

Ref No.: GEN/WEL/SG/0008.3/5058009900

Date: 19/10/2024

To,
MR. BINIT SHARMA
35/1 ADHAR DAS ROAD
BUDGE BUDGE
Kolkata - 700137
District: KOLKATA
WEST BENGAL, India
Contact Details 7439424081



Policy number: 5058009900
CKYC ID: 10009739689733

Subject: Risk assumption for Long Term Two Wheeler Secure - Liability Only

Dear MR. BINIT SHARMA,

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 Long Term Two Wheeler Secure - Liability Only.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.zurichkotak.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@zurichkotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), Mumbai - 400063. ,Mumbai , Maharashtra

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Zurich Kotak General Insurance Company (India) Limited



Authorised Signatory

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Long Term Two Wheeler Secure - Liability Only UIN:KMG-MT-P17-41-V03-16-17

**Long Term Two Wheeler Secure - Liability Only
Certificate cum Policy Schedule****Policy / Certificate No: 5058009900**For any assistance please call **1800 266 4545** or visit **www.zurichkotak.com****INSURED DETAILS**

Name: **MR. BINIT SHARMA**
Address: **35/1 ADHAR DAS ROAD BUDGE BUDGE Kolkata - 700137**
District: **KOLKATA WEST BENGAL(19), India**
Place of Supply: **WEST BENGAL**
Supply State Code: **19**
Phone: **NA**
Mobile: **7439424081**
Email: **BINITSHARMA112@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: 21/10/2024 00:00 to: 20/10/2025 Midnight
Type of Vehicle: Two Wheeler
Policy issued on: 19/10/2024 Cover Note No: NA
Hypothecated to: NA

VEHICLE DETAILS

Registration no.	Make	Model	Variant	CC	Manufacturing Year	RTO Location	Engine Number	Chassis No.	Seating Capacity of side car (if any)
WB 36 B 7970	HERO HONDA	ACHIEVER	STD	150	2011	PASCHIM MEDINIPUR	KC10EDBGD0 2138	MBLK10EMB GE00768	2

Insured Declared Value (IDV)

Period	Insured Declared Value (IDV) of the Vehicle (in ₹)	IDV of Side Car (in ₹)	Additional Accessories (in ₹)	Non - Electrical Accessories fitted to the Vehicle (in ₹)	Electrical & Electronic Accessories fitted to the Vehicle (in ₹)	CNG / LPG Kit (in ₹)	Total Value of the Vehicle (in ₹)
21/10/2024-20/10/2025	0	0	0	0	0	0	0

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
Own Damage		Liability	
		Basic TP Including TPPD Premium	714.00
Total Own Damage Premium (A)	0.00	Total Liability Premium (B)	714.00
Taxable value of Services (A+B)			714.00
CGST @ 9%			64.26
SGST @ 9%			64.26
Total Premium (in ₹)			843.00

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

INTERMEDIARY DETAILS

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

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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 Vehicle Act, 1988.
Under Section II - 1(ii) of the policy -> Damage to Third Party Property ₹ 1,00,000; PA Cover under Section III: for Owner Driver CSI ₹ 0 ;
Deductible under section I -> ₹ 0

LIMITATIONS AS TO USE

Use only for social, domestic and pleasure purposes and for the insured's business or profession. The Policy does not cover use for hire or reward, tuition, racing, pace making, reliability trial, speed testing, carriage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade.

N.B. 1 In case of vehicles used for Driving Tuition the words "other than for the purpose of driving Tuition" to be read after the words hire or reward".

N.B. 2 Where use of the two-wheeler is to be restricted to use only with a side-car attached, the words "or use unless a side-car is attached to the Motorized two wheelers" may be added after the words "Motor Trade" above.

DRIVER'S CLAUSES

Any person including the insured: Provided that a person driving hold and 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 (NCB) is subject to no claim on the previous policy. Benefits under the policy will be forfeited if claim is/was made in previous policy. Please contact our Customer Care team in case of wrong NCB % mentioned.

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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.

Premium Collection Details:

Collection No : 1202501152881

Amount : 843.00

Receipt Date : 19/10/2024

Subject to I.M.T. Endt.Nos. & Memorandum 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	5058009900		

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 19 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 - Long Term Two Wheeler Secure - Liability Only

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 : 202410190062109

Proposal for : Rollover Policy

843.00

Premium Amount (Inclusive of taxes)

Type of cover: Liability Only Policy

Registration No.	Vehicle Make/Model/ Variant	Type of body	Cubic Capacity/KW	Fuel Type
WB 36 B 7970	HERO HONDA/ACHIEVER/STD		150	Petrol

Year of Manufacture	Insured Declared Value (IDV)	Engine Number	Chassis Number
2011	0	KC10EDBGD0 2138	MBLKC10EMBGE00768

Special conditions :

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:	MR. BINIT SHARMA		
2. Insured Permanent Address* (where vehicle is normally kept) :	35/1 ADHAR DAS ROAD BUDGE BUDGE Kolkata - 700137 District: KOLKATA WEST BENGAL, India		
If Correspondence Address different from Permanent Address, please provide*:	35/1 ADHAR DAS ROAD BUDGE BUDGE District: KOLKATA 700137 WEST BENGAL(19), India		
3. Phone		4. Mobile *	7439424081
		5. Email ID*	BINITSHARMA112@GMAIL.COM
6. Gender		7. Date Of Birth *	
		8. Nationality	Indian Resident

Proposal Date & Time:	19/10/2024 18:27
Policy Start Date:	21/10/2024 00:00
Policy End Date: (Comprehensive)	20/10/2025 at midnight

Limitations as to use (Two wheeler):

The Policy covers use of the vehicle for any purpose other than ; Hire or reward, carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails or any purpose in connection with Motor Trade.

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.

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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	Lease / Hire / Hypothecation (Name and address of concerned parties)	CNG/LPG/Bi Fuel/Electric	Color of Vehicle
PASCHIM MEDINIPUR	28/11/2011		PETROL	

*Insured Declared Value of the Vehicle (in INR)	*Non - Electrical Accessories fitted to the Vehicle (in INR)	*Electrical & Electronic Accessories fitted to the Vehicle (in INR)	*Side Car (in INR)	*CNG / LPG Kit (in INR)	*Total Value (in INR)
0	0	0	0	0	0

OPTIONAL ADD-ON COVERS

1. <input type="checkbox"/> Depreciation Cover# 2. <input type="checkbox"/> Consumable Cover 3. <input type="checkbox"/> Engine Protect 4. <input type="checkbox"/> Return to Invoice 5. <input type="checkbox"/> Garage Cash	6. *If Depreciation cover is selected, please choose the No of Claims <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> >3 *Whether you want to opt for Voluntary Deductible offered under the "Depreciation Cover", which would be applied over and above the Compulsory Deductible? No
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RISK INCLUSION / EXCLUSION

1. *Personal Accident Cover of INR 15,00,000 for the Owner Driver	*Nominee Name and Age	*Relationship	*Name of Appointee (if nominee is a minor)	Relationship to the Nominee
2. Do you wish to include Personal Accident cover for the Named passenger? No Please give details mentioned aside:	Name	CSI Opted (Rs)	*Nominee Name	Relationship
3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No Please give details mentioned aside:			No. of Persons As Per Seating Capacity	C. S. I. (Per Person)
# The maximum CSI available per person is ₹ 2,00,000, each in multiples of ₹ 10,000.				
4. Do you wish to restrict Third Party Property Damage of ₹ 7.5 Lakh to the statutory TPPD liability limit of ₹ 6,000/- only? No				
5. legal liability against Third Party Risks: A) Owner Driver <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any person other than Paid Driver: No				
B) Legal Liability to Employee (IMT 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, no. of Person: 0 C) Unnamed Passengers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, no. of Person: 0				
Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners) I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as <input type="checkbox"/> Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15 lacs.Tenure__ years [_____] to [_____] <input type="checkbox"/> The Vehicle to be insured is not owned by an individual <input type="checkbox"/> The Owner Driver does not have an effective driving license. (Note: Where the owner driver owns more than one vehicle, compulsory PA cover can be granted for any one vehicle as opted by him/her). Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lacs for Two-wheeler, Private Car and Commercial Vehicles. Compulsory PA Cover for Owner Drivers cannot be granted where the vehicle is owned by a company, a partnership firm or a similar body corporate.				

PREVIOUS INSURANCE DETAILS

1. Name and Address of Previous Insurer

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

5. Period of Insurance To

6. Details of Claims made:

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

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 : 21318648243
 Payment Amount: 843.00
 Payment/Transaction Date: 19/10/2024
 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.

Intermediary Code: 3601770000
 As verified using OTP sent on mobile number ending with 4081 on 19/10/2024 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	1017770223	GSTIN :	19AAFCK7016C1ZQ
Customer Name	BINIT SHARMA	Pan Number :	AAFCK7016C
Email ID	BINITSHARMA112@GMAIL.COM	CIN:	U66000MH2014PLC260291
Contact No	7439424081	Address:	White HouseOffice Space No 2B(1)2Nd Floor 119Kolkata West Bengal 700016.
Address	35/1 ADHAR DAS ROAD , BUDGE BUDGE, KOLKATA, 700137, WEST BENGAL, India	Date of Invoice	19/10/2024
IMD Code	3601770000	Invoice No	5058009900
Receipt No	1202501152881	Proposal No	202410190062109
		Partner Application No	
State Code	19	State Code:	19
Place Of Supply Name	WEST BENGAL - 19	State Name	WEST BENGAL
		IRN	

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Motor Vehicle Insurance Services	997134	714	714	9%	64.26	9%	64.26
Total		714	714		64.26		64.26
Total Invoice Value (In Figure)	843.00						
Total Invoice Value (In Words)	Eight Hundred Forty Three						
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."

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