Servicing Office Address

Lucknow Business Office I,4th Floor, B wing , Regency Plaza,5 Park Road;

Hazratgani, Lucknow

GSTIN No: 09AAACN9967E1Z1



RECEIPT

Customer Details

Name: SUMAN

Address: D/O RAM DEV R/O NAYAN NAIN SALON

RAEBARELI, UTTAR PRADESH,

RAEBARELI

Pin Code: 229127

Collection Details

Agent Code: 91065000000001

Collection Number: 45010081248000007287

Collection Date: 03/12/2024

Bank Account: 9174

Received with thanks from Sri/Smt SUMAN

a sum of ₹ 4993 (RUPEES FOUR THOUSAND NINE HUNDRED NINETY THREE ONLY) by CD

towards Long Term(1yr OD+5yr TP) Policy as per details given hereunder

SI Policy Number No.	TR Code En	d/Ren/Dec/CIm End/Ren/Dec/CIm Year Number	A/C Particulars	A/C Head General Ledg	Credit Amount er) ₹	Debit Amount ₹	Amount Received ₹
1 45010031246260004551	11	नंशनल	C.D CONTROL A/C	5076	0.00	4993.00	-4993.00
2 45010031246260004551	11	Mational	CASH PREMIUM A/C	5083	4231.00	0.00	4231.00
3 45010031246260004551	11	Ivaliogial	CGST_UP_Int_Liab	7397	381.00	0.00	381.00
4 45010031246260004551	11	450	SGST_UP_Int_Liab	7398	381.00	0.00	381.00
		· ·		TOTAL :	4993.00	4993.00	0.00

Particulars: CD

1.Please quote collection no. and date in all correspondeces

The stamp has been defaced and retained at the office against the issued policy.

3.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.

For National Insurance Company Ltd.,

प्रवीण कुमार गुजा / Praveen Kumar Gupta मुख्य प्रवन्धक / Chief Manager नेशानल इन्ययोरेन्स कम्पनी लिम्टिड National Insurance Co. Ltd प्रधान कार्यालय / HEAD OFFICE Authorised Signatory **Issuing Office Name & Address**

LUCKNOW BUSINESS OFFICE I ,4TH FLOOR, B WING , REGENCY PLAZA,5 PARK

ROAD; HAZRATGANJ, LUCKNOW

Fax: 0522 2627727 (D) 2611377 (G), 2611378

GSTIN No: 09AAACN9967E1Z1

Policy No:45010031246260004551



from 12:32 Hrs of 03/12/2024 to Midnight of 02/12/2029

380.00

National Insurance Company Ltd.

Registered & Head Office: PREMISES NO.18-0374, PLOT NO. CBD-81, NEW TOWN, KOLKATA-700156 CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Form 51 of the Central Motor Vehicle Rules, 1989 as amended from time to time

OD Cover Start Date: 03/12/2024 OD Cover End Date: 02/12/2025 TP Cover Start Date:03/12/2024 TP Cover End Date:02/12/2029

2W Long Term(1yr OD+5yr TP)

Insured Details

Name: SUMAN

Address: D/O RAM DEV R/O NAYAN NAIN SALON RAEBARELI, UTTAR PRADESH, RAEBARELI

Pincode: 229127 Telephone: xxxxxxxx46 Email: xxxxxxxxxey@heuteandmorgen.com

PAN No.: GSTIN No.: Aadhar No.: xxxx xxxx 7867

Channel: HEUTE AND MORGEN INSURANCE BROKER PRIVATE Mobile: 9935858888 Email: manoj.pandey@heuteandmorgen.com

OD Total (Rounded Off)

Aadhar: PAN: xxxxxx916D Code.: 450100 / 91065000000001

				Vehicle De	etails				
Make & Model	Two Wheele	wo Wheeler HF DELUXE SELF ALLOY BS VI							
Reg. No.	En	igine No.	Chassis No. Type of Body CC					Seat Cap.	Reg. District
NEW	HA11	HA11ECRHK24615 MBLHAW143RH		W143RHK20011	STREET	97	2024	1+1	RAEBARELI
Geographical Are	Geographical Area : INDIA.								
FastTag ID : .									
Vehicle IDV Non Elec Acc			ccess. Elec Access.		Bi-fuel kit		Trailer		Total IDV
Rs.64,4	38	-		-			-00		Rs.64,488

	OD Premium Breakup in Rs.													
Year	Basic Prem.	Geo. Area	Vol. Exc.(-)	Auto.	Anti-theft(-)	Other(-)	Nil Dep.	Nil Dep.	Plus	NCB Prot.	Eng. Prot	Invoice Prot.	Driving	Total(Rounded
		Ext.		Assoc(-)							50		Lics.	Off)
1	1,080.82					-811.00	110.00				70			380.00
	RSA Protect:			EMI	Protect:			Towing	g Cha	rge:	30	Motor Da	aily Allow	ance:

	TP Premium Breakup in Rs.							
Year	Basic Prem.	Geo. Area Extension	PA to owner driver	PA to unnamed PAX	Discount For Limited As per	Total(Rounded Off)		
					MV Act			
1	770.00			<u>Q</u>		770.00		
2	770.00					770.00		
3	770.00			\$		770.00		
4	770.00			8		770.00		
5	771.00			3		771.00		

TP Total (Rounded	I Off)	3,851.00					
TOTAL PREMIUM		4,231.00					
GST		Y	762.00				
NET PAYABLE	5		4,993.00				
Collection Number :45	010081248000007287 dated 03-Dec-2024	Subject to IMT Endorsement No. 24,25					
Excess :	Compulsory: Rs.100 Imposed:	Rs.0	Voluntary: Rs.0				
Limitation 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) Pac making (e) Speed Testing and Reliability Trials (f) Use in connection with Motor Trade						
Drivers Clause :	Any person including Insured Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's Licence may also drive the vehicle and such a person satisfies the requirements of Rule 3 of Central Motor Vehicles Rules, 1989 as amended from time to time.						
Limits of Liability Clause:	Under section 1(i) Such amount as is necessary to meet the requirements of the motor vehicle act 1988. Under section 1(ii) Damage to third party property is Upto Rs. 1,00,000.						
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 reasons of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND						

Nominee Name: Relation:

RIGHT OF RECOVERY". For legal interpretation, English version will hold good. UIN: IRDAN058RP0005V01201819

Excess for Nil Depreciation Clause: 5% of claim amount subject to a minimum of Rs.250 and maximum of Rs.1000.

In consideration of payment of additional premium as indicated in the Schedule it is hereby agreed and understood that indemnification in respect of Partial loss claims shall be done without application of Depreciation as mentioned in Section 1. of the policy.

However claims payable in accordance with this endorsement will be subject to a Deductible of 5% of the claim amount subject to a minimum of deductible stated in the Schedule.

NOTE: Warranted that in case of dishonour of the premium cheque, this document stands automatically cancelled 'AB-INITIO'.

Policy stamp to be defaced at the respective policy servicing office. I/We hereby certify that this Certificate cum Schedule of Insurance is issued in accordance with the provisions of chapter X and chapter XI of Motor Vehicles Act,1988. Policy Details

Financier:



Authorised Signatory For & On behalf of

SELF OWNED