

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

PRIVATE CAR PACKAGE POLICY - Zone B

MOTOR PRIVATE CAR (PACKAGE POLICY) -

UIN No.IRDAN137RPMT0003V01202425 - SAC Code: 997134

CIN NO.U66010RJ2006PLC029979

Branch Address	1st FLOOR, FRONT PORTION,,NO.5-F, SACHIN PLAZA,, REDDIYAR BLOCK NO: 1,, SALEM, TAMIL NADU - 636016	Branch Office Phone No.	7412079624 / 25			
Geographical Area	INDIA	Policy No.	421014/31/26/004009			
Insured's Code/ Name	IN-42440825 / MR. ARULPRAKASH D	GSTIN No. Of Insured	Unregistered			
Insured Address and Contact Details	D.NO: 6-24/1, YAJAMANOOR , PUKKAMPATTY , SALEM, TAMIL NADU - 636451 ,Mob- *****9690,Email-a*t*i*v*r*h*3@gmail.com					
Insured Address as Per RC	D.NO: 6-24/1, YAJAMANOOR , PUKKAMPATTY , SALEM, TAMIL NADU - 636451 ,Mob- *****9690,Email-a*t*i*v*r*h*3@gmail.com					
CKYC Details	CKYC No. ,POA ID-Proof of possession of Aadhar /POA ID No- **** * 9343, POI ID- PAN/ POI ID No-*****686L					
Insured State Code	33	NCB Discount (%)	0			
Executive	K SUJEETH - NAN000003186-,	Period of Insurance	From 00:00 Hrs of 04/01/2026 To Midnight Of 03/01/2027			
Agent Details	M/S.VIZZA INSURANCE BROKING SERVICES PVT. LTD. - LC0000000206- Mobile No.- 9363217156- Toll/Phone No.N.A					
PAN No.	N.A					
Prop No. - TR No.	N.A - N.A	Prop Issue Date	N.A			
Gross Premium	6544	IGST	0			
CGST	589	SGST/UTGST	589			
Previous Insurer	United India Insurance Company Limited	Total	7722			
Previous Policy No.	50240031201845868388	Nominee for Owner/Driver	DEVARAJAN			
Nominee Age	68	Nominee Relationship	Father			
Appointee Name	N.A	Appointee Relationship	N.A			
REGISTRATION MARK & PLACE	ENGINE NO. & CHASSIS NO.	MAKE - MODEL	TYPE OF BODY / FUEL TYPE	CUBIC CAPACITY / WATT/YEAR OF MANF.	DATE OF REGN. / DELIVERY	SEAT CAP. (INCL. DRIVER)
TN - 93 - C - 5200 & METTUR	K12MP1154386 & MBHCZC63SKM530430	MARUTI SUZUKI - SWIFT VXI	HATCHBACK / PETROL	1197 / 0 / 2019	31/01/2020	4 + 1

Charger No.		Battery Number		Motor Number			
Chassis IDV	Body IDV	IDV FOR THE VEHICLE	IDV FOR TRAILER	NON ELECTRICAL ACCESSORIES	ELECTRICAL ACCESSORIES	SI FOR NAMED PERSON	CNG/LPG kit SI
0	0	300000	0	0	0	0	300000

Own Damage Policy Period				Liability Policy Period			
From Date & Time	04/01/2026 00:00 Hrs	To Date & Time	03/01/2027 23:59 Hrs of Midnight	From Date & Time	04/01/2026 00:00 Hrs	To Date & Time	03/01/2027 23:59 Hrs of Midnight

SCHEDULE OF PREMIUM							
A. OWN DAMAGE				B. LIABILITY			
OD TOTAL	2513.00	BASIC TP COVER					3416.00
TOTAL PREMIUM	6544.00	ADD :GR36A-PA FOR OWNER DRIVER					315.00
ADD : SGST/UTGST 9.00%	589.00	ADD :GR36B2-PA Cover For Passengers (Un-Named Persons) : 5 - SI PER PERSON : Rs.100000					250.00
ADD : CGST 9.00%	589.00						
PREMIUM AMOUNT	7722.00	ADD :Legal Liability Coverages For Paid Driver					50.00
		TP TOTAL					4031.00

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). PA Owner Driver CoverPeriod:- From 00:00 Hrs of 04/01/2026 To Midnight of 03/01/2027

CPA Policy number: , CPA Sum Insured: 0.00, CPA Company Name: N.A., 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-15, IMT-16, IMT-22, IMT-28, IMT-7

Hypothecation Agreement with: AXIS BANK LTD

Hire Purchase/Lease Agreement with:

Agreement Number :

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. 1500000

PLACE : SALEM

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/2025/4062 dated 01/09/2025

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.

All the Amounts mentioned in this policy are in Indian Rupees

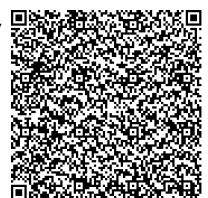
GSTIN No. 33AAKCS2509K1ZA

For and on behalf of

Shriram General Insurance Co.Ltd.

Authorized Signatory

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RAJASTHAN-302022

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Attached to and forming part of policy number : **421014/31/26/004009**

PreInspection Survey: Dent/dent Part : N.A,Broken Part : N.A, Scratched Part : N.A ,Claim not payable for : N.A

Preinspection Report: Not Applicable

Driver's Clause

Any person including the 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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules,1989.

Limitations as to Use:

The Policy covers use of the vehicle for any purpose other than a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade. 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 the policy shall be void ab initio (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 SALEM. If the declared details of TP Policy found incorrect than OD claim will be repudiated

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.31/10/2026],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 Vehicle.

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



MySGI App QR Code

PLACE : SALEM

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GSTIN No. 33AAKCS2509K1ZA

For and on behalf of

Shriram General Insurance Co.Ltd.



Authorized Signatory

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