

BELIVE IN THE BEST

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| **Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989** | | | | | | | | | | | | | | | |
| Agent/Broker/Producer Name: DIRECT | | | | | | | | | | | | | | | |
| Agent/Broker License Code: NA; Agent/Broker Contact No:- 24\*7 Helpline 8080302232 | | | | | | | | | | | | | | | |
| **Certificate & Policy No.:** | | 20180724142818 | | | **Policy Type:** | | | | Auto Secure Private Car Package Policy | | | | | | |
| **Period of Insurance:** | | From 01/02/2019 Hrs on 1:0 | | | **Date of Expiry** | | | | To midnight of 01/02/2019 | | | | | | |
| **Insured Name & Address:** | | | | | | | Premium (Inclusive of All  Applicable Taxes) | | | | | ₹13928 | | | |
| MR undefinedundefined  undefined  undefined undefined undefined | | | | | | | Insured Business/Profession: | | | | | undefined | | | |
| Geographical Area: | | | | | undefined | | | |
| Registration Authority: | | | | | undefined | | | |
| HPA / Hyp / Lease to: | | | | | undefined | | | |
| Contact No: | | | | | undefined | | | |
| **Registration No.** | **Make & Model** | | **Engine No.** | | | **Chassis No.** | | **CC** | | | **Mfg. Year** | | **Body Type** | | **Seating**  **Capacity** |
| undefined | undefined  undefined  undefined | | undefined | | | undefined | | undefined | | | undefined | | undefined | | undefined |
| **IDV of Vehicle ( )** | **IDV of trailers ( )** | | **Bio Fuel/CNG/LPG Kit( )** | **IDV of non.built.in Accessories( )** | | | | | | | | | | **Total Insured**  **Declared Values(IDV)** | |
| **Electrical** | | | | | | **Nonelectrical** | | | |
| 625000 | undefined | | undefined | undefined | | | | | | undefined | | | | 625000 | |

**SCHEDULE OF PREMIUM**

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| --- | --- | --- | --- | --- | --- | --- |
| **A. OWN DAMAGE** | | **B. LIABILITY** | | | | |
| Premium on Vehicle and non electrical accessories | ₹ | | Basic | |  |  |
| Less : 45% for NCB |  | | Add: Compulsory PA Cover for Owner-driver200,000 | | |  |
| A. TOTAL OWN DAMAGE PREMIUM |  | | Add: Legal Liability to paid driver as per (IMT 28) | | |  |
| C. TOTAL ADD ON PREMIUM |  | | PA cover to unnamed passengers (IMT 16) No. of Passengers : 4 CSI per | | |  |
|  |  | | passenger 10,000.00 | | |  |
|  |  | | B. TOTAL LIABILITY PREMIUM | | |  |
|  |  | | COMPREHENSIVE PREMIUM(A+B+C) | | |  |
|  |  | | NET PREMIUM | |  |  |
|  |  | | Total Service Tax @18% | | |  |
|  |  | | TOTAL PREMIUM | |  |  |
| **Drivers Clause:** Persons or classes of person entitled to drive: Any personincludingtheinsured.Providedthatapersondrivingholdsaneffectivedrivinglicens eat 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 andthatsuchapersonsatisfiestherequirementsofRule3oftheCentralMotorVehiclesRules, 1989. | | | | | | |
| **LimitationsastoUse:**ThePolicycoversuseofthevehicleforanypurposeotherthan:a)HireorRewardb)Carriageofgoods( *other than samples or personal luggage*)c)  Organizedracingd)PaceMakinge)Speedtestingf)ReliabilityTrialsg)AnypurposeinconnectionwithMotorTrade | | | | | | |
| **LimitsofLiability:UnderSectionII.1(i)**ofpolicy(Deathoforbodilyinjury):Suchamountasis | |  | | I/we here by certify that the Policy to which this Certificate relates as | | |
| Necessary to meet the requirements of the Motor Vehicles Act, 1988. | |  | | well as this Certificate of Insurance are issued in accordance with | | |
| **Under Section II .1 (ii)** of policy (Third Party Property Damage): 7,50,000.00 | |  | | Provisions of Chapter X and XI of Motor Vehicles Act, 1988. | | |
| **Under Section III :** PA to Owner Driver CSI: 200,000.00 |  | |  | | In witness where of this Policy has been signed at MUMBAI on | |
| Nominee: ANJALI PATIL Relationship: SPOUSE |  | |  | | 10/05/2017 |  |
| Number of claims covered under Depreciation Reimbursement Cover : NA | |  | |  | | |
| Basis of claim settlement for Type Secure cover: NA |  | |  | | The stamp duty of 0.50 paid in cash or demand draft or by pay | |
|  |  | |  | | order, vide Receipt/ Challan no:MH009670618201617E dated | |
|  |  | |  | | :22/03/2017 |  |
| This policy does not cover preexisting damages as per Inspection photographs and Report | | | | **For Infinity Insurance** | | |
| **Deductible Under Section I :** 2,000.00 (Compulsory Deductible : 2,000.00, Voluntary Deductible: 0.00,Imposed Excess: 0.00)Franchisee: 0.00 | | | |  | | |
| **No Claim Bonus :** The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the preceding year(s), as follows: The preceding year.20%,, preceding two consecutive year.25%, preceding three consecutive years.35%, preceding four consecutive years.45%,preceding five consecutive years.50%of NCB on ODPremium.NCB will only be  Allowed provided the policy is renewed within 90days of the expiry date Of the previous policy. | | | | **Authorized Signatory** | | |
| **Subject to: A) IMT Endorsement No.:** 07,16,22,28 B. Infinity Auto Secure endorsement No.(IN): 08 | | | |  | | |

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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 Certificate in order to comply with the Motor Vehicles Act, 1988isrecoverablefromtheInsured.Seetheclauseheaded’AVOIDANCEOFCERTAINTERMSANDRIGHTOFRECOVERY’. |
| **Note: This** Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document are not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, and only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other material information, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed  Correct benefits, terms & conditions & exclusions of the policy .You mayalsoreachusatour24\*7helpline8097272072incaseyoudesiretohaveaprintedcopyof |



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