





POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE Two Wheeler Liability Only Policy

UIN Number - IRDAN190RP0002V01200203

Policy Number :55100031220200002729

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: 06742545873 /
MOBILE NUMBER:
Email: ch55@newindia.co.in

INSURED DETAILS

Insured Name	SURYA INTERNATIONAL PVT LTD	Customer ID	PO98476793 (PAN No :NA)
Insured Address	A/24 BDA HIG DUPLEX ANANTA VIHAR POKHARIPUT,BHUBANESWAR,, KHANDAGIRI ,ODISHA, 751030	Contact Number	/ / XXXXXX2109
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	20/07/2022 04:03:22 PM to 19/07/2023 11:59:59 PM	Receipt Number	55100081220000003292 - 20/07/22
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

VEHICLE DETAILO			
Registration Number	BR-24-S-8168	Chassis no./Engine Number	MD2A18AZ1GPM18298/D UZPGM23539
Make / Model	BAJAJ/CT 100	Variant:	CT 100 (99 CC)
Year of manufacture	2016	Type of body / Type of Fuel	Metal/Petrol
Colour	OTHER	Cubic capacity(cc) /Wattage(kW):	99cc
Seating capacity including Driver	2	Name of registration authority	BIHAR
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	1	Automobile Association membership	none

INSURED DECLARED VALUE (in Rs)

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

SCHEDULE OF PREMIUM

SCHEDULE OF PREMIUM	Darnage		Liability	
Basic OD Premium	0	Basic TP Premium		714
Calculated OD Premium	0	Calculated TP Premium		714
Total OD Premium	0	Total TP Premium		714
Net Premium in Rs				714
GST in Rs			Autor and	128
Total Payable in Rs			The Political	842
Total Payable in Rs(in words):	RUPEES EIGHT HUNDRED FOR	TY-TWO ONLY	ABSR_	**
GSTIN(Issuing Office)		21AAACN4165C2Z2	551000	\$ E /
ear		997134 (Motor vehicle insura	ance services	<u>y</u>
one the selieu of	wars use for any nurnose other th	han: a)Hire or reward b)Organized I	racing, OR c)Speed testing	

Limitation as to use: The policy covers use for any purpose other than: a) File of reward b) Organized realing, or dyspose the Motor Vehicles

Limits of Liability: Limit of the amount the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one

Act, 1100, 1000

evening 1,00,000	
STANIV SAN	Compulsory excess in Rs:NA
IFOR KILLIVANIA GOVERS (OD) III NO.O	
16.35 UST	Voluntary excess in Rs:0
Imposed excess in Rs:0	VOIDTING!

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



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		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

	Rate of Tax	Amount in INR
Premium		Rs 714.00
SGST	9	64
CGST	9	64
IGST	0	0

In witness where of this policy has been signed at BHUBANESHWAR DO on this 20/07/2022WARRANTED 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.

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.

Date of Issue: 20/07/2022

For and on behalf of The New India Assurance Company Limited

Duly Constituted Attorney(s)

Tax Invoice No: 55100022P0003806

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C

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

Insured Pan Number

: 06742435730

Phone Email

: nia.551000@newindia.co.in

Fax

: 06742435730

Collection Number

: 55100081220000003292

Collection Date

: 20/07/2022

Business Source Code

: 1D7830568

PAN No of Payer

Received with thanks from SURYA INTERNATIONAL PVT LTD.

The amount received/Adjusted is towards -

The amount received/Adjusted is toward.				
Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
55100031220200002729	Cash Deposit Account-551000	842.00	5076.551000	CD0001585498

Total = ₹ 842.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹		Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Advance Premium Deposit	842.00	N.A.	N.A.	N.A.	N.A.	5510002210009994	877.00

Total = ₹ 842.00

Utilization details of the Collected Amount :

Premium		GST		Stamp Duty		Excess Amount
714.00		128.00		0.00		0
SI no.	Agency Code		Agency Name		D	epartment Code
1	NIA1D7830268	BHAGABAN MUDUI		LI	3	1

For The New India Assurance Company Limited

Date of Issue: 20/07/2022



Authorized Signatory

Note -

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

Tax Invoice No: 55100022P0003806

IRDA Registration Number: 190 NIA PAN NUMBER: AAACN4165C

Policy No.: 55100031220200002729Document generated by 30145 at 20/07/2022 16:34:51 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.