BE INSURED...REST ASSURED

SHRIRAM

# SHRIRAM GENERAL INSURANCE COMPANY LIMITED

E-8, EPIP, SITAPURA INDUSTRIAL AREA, JAIPUR, RAJASTHAN-302022 CONTACT(TOLL FREE): 1800 - 30030000, 1800 - 1033009

# CIN NO.U66010RJ2006PLC029979

# **CERTIFICATE CUM POLICY SCHEDULE**

GCCV-PUBLIC CARRIERS OTHER THAN THREE WHEELERS - Zone C MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY) -UIN No.IRDAN137RP0018V01200809 - SAC Code: 997134

| Branch Address  |               |  | 1st Floor, 53A,,Rafi Ahmed Kidwai Road,,<br>Kolkata-700016, KOLKATA, WEST BENGAL -<br>700016  |  |  |  | Branch Office Phone No.     |                |   | 7412078317 / 7412078318 / 7412078319 |                                     |       |                             |
|---|---------------|--|---|--|--|--|-----------------------------|----------------|---|--------------------------------------|-------------------------------------|-------|-----------------------------|
| Geographical Area   |               |  | INDIA   |  |  |  | Policy No.                  |                |   | 334027/31/25/005852                  |                                     |       |                             |
| Insured's Code/ Name  |               | IN-35770504 / MR. CHANDAN DAS  |   |  |  | GSTIN No. Of Insured Unregistered  |                             |                |   | gistered                             |                                     |       |                             |
| Insured Address and<br>Contact Details                              |               | 300 RAYBAHADUR ROAD NEW ALIPOR 300 RAYBAHADUR ROAD NEW ALIPOR , KOLKATA , KOLKATA, WEST BENGAL - 700053 ,Mob- ******0295,Email-i*d*a*v*h*c*e*o*k*t*@gmail.com  |   |  |  |  |                             |                |   |                                      |                                     |       |                             |
| Insured Address as Per<br>RC  |               | 300 RAYBAHADUR ROAD NEW ALIPOR 300 RAYBAHADUR ROAD NEW ALIPOR , KOLKATA , KOLKATA, WEST BENGAL - 700053 ,Mob- ******0295,Email-i*d*a*v*h*c*e*o*k*t*@gmail.com CKYC No- *******9445 ,POA ID- /POA ID No- , POI ID- / POI ID No- |   |  |  |  |                             |                |   |                                      |                                     |       |                             |
| <b>CKYC Details</b>   |               |  |   | ****                                       | 9445 ,POA ID-  | /PO  | A ID No-, P                 | OI ID- / F     | OI IO   | No-                                  |                                     |       |                             |
| <b>Insured State Code</b>   |               | 19 NCB Discount (%) 20   |   |  |  |  |                             |                |   |                                      |                                     |       |                             |
| Executive   |               |  | KUNDAN KUMAR - NAN000004064   |  |  |  | Period of I                 | nsurance       | From 23:54 Hrs of 09/11/2024 To<br>Midnight Of 08/11/2025 |                                      |                                     |       |                             |
| Agent Details   |               |  | CERTIGO INSURANCE BROKERS PVT. LTD<br>LCN000000072- Mobile No9926920400-<br>Toll/Phone No.N.A |  |  |  |                             |                |   |                                      |                                     |       |                             |
| PAN No.   |               | N.A  |   |  |  |  |                             |                |   |                                      |                                     |       |                             |
| Prop No TR No.  |               |  | N.A - N.A   |  |  |  | <b>Prop Issue</b>           | Date           | N.A   |                                      |                                     |       |                             |
| Gross Premium   |               |  | 40939   |  |  |  | IGST                        |                | 0   |                                      |                                     |       |                             |
| CGST  |               | 2625   |   |  |  | SGST/UTGST   |                             |                | 2625  |                                      |                                     |       |                             |
| Previous Insurer  |               |  |   |  |  | Total  |                             |                | 46189   |                                      |                                     |       |                             |
| Previous Policy No.   |               |  | 2315205843582800000   |  |  |  | Nominee for<br>Owner/Driver |                |   | N.A                                  |                                     |       |                             |
| Nominee Age   |               | N.A  |   |  |  | Nominee R  |                             | N.A            |   |                                      |                                     |       |                             |
| Appointee Name  |               |  | N.A   |  |  |  | Appointee                   |                | N.A   |                                      |                                     |       |                             |
| REGISTRATI<br>ON MARK &<br>PLACE                                    | ENGINE        | E NO   | 0. & CHASSIS NO   |  | / F  |  | PE OF BODY<br>UEL TYPE      |                | G.V.V   | v                                    | DATE OF REGN. /<br>DELIVERY         |       | SEAT CAP.<br>(INCL. DRIVER) |
| WB - 19 - L - PJEZ412022 8135 & MB1A3GCDX PUBLIC VEHICLE DEPARTMENT |               |  | 1   |  |  | EN METAL<br>DY / DIESEL  | 1 / 0 /<br>2023             | 16100          |   | 21/11/2023                           |                                     | 2 + 1 |                             |
| Charger No.   |               |  |   |  | Battery Number   |  | <u> </u>                    |                |   |                                      | Number                              |       |                             |
| IDV FOR THE   |               | IDV  | FOR TRAILER   |  | ELECTRICAL   |  | ELECTRICA                   |                | CI  | NG/LF                                | PG kit SI                           | TOT   | AL VALUE                    |
| 2256000 00  | 2256000.00 0  |  |   | 0  | ACCESSORIES  |  | ACCESSORIES<br>0            |                | 0   |                                      | 2256                                |       | 5000.00                     |
|   | 0             | _  | Damage Policy P   |  |  |  | . •                         |                |   | iability Policy Period               |                                     |       |                             |
| From Date & Time   09/11/2024   23:54 Hrs                           |               |  | )24 To Date   | & Time 08/11/2025 23:59<br>Hrs of Midnight |  | From Date & Time 09/11/20<br>23:54 Hr  |                             | To Date & Time |   |                                      | 08/11/2025 23:59<br>Hrs of Midnight |       |                             |
|   |               |  |   |  | SCHEDU   | LE C   | OF PREMIUM                  |                |   | <b>D</b>                             | ADTITY'                             |       |                             |
| OD TOTAL  | A. OWN DAMAGE | EE26 ON BACIC TO   |   |  |  | B. LIABILITY IC TP COVER 35313.0   |                             |                |   |                                      |                                     |       |                             |
| OD TOTAL TOTAL PREMI  |               |  |   |  | BASIC TP COVER<br>ADD :Legal Liability Coverages For P |  |                             |                |   |                                      |                                     |       |                             |
| ADD : SGST/U  |               | <u> </u>   |   |  |  | ADD :Legal Liability Coverages For Paid Driv<br>ADD :Legal Liability Coverages For Cleaner |                             |                |   |                                      | 50.00                               |       |                             |
| ADD : CGST 9.00%  |               |  |   |  |  |  | TP TOTAL                    |                |   |                                      |                                     |       | 35413.00                    |
| ADD: SGST/UTGST 6.00%   |               |  |   |  | 2119   |  |                             |                |   |                                      |                                     |       |                             |
| ADD : CGST 6.   |               |  |   |  | 2119   |  |                             |                |   |                                      |                                     |       |                             |
| PREMIUM AMO   | JUNI          |  |   |  | 46189  | 9.00   |                             |                |   |                                      |                                     |       |                             |

KOLKATA

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com

Consolidated Stamp Duty paid vide order No. F7(77)Gen/2024/7574 dated 02/09/2024
Policy Issuing office - E-8, EPIP, RIICO INDUSTRIAL AREA, SITAPURA ,JAIPUR, RAJASTHAN, 302022
For Policy Wordings, NEFT/RTGS/IMPS or any other online payment kindly visit our website
"www.shriramgi.com" Validity of policy is subject to KYC verification.

Note :- Claim intimation after 48 hours will be considered as delayed intimation.

For and on behalf of

Shriram General Insurance Co.Ltd.

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All the Amounts mentioned in this policy are in Indian Rupees  ${\bf GSTIN~No.~19AAKCS2509K1Z0}$ 

# SHRIRAM GENERAL INSURANCE COMPANY LIMITED



E-8.EPIP.SITAPURA INDUSTRIAL AREA.JAIPUR. RAJASTHAN-302022 CONTACT(TOLL FREE): 1800 - 30030000, 1800 - 1033009

### CERTIFICATE CUM POLICY SCHEDULE

GCCV-PUBLIC CARRIERS OTHER THAN THREE WHEELERS - Zone C MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY) UIN No.IRDAN137RP0018V01200809 - SAC Code: 997134

Attached to and forming part of policy number: 334027/31/25/005852

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz ( Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass, CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable ).

CPA Policy number: , CPA Sum Insured: 0.00, CPA Company Name: , CPA Valid From: N.A., CPA Valid To: N.A. **Deductibles under Section-I**: Compulsory Deductible Rs.1000

Subject to IMT Endorsement Printed herein/attached to: IMT-23, IMT-28, IMT-40, IMT-7, IMT-21.

Hypothecation Agreement with: HDB FINANCIAL SERVICE LIMITED

Hire Purchase/Lease Agreement with:

## **Limit of Liability:**

Under Section II-1(i) in respect of any one accident: as per Motor Vehicles Act, 1988.

Under Section II-1(ii) in respect of any one claim or series of claims arising out of one event is Rs. 750000

P.A. Cover under Section III for Owner - Driver (CSI): Rs. 0

PreInspection Survey: Dented Part: AS PER THE PI PHOTOS DATED ON 08-11-2024 14:04:57, Broken Part: AS PER THE PI PHOTOS DATED ON 08-11-2024 14:04:57, Scratched Part: AS PER THE PI PHOTOS DATED ON 08-11-2024 14:04:57, Claim not payable for: N.A. IMPOSED EXCESS DETAILS - If claim is acceptable for then Rs. will be deducted as an imposed excess from final payable claim amount. **Preinspection Report**: Applicable

### **Driver's Clause**

Any person including insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limitations as to Use:

Use Only For Carriage Of Goods Within The Meaning Of The Motor Vehicles Act. The Policy Does Not Cover: 1) Use For Organised Racing, Pace-Making, Reliability Trial Or Speed Testing. (2) Use Whilst Drawing A Trailer Except The Towing (Other Than For Reward) Of Any One Disabled Mechanically Propelled Vehicle. (3) Use For Carrying Passengers In The Vehicles; Except Employees (Other Than The Driver) Not Exceeding The Number Permitted In The Registration Document And Coming Under The Purview Of Workmen'S Compensation Act 1923.

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 Vehicle's Act 1988 The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached. Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and thepolicy shall be void abinitio (from inception). I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at KOLKATA

### IMPORTANT NOTICE:

The Insured is not Indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.

POLICY IS SUBJECT TO EXCLUSION OF DAMAGES NOTED DOWN BY OUR AUTHORISED REPRESENTATIVE DURING THEIR INSPECTION.

If policy is cancelled/Endorsed beyond the said date [i.e.31/10/2025],only the proportionate amount of premium would be refunded and any GST amount would NOT be refunded owing to the restrictions prescribed under GST law.

Note: In case of new vehicle, Insured have to submit registration documents within a period of 15 days from the date of issue of Registration Certificate of

In case of Claims/Grievance, Please contact us at: Toll Free No – 180030030000, 18001033009 Email id - chd@shriramgi.com
For instant renewal of your insurance policy, Log on to www.shriramgi.com or contact us at our Head office no. - 0141-4828400
In the event of the accident-spot survey is Compulsory



MYSGI App QR Code

PLACE : KOLKATA

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on dnd@shriramgi.com

Consolidated Stamp Duty paid vide order No. F7(77)Gen/2024/7574 dated 02/09/2024
Policy Issuing office - E-8, EPIP, RIICO INDUSTRIAL AREA, SITAPURA ,JAIPUR, RAJASTHAN, 302022
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Note :- Claim intimation after 48 hours will be

For and on behalf of

Shriram General Insurance Co.Ltd

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All the Amounts mentioned in this policy are in Indian Rupees GSTIN No. 19AAKCS2509K1Z0