756   | <b>Proposal No</b>              | 202411110003717  |
|                                 |  | <b>Partner Application No</b>   |  |
| <b>State Code</b>               | 17   | <b>State Code:</b>              | 19   |
| <b>Place Of Supply Name</b>     | MEGHALAYA - 17   | <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.) | IGST Rate | IGST Amt (Rs.)                              |
|--|----------------|-----------------------------|-------------------------------|-----------|---|
| Motor Vehicle Insurance Services                     | 997134         | 43631.28                    | 43631.28                      | 18%       | 7,853.63                                    |
| <b>Total</b>   |                | 43631.28                    | 43631.28                      |           | 7853.63                                     |
| <b>Total Invoice Value (In Figure)</b>               |                |                             |                               |           | 51,485.00                                   |
| <b>Total Invoice Value (In Words)</b>                |                |                             |                               |           | Fifty One Thousand Four Hundred Eighty Five |
| <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."

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516