



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Private Car Liability Policy

UIN Number - IRDAN190RP0001V01200203

Policy Number : 73040331250200001765

POLICY ISSUING OFFICE: ARUPPUKOTTAI Micro Office (730403), DOOR NO.51A/8,FIRST FLOOR,SRI TOWERS,PANTHALGUDI ROAD , , , TAMIL NADU , 626101. PHONE NUMBER:04566221222 FAX NUMBER:NA / NA Email:nla.730403@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: Vizza Insurance Broking Services Pvt Ltd. - (BR00000152), PHONE NUMBER:3052222 / / LAND/FAX NUMBER:/ EMAIL:po_vizzainsbroker@vizzafin.com /	CLAIM CONTACT: Sivakasi Non Suit Claim Hub (739004) ADDRESS: SARATHI BHAVAN,58, POLICE STATION ROAD,Sivakasi - 626 123 , , , TAMIL NADU , 626123. PHONE NUMBER: 04562220069 / 04562221608 MOBILE NUMBER: Email: ch739004@newindia.co.in
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INSURED DETAILS

Insured Name	JANATHA CHANDRASEKARAN G	Customer ID	POC9148094 (PAN No :NA)
Insured Address	S/O GOVINDASAMI ,NO 49 VASANTHAM NAGAR KEELAKURICHI,, TIRUCHIRAPPALLI ,TAMIL NADU, 620011	Contact Number	/ / XXXXXX6767
		Email	bisthulasi6767@gmail.com
		GSTIN	NA

POLICY DETAILS

Period of cover	03/02/2026 05:45:49 PM to 02/02/2027 11:59:59 PM	Receipt Number	10000089250200101884 - 03/02/26
Previous Insurer	NATIONAL INSURANCE CO.LTD.	Previous Policy Number	650400312410015534

VEHICLE DETAILS

Registration Number	TN-07-AU-6727	Chassis no./Engine Number	MA3EYE41S00186769/G13 BBN321245
Make / Model	MARUTI SUZ/SWIFT	Variant:	VXI ABS
Year of manufacture	2006	Type of body / Type of Fuel	Sedan/Petrol
Colour	AS PER RC	Cubic capacity(cc) /Wattage(kW):	1298cc
Seating capacity including Driver	5	Name of registration authority	Chennai - South
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none
FASTag ID:			

INSURED DECLARED VALUE (in Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
0	0	N/A	N/A		0

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	0	Basic TP Premium (+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000) (+)Legal Liability Premium for Paid Driver for 1 person(IMT - 28)	3416 275 50
Calculated OD Premium	0	Calculated TP Premium	3741
Total OD Premium	0	Total TP Premium	3741
Net Premium in Rs			3,741



GST in Rs	674
Total Payable in Rs	4,415
Total Payable in Rs(in words):	RUPEES FOUR THOUSAND FOUR HUNDRED FIFTEEN ONLY
GSTIN(Issuing Office)	33AAACN4165C4ZV
SAC	997134 (Motor vehicle insurance services)
Limitation as to use:	The policy covers use for any purpose other than: a) Hire or reward b) Organized racing, OR c) Speed testing
Limits of Liability:	Limit of the amount the Company's Liability Under Section 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000
For individual covers (OD) in Rs:0	Compulsory excess in Rs:NA
Imposed excess in Rs:0	Voluntary excess in Rs:0
Persons or classes of persons entitled to drive:	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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.
For all vehicles -	The policy does not cover liability for death, bodily injury or damage as excluded in section 150 (2) (ii) and (iii); (b) and (c) of the Motor Vehicles Act, 1988.

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
none	0	NA	none	none

PA cover for named persons

Name	CSI Opted(Rs.)	Nominee	Relationship
none	0	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 3,741
SGST	9	337
CGST	9	337
IGST	0	0

In witness where of this policy has been signed at ARUPPUKOTTAI Micro Office on this 03-FEB-26 WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO This policy is subject to the Terms, conditions and exceptions applicable to Liability Only policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 22,28.

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, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

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 XI of M.V. Act, 1988.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 03/02/2026

(Mr. PALANIKUMAR R)
[OFFICE INCHARGE]



Duly Constituted Attorney(s)

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.

Tax Invoice No : 73040325P0002635

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C