





**CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE**

|   |   |  |  |
|---|---|--|--|
| <b>Policy No.</b><br><b>77000031240360086985</b>  | <b>Private Car Package Policy UIN: IRDAN190RP0042V01100001 issued at 26-Dec-2024 (12:48:00)</b> |  |  |
| <b>Proposal No. &amp; Date</b> : PRDKIA11902069, 26-Dec-2024  | <b>Period of Own Damage</b> : From 28-Dec-2024(00:00:00) To 27-Dec-2025(Midnight)               |  |  |
| <b>Insured's Name</b> : MRS. SADHNA SHISHODIA   | <b>Period of Third Party Liability</b> : From 28-Dec-2024 (00:00:00) To 27-Dec-2025 (Midnight)  |  |  |
| <b>Insured Type</b> : INDIVIDUAL  | <b>Previous OD Policy No.</b> : 31100031232050107631  |  |  |
| <b>PAN Card</b> : BMGPS9486P  | <b>Previous OD Insurer</b> : The New India Assurance Co. Ltd.                                   |  |  |
| <b>Customer GSTIN</b> : NA  | <b>Previous TP Policy No.</b> : 993292123740036766  |  |  |
| <b>Insured's Address</b> : DD 204, AVANTIKA NEAR CHIRANJIV VIHAR , GHAZIABAD , UTTAR PRADESH-201001 | <b>Previous TP Insurer</b> : Reliance General Insurance Co.Ltd.                                 |  |  |

**Nominee Details**

| Name of Nominee      | Age | Relationship with Insured | Name of Appointee | Relationship with Nominee |
|----------------------|-----|---------------------------|-------------------|---------------------------|
| RAMPRakash SHISHODIA | 57  | SPOUSE                    | NA                | NA                        |

**Vehicle Details**

|  |  |   |                                   |                                     |
|--|--|---|-----------------------------------|-------------------------------------|
| <b>Registration No.</b><br>UP 14 EY 9927 | <b>Registration Authority</b><br>GHAZIABAD | <b>Chassis No.</b><br>MZBFB813LMN137737 | <b>Engine No.</b><br>D4FAMM374613 | <b>CC/KW</b><br>1493                |
| <b>Make</b><br>KIA                       | <b>Model</b><br>SONET                      | <b>Variant</b><br>D1.5 6MT HTK PLUS     | <b>Fuel Type</b><br>DIESEL        | <b>Year of Manufacture</b><br>2021  |
| <b>Seating Capacity</b><br>5             | <b>Vehicle Class</b><br>Private            | <b>Invoice Date</b><br>28-Dec-2021      | <b>Geographical Area</b><br>INDIA | <b>Geographical Area Ext.</b><br>NO |

**INSURED'S DECLARED VALUE (Rs.)**

| YEAR | Vehicle | Electrical Accessories | Non Electrical Accessories | CNG/LPG | Total IDV |
|------|---------|------------------------|----------------------------|---------|-----------|
| 1    | 697140  | 0                      | 0                          | 0       | 697,140   |

**SCHEDULE OF PREMIUM**

| <b>A. Own Damage (OD) Premium</b>                    |       | <b>Amount (Rs.)</b> | <b>Discounts</b>  | <b>Amount (Rs.)</b> |
|--|-------|---------------------|---|---------------------|
| <b>Basic Premium</b>                                 |       |                     |   |                     |
| Vehicle  | 4,449 |                     | Voluntary Deductibles (0) (IMT-22A)   | 0                   |
| Non-Electrical Accessories                           | 0     |                     | Anti Theft Device (IMT-10)  | 112                 |
| Electrical Accessories (IMT-24)                      | 0     |                     | AA Membership (IMT-8)   | 0                   |
| Bi Fuel Kit (IMT-25)                                 | 0     |                     | Handicap Discount   | 0                   |
| <b>Sub Total (Basic Premium)</b>                     |       | 4,449               | No Claim Bonus (20%)  | 868                 |
| Geographical Area Extension (IMT-1)                  |       | 0                   | <b>Sub Total (Discounts)</b>  | 980                 |
| Lamp,Tyre Mudguards (IMT - 23)                       |       | 0                   | <b>Add On (Nil Depreciation, Consumable, Engine Protect Cover, Key Protect Cover)</b> | 6,573               |
| <b>Sub Total</b>                                     |       | 4,449               | <b>Net Own Damage Premium (A)</b>   | <b>10,042</b>       |
| <b>B. Liability Premium</b>                          |       | <b>Amount (Rs.)</b> | <b>PA Cover</b>   |                     |
| Basic Third Party Liability Premium (including TPPD) |       | 3,416               | Compulsory PA Cover For Owner Driver of Rs. 15 Lakh (1Year)                           | 325                 |
| Bi-Fuel Kit  |       | 0                   | PA Cover for Paid Driver of Rs 90000 (IMT-17)   | 0                   |
| Geographical Area Extension                          |       | 0                   | PA Cover (0 Per Person) For 0 Persons(IMT-16)   | 0                   |
| <b>Legal Liability</b>                               |       |                     |   |                     |
| Paid Driver (IMT-28)                                 | 50    |                     |   |                     |
| Employee (for 0 Person) (IMT-29)                     | 0     |                     |   |                     |
| <b>Sub Total (Legal Liability)</b>                   |       | 50                  |   |                     |
| <b>Sub Total (PA Cover)</b>                          |       | 325                 | <b>Net Liability Premium (B)</b>  | <b>3,791</b>        |
|  |       |                     | <b>Total Premium (A+B)</b>  | <b>13,833</b>       |
|  |       |                     | <b>IGST(18.00%)</b>   | <b>2490</b>         |
|  |       |                     | <b>Gross Premium Paid</b>   | <b>16,323</b>       |

**Note:** 1. Issue of Policy is subject to realisation of cheque if premium is paid by cheque. 2. Consolidated stamp duty paid to state exchequer 3. The policy is subject to compulsory deductible of Rs.1000 (IMT-22). 4. Add on Cover(s) : Nil Depreciation UIN: IRDAN190RP0042V01100001/A0002V02201112, Consumable UIN: IRDAN190RP0042V01100001/A0058V03201819, Engine Protect Cover UIN: IRDAN190RP0042V01100001/A0007V02201516, Key Protect Cover UIN: IRDAN190RP0042V01100001/A0003V01201819. Geographical Extension Area : NA.

HSN : 997134, Description of Service : Motor Vehicle Insurance Services, Place of Supply : UTTAR PRADESH(State Code : 09), Invoice Number : 37240086975

**Limitations as to use:** The policy covers use of the vehicle for any purpose other than (1) Hire or Reward (2) Carriage of goods (other than samples or personal luggage) (3) Organized racing (4) Pace making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade.

**Driver's Clause:** Any person including the insured: Provided that the person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such license. Provided also that the person holding an effective learner's license may also drive the vehicle & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**Limits of Liability Clause:** Under Section II-1(i) of the policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act 1988. Under Section II-1(ii) of the policy-Damage to property other than the property belonging to the insured or held in trust or in the custody of control of the insured up to the limit specified Rs.7.5 Lakh. Under Section (iii) of policy- PA cover for owner driver CSI Rs. 15 Lakh.

**Subject to IMT Endt. Nos. & Memorandum: 7,10,22,28**

**Hypothecation Details:** HDFC BANK , - GHAZIABAD

The insured is not indemnified, if the vehicle is used or driven otherwise than in accordance with the schedule. Any payment made by the company by reasons of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS & RIGHT OF RECOVERY". For legal interpretation, English version will hold good.

**Grievance Clause:** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at (18002091415) or may write an email at (sunitha.mary@newindia.co.in). In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at (pn.ramesh@newindia.co.in). In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at (rsuresh.babu@newindia.co.in). In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website https://www.newindia.co.in or on www.gicouncil.in

The Company reserves the right to cancel this Policy immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured; The Company is not obliged to refund the premium paid under this Policy.

Please visit for the policy wordings for complete details on Terms and Conditions.

I/we hereby certify that the policy to which this certificate relates as well as this certificate of insurance are issued in accordance with the provisions of Chapter X and Chapter XI of M.V. Act, 1988

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.

**Broker Name :** SMC Insurance Brokers Pvt. Ltd.

IRDA – DIRECT BROKER LICENSE NO :DB 272/04 /289

(Valid up to 27 Jan 2026)

CIN : U66000DL1995PTC172311

Email ID : support@kiasafety.com

Toll Free No. : 1800-2666-9666

**MISP Name :** ASB AUTOMOBILES PRIVATE

MISP Code : 191000366

Designated Person Name : NAMITA JOSHI

**MISP Contact No:** 7428098724

**MISP Email:** insurance.gzb@askbia.in

For & On Behalf of

**The New India Assurance Co. Ltd.**

**Authorized Signature**

**For Renewal,** Please Contact:ASB AUTOMOBILES PRIVATE LIMITED | PLOT NO. C-1/2, MEERUT ROAD, SECTOR 22, INDUSTRIAL AREA, GHAZIABAD GHAZIABAD , UTTAR

PRADESH- 201003 - CONTACT NO.: 7428098724 OR SMC Insurance Brokers Pvt. Ltd. - Toll Free No. : 1800-2666-9666

Registered & Corporate Office Address:87, M.G. Road, Fort, Mumbai 400 001

