



## Policy Schedule cum Certificate of Insurance

### Chola Standalone Own Damage Policy for Two Wheeler UIN IRDAN123RP0003V01201920

|   |   |               |                            |  |                       |   |            |
|---|---|---------------|----------------------------|--|-----------------------|---|------------|
| <b>Policy cum Certificate Number</b> 3406/60399497/000/00   |   |               |                            | <b>Period of Insurance:</b> From 00:01 hrs.on 22/08/2024 To: Midnight of 21/08/2025                              |                       |   |            |
| Name & Communication Address: MR H T RAJAPPA  |   |               |                            | Registration Address: THRUPATHI NLLAYA B V N,LAYOUT HOSADURGA,CHITRADURGA HOSADURGA,Chitradurga,KARNATAKA,577527 |                       |   |            |
| THRUPATHI NLLAYA B V N,LAYOUT HOSADURGA,CHITRADURGA HOSADURGA A,Chitradurga,KARNATAKA,577527        |   |               |                            |  |                       |   |            |
| Mobile/Landline No:8123446500   |   |               |                            |  |                       |   |            |
| Email ID :ranipappy12@gmail.com   |   |               |                            |  |                       |   |            |
| Business / Profession: -  |   |               |                            |  |                       |   |            |
| Customer ID: -  |   | EIA: -        |                            | Date of Registration   |                       | 29/01/2022                              |            |
|   |   |               |                            | Place of Registration  |                       | CHITRADURGA                             |            |
| GSTIN -   |   |               |                            | Geographical Area: India   |                       | Financier Name -                        |            |
|   |   |               |                            | Financier Address  |                       |   |            |
| <b>PARTICULARS OF VEHICLE INSURED</b>   |   |               |                            |  |                       |   |            |
| Registration Mark   | KA16ES7516  | Engine Number | HA11EDMHJ02602             | Chassis Number   | MBLHAW123MHJ06646     | Cubic Capacity / KW                     | 97         |
| Make  | HERO  | Model         | SPLENDOR PLUS              | Variant  | IBS I3S               | Year of Manufacturing                   | 2021       |
| Type of Body  | Solo with pillion                                   | Fuel used     | PETROL                     | Driver   | 1                     | Licensed passenger Carrying Capacity    | 2          |
| Fast Tag No.  | -   | Colour        | -                          | Contract No.   | -                     | Total seating capacity including driver | 2          |
| <b>IDV (Insured's Declared Value in Rupees (Rs.))</b>   | Value of Chassis                                    |               | Value of Body              |  | For Vehicle           |   | 51142      |
|   | For Trailers  |               | Non-Electrical Accessories |  | Value of CNG/ LPG kit |   | -          |
|   | Electrical/Electronic Accessories                   |               |                            |  | Total Value           |   | 51142      |
|   |   |               |                            |  |                       |   |            |
| <b>Details of Motor Third Party Insurance Policy covering the vehicle insured under this Policy</b> |   |               |                            |  |                       |   |            |
| Name of Insurer   | HDFC ERGO General Insurance Company Limited, Mumbai | Policy Number | 2312910163535400000        | Start Date   | 27/01/2022            | End Date                                | 26/01/2027 |

**The coverage hereunder is only for Own Damage of the vehicle insured under this policy. No other liability in connection with the vehicle including Third party liability for Personal injury / Property damage is payable under this Policy.**

| PREMIUM COMPUTATION TABLE            |                   |     |               |   |   |               |   |               |     |
|--------------------------------------|-------------------|-----|---------------|---|---|---------------|---|---------------|-----|
| A. OWN DAMAGE                        | Sum Insured (Rs.) | IMT | Premium (Rs.) | TOTAL PREMIUM (A1)  |   |               |   |               |     |
|                                      |                   |     |               | CGST (9%) Rs.   | 0 | SGST (9%) Rs. | 0 | IGST (18%)Rs. | 124 |
| Basic OD                             | 51142             |     | 858           |   |   |               |   |               |     |
| CNG Kit - OD                         |                   |     | 0             |   |   |               |   |               |     |
| Electrical or Electronic Accessories |                   | 24  | 0             |   |   |               |   |               |     |
| Non Electrical Accessories           |                   |     | 0             |   |   |               |   |               |     |
| Geographical Extension OD            |                   | 1   |               |   |   |               |   |               |     |
| Less: Anti-Theft Device              |                   | 10  | 0             |   |   |               |   |               |     |
| Less: Bonus Discount (20%)           |                   |     | 172           |   |   |               |   |               |     |
| Less: Experience based discount (0%) |                   |     | 0             |   |   |               |   |               |     |
| Experience based loading             |                   |     | 0             |   |   |               |   |               |     |
| <b>TOTAL PREMIUM (A)</b>             |                   |     | 686           |   |   |               |   |               |     |
| <b>TOTAL PREMIUM (A + A1)</b>        |                   |     | 686           |   |   |               |   |               |     |
| <b>TOTAL AMOUNT Rs.</b>              |                   |     | 810           | Consolidated Stamp Duty Paid Vide G.O. Rt No 397, Commercial Taxes and Registration (j1) Department, Tamil Nadu dated 2024-05-24 Subject to I.M.T. Endt. Nos. and Memorandum: 22,21 Compulsory deductible under Section 1 Rs. 100 |   |               |   |               |     |

**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.

- As per Sec 147 of MV Act issued policy the premium received only to an extent of liability fixed by IRDA/Central Govt
- Sec 150 (2) (b) that the policy is void on the ground tat it was obtained by, non disclosure of any material fact or by representation of any fact which was, false in some material particular;
  - Or
  - (c) that there is non-receipt of premium as required under section 64VB of, the insurance Act, 1938.
- No Application for compensation shall be entertained unless it is made within 6 Months from the date of occurrence of the Accident.
- No Sum shall be payable by an Insurer incase a person driving the vehicle does not have a valid driving license or is under the influence of Alcohol or Drug.

**DRIVER 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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989 as amended from time to time.

**Warranties:** : It is hereby warranted the coverage under this Policy commences only from the Risk Start time and Date as mentioned in the Policy schedule. No Liability shall attach under this Policy in respect of any Accident/Loss prior to the time and date of commencement of Period of Insurance. If this policy is preceded by break-in insurance, it is expressly agreed and understood that there will be no liability for any loss or damage that has occurred prior to the date of commencement mentioned in the schedule. Coverage under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the policy stands cancelled from inception.

**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 - 20 % No Claim is made or pending during Preceding Two consecutive years- 25 % No claim is made or pending during Preceding Three consecutive years-35 % No claim is made or pending during Preceding Four consecutive years-45 % No claim is made or pending during Preceding Five consecutive years-50%. No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy. Warranted that NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company.



## Policy Schedule cum Certificate of Insurance

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**PUC:** This policy has been issued upon declaration by the Insured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. The insured undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy.

**Grievance clause:** For resolution of any query or grievance, you may contact the respective branch office of the Company or may call 1800 208 5544 or may write an email to [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com). If you are not satisfied with the response of the office, you may email to Grievance Officer at [GRO@cholams.murugappa.com](mailto:GRO@cholams.murugappa.com). In the event of unsatisfactory response from the Grievance Officer, you may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website [www.irdai.gov.in](http://www.irdai.gov.in) or General Insurance Council: <https://www.cioins.co.in/ombudsman> or on company website [www.cholainsurance.com](http://www.cholainsurance.com)

**NOTE:** The Policy Schedule CUM Certificate of Insurance is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

**Intermediary Name: Probus Insurance Brokers Private Limited**

**Code: 2008345876980001**

**Contact No. 9790917082**

**POSP Name : AMBIKA C**

**POSP PanNo : AYWPA9097R**

**POSP Aadhar: \*\*\*\*\*0234**

**POSP Code: 6360871743**

**POSP DIRECT:**

**POSP Contact Number: 6360871743**

Business Location: Chennai Head Office, DARE HOUSE, 2ND FLOOR, NO 2, N.S.C BOSE ROAD, CHENNAI-600001, TAMIL NADU

GST Invoice 3406/60399497/000/00 IGSTIN: 33AABCC6633K1ZQ ISAC Code: 997134 ISAC Description: Motor Vehicle Insurance Services

**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 Vehicle Act, 1988 as amended from time to time, is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For legal interpretation, English Version will hold good.

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 the Motor Vehicles Act, 1988 as amended from time to time.

Date and Signature of the proposal 20/08/2024. In witness where of this policy has been signed at Chennai Head Office on 20/08/2024.

**for Cholamandalam MS General Insurance Company Limited,**

Receipt No. PY000004423228

Receipt Date: 20-08-2024

**Duly Constituted Attorney(s)**

Whether tax is payable under reverse charge basis - No

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 and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.