



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

UIN Number - IRDAN190RP0001V01201415

Policy Number : 55100031210500008602

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: 06742645873 /  
MOBILE NUMBER:  
Email: ch55@newindia.co.in

INSURED DETAILS

Insured Name	NISHITH KUMAR SONI	Customer ID	PO93832204 (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 11:40:13 PM to 21/12/2024 11:59:59 PM	Receipt Number	55100081210000009309 - 22/12/21
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

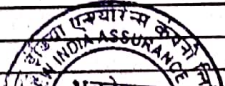
Registration Number	CG-10-EF-4803	Chassis no./Engine Number	MBLHA10EL9GB07220/HA 10EB9GB36316
Make / Model	HERO/SPLENDOR PLUS	Variant	SPLENDOR PLUS (97 CC)
Year of manufacture	2009	Type of body / Type of Fuel	Metal/Petrol
Colour	FR B BLACK	Cubic capacity(cc) /Wattage(kW):	97cc
Seating capacity including Driver	2	Name of registration authority	Bilaspur
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none

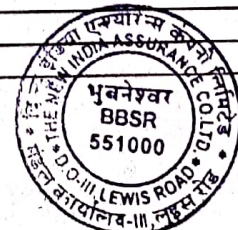
INSURED DECLARED VALUE (in Rs)

Year	Duration	Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
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SCHEDULE OF PREMIUM

SCHEDULE OF PREMIUM		Liability	
Own Damage			
Basic OD Premium	0	Basic TP Premium	2256
Calculated OD Premium	0	Calculated TP Premium	2256
Total OD Premium	0	Total TP Premium	2256
Net Premium in Rs		2256	
GST in Rs		406	
Total Payable in Rs		2662	
Total Payable in Rs(in words):		RUPEES TWO THOUSAND SIX HUNDRED SIXTY-TWO ONLY	
GSTIN(Issuing Office)		21AAACN4165C222	
SAC		997134 (Motor vehide 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	
Imposed excess in Rs:0		Voluntary excess in Rs:0	







**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	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**

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

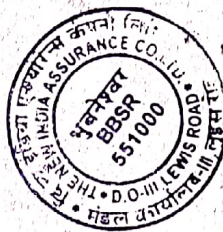
**Important notice:**

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.

Date of Issue: 22/12/2021

For and on behalf of The New India Assurance Company Limited



(MR. RATIKANTA CHAKRA)  
[SR.DM]

Duly Constituted Attorney(s)

Tax Invoice No : 55100021P0011758

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 : 55100081210000009309  
Collection Date : 22/12/2021  
Business Source Code : 1D7830568  
PAN No of Payer :

Received with thanks from NISHITH KUMAR SONI.

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount ₹	A/C Code	Sub A/C Code
55100031210500008602	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.	5510002110061247	396113.00

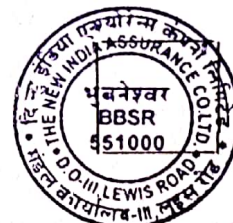
Total = ₹ 2662.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
2256.00	406.00	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



*R. Chakra*

(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. : 55100031210500008602 Document generated by AG\_BHAGA68 at 22/12/2021 23:40:14 Hours.  
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.