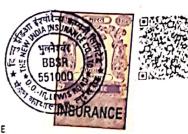
THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Long Term Stand Alone Motor Third Party Insurance Policy for Two Wheelers

UIN Number - IRDAN190RP0001V01201415

Policy Number :55100031210500008946

POLICY ISSUING OFFICE:
BHUBANE SHWAR DO (551000),
PLOT NO-5149,G.R.T.TOWER,LEWIS
ROAD,BBSR-DO-III,,,,
ODISHA,751014.
PHONE NUMBER:06742435730 / 06742435042 FAX NUMBER:06742435730 / NA Email:nia.551000@newindia.co.in

BUSINESS CHANNEL/CPSC User: NAME: DIRECT BUSINESS - (1D7830568) Bhagaban Muduli - (NIA1D7830268), PHONE NUMBER: / / 9437091354 LAND/FAX NUMBER:/ EMAIL: /

CLAIM CONTACT:
BHUBANESHWAR (550001)
ADDRESS: 1st Floor, Alok Bharati Tower, Sahid Nagar,
Bhubaneswar - 751007, , , ODISHA , 751007.
PHONE NUMBER: 08742545873 /
MOBILE NUMBER:
Email: ch55@newindia.co.in

INSURED DETAILS

Insured Name	PRASANT KUMAR PATRO	Customer ID	PO94043028 (PAN No :NA)
Insured Address	O/O SURYAM INTERNATIONAL PVT LTD A/24 BDA HIG DUPLEX ANANTA VIHAR PHASE-III POKHARIPUT ,BHUBANESWAR,, BHUBANESWAR,ODISHA, 751020	Contact Number	/ / XXXXXX4656
		Email	
		GSTIN	NA

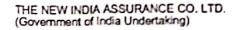
POLICY DETAILS

Period of cover	31/12/2021 03:10:51 PM to 30/12/2024 11:59:59 PM	Receipt Number	55100081210000009729 - 31/12/21
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

Registration Number	OR-07-E-6399	Chassis no./Engine Number	00J2C00387/ME2397CM3G BG	
Make / Model	HERO HONDA/SPLENDOR	Variant:	PLUS	
Year of manufacture	2010	Type of body / Type of Fuel	Metal/Petrol	
Colour	OTHER	Cubic capacity(cc) /Wattage(kW):	97cc	
Seating capacity including	2	Name of registration authority	Ganjam	
Geographical Area / Zone	India	Name of the Financier		
Cover Note No/Cover Note /		Automobile Association membership	none	

INSURED DECU	ARED VALUE (in Rs)		Tarilar Non Flor A	Acc Electrical Acc Bi-fuel kit	Total Value		
Year	Duration	Vehicle	Trailer Non-Elec A	Acc Electrical Acc Bi-fuel kit	1 Total value		
SCHEDULE OF	PREMIUM		At the second	11.111			
	Own D	amage	that I delike a straight	Liability	2250		
Basic OD Premium 0			Basic TP Premium		2256		
Calculated OD F		. 0	Calculated TP Prer	mium	2256		
Total OD Premi		0	Total TP Premium	1	2256		
Net Premium in					2256		
GST in Rs	110				406		
Total Payable in	Pe				2662		
Total Payable in		RUPEES TWO THOUSAND SIX	HUNDRED SIXTY-TWO	ONLY			
SSTIN(Issuing C			21AAACN4165C22	72			
			997134 (Motor ve	997134 (Motor vehicle insurance services)			
	use:The policy covi	ers use for any purpose other	nan: a)Hire or reward b)	Organized racing, OR c)Speed	testing		
Limits of Liabilit	y:Limit of the amou of the amount of t . 1,00,000 overs (OD) in RS:0	int the Company's Liability Un he Company's Liability Under	er Section II 1(i) in respect of Compulsory exces	of any one claim or series in Rs:NA	URANCE OF STATE OF ST		
For various de la constant de la con	in Rs:0		Voluntary excess	in Rs:0	JIOOO SE		





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

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
NOVE	0	NONE	NA	NA

PA cover for named persons

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

Premium and GST Details

Premium	Rate of Tax	Amount in INR Rs 2256.00
SGST	9	203
CGST IGST	9 0	203 0

In witness where of this policy has been signed at BHUBANESHWAR DO on this 31/12/2021WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHECUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO This policy is subject to the Terms, conditions and exceptions applicable to Package Liability policy attached/available on the web site http://newindia.co.in; IMT Endorsement Number(s) printed herewith attached 22,25

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 nob 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

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

Lakino

Date of Issue: 31/12/2021

(MR. RATIKANTA CHAKRA) [SR.DM]

Duly Constituted Attorney(s)

Tax Invoice No: 55100021P0012213

IRDA Registration Number: 190

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THE NEW INDIA ASSURANCE CO. LTD. (Government of India Undertaking)





ADJUSTMENT VOUCHER

Issuing Office

: BHUBANESHWAR DO (551000)

Address

: PLOT NO-5149,G.R.T.TOWER,LEWIS ROAD,BBSR-DO-III

,751014 BHUBANESWAR

Phone

: 08742435730

Email

; nia.551000@newindia.co.in

Fax

: 06742435730

Collection Number

: 55100081210000009729

Collection Date **Business Source Code** : 31/12/2021

PAN No of Payer

: 1D7830568

Received with thanks from PRASANT KUMAR PATRO

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount?	A/C Code	Sub A/C Code
55100031210500008945	Cash Deposit Account-551000	2662.00	5076.551000	CD0000729192

Total = ₹ 2662.00

Your Payment/Adjustment Details are as under

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	2662.00	N.A.	N.A.	N.A.	N.A.	5510002110063895	345188.00

Total = ₹ 2662.00

Utilization details of the Collected Amount

Premium GST		lum GST Stamp Duty		Exces	s Amount	
22 56.00		406.00		0.00	0	
SI no.	Agency Code Agency		Agency Name		Departi	ment Code
1	1 NIA1D7830268		BHAGABAN MUDU	u	31	

For The New India Assurance Co



CLAKE

Date of Issue: 31/12/2021

(MR RATIKANTA CHAKRAI ISR DAI

Cashier's Initial

Authorized Signatory

Note .

1. Please note the Policy Number, Collection Number and date in all future correspondence. $\,$

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the loss allment if the premium paid has been exhausted by turnover declarations of there is insufficient premium balance.

Policy No.: 55100031210500008945Document generated by AG_BHAGA68 at 31/12/2021 15:10:53 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001, TOLL FREE No. 1 800 209 1415