



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number : 55100031210200008599

POLICY ISSUING OFFICE:
BHUBANESHWAR 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: 06742546873 /
MOBILE NUMBER:
Email: ch56@newindia.co.in

INSURED DETAILS

Insured Name	MAHADEV NAYAK	Customer ID	PO93831883 (PAN No :NA)
Insured Address	O/O SURYAM INTERNATIONAL PVT LTD PLOT NO A/24 BDA HIG DUPLEX ANANTA VIHAR POKHARIPUT, BHUBANESWAR,, BHUBANESWAR, ODISHA, 751020	Contact Number	/ / XXXXXX4656
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	22/12/2021 10:43:31 PM to 21/12/2022 11:59:59 PM	Receipt Number	55100081210000009305 - 22/12/21
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

Registration Number	OR-26-1025	Chassis no./Engine Number	04A16C23113/MF11CM3G BG
Make / Model	HERO/SPLENDOR PLUS	Variant:	SPLENDOR PLUS (97 CC)
Year of manufacture	2007	Type of body / Type of Fuel	Metal/Petrol
Colour	OTHER	Cubic capacity(cc) /Wattage(kW):	97cc
Seating capacity including Driver	2	Name of registration authority	ORISSA
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none

INSURED DECLARED VALUE (in Rs)

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

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	0	Basic TP Premium	752
Calculated OD Premium	0	Calculated TP Premium	752
Total OD Premium	0	Total TP Premium	752
Net Premium in Rs			752
GST in Rs			136
Total Payable in Rs			888
Total Payable in Rs(in words):		RUPEES EIGHT HUNDRED EIGHTY-EIGHT ONLY	

GSTIN(Issuing Office)	21AAACN4165C222
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 II 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 II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 1,00,000	
For individual covers (OD) in RS:0	Compulsory excess in Rs:NA



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



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.	

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	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
SGST	9	Rs 752.00
CGST	9	68
IGST	0	68
		0

In witness where of this policy has been signed at BHUBANESHWAR DO on this 22/12/2021 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 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 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.

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: 22/12/2021



R. Chakra

(MR. RATIKANTA CHAKRA)
[SR.DM]

Duly Constituted Attorney(s)

Tax Invoice No : 55100021P0011755

IRDA Registration Number: 190



ADJUSTMENT VOUCHER

Issuing Office : BHUBANESHWAR DO (551000)
Address : PLOT NO-5149, G.R.T. TOWER, LEWIS ROAD, BBSR-DO-III
751014
BHUBANESHWAR
Phone : 06742435730
Email : nia.551000@newindia.co.in
Fax : 06742435730
Collection Number : 55100081210000009305
Collection Date : 22/12/2021
Business Source Code : 1D7830568
PAN No of Payer :

Received with thanks from MAHADEV NAYAK

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
55100031210200008599	Cash Deposit Account-551000	888.00	5076.551000	CD0000729192

Total = ₹ 888.00

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	888.00	N.A.	N.A.	N.A.	N.A.	5510002110061244	401437.00

Total = ₹ 888.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
752.00	136.00	0.00	0
Sl no.	Agency Code	Agency Name	Department Code
1	NIA1D7830268	BHAGABAN MUDULI	31

For The New India Assurance Company Limited



Date of Issue: 22/12/2021

(MR. RATIKANTA
CHAKRA)
[SR.DM]

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 installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Policy No. : 55100031210200008599 Document generated by AG_BHAGA68 at 22/12/2021 22:43:33 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.