



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Long Term Stand Alone Motor Third Party Insurance Policy for Two Wheelers

UIN Number - IRDAN190RP0001V01201415

Policy Number :55100031210500008619

POLICY ISSUING OFFICE:
BHUBANE SHWAR DO (551000),
PLOT NO-5149, G.R. T. TOWER, LEWIS
ROAD, BBSR-DO-III,
ODISHA, 761014.
PHONE NUMBER: 06742435730 /
06742435042
FAX NUMBER: 06742435730 / NA
Email: nia. 551000@newindia. co.in

BUSINESS CHANNEL/CPSC User: NAME: DIRECT BUSINESS - (1D7830568) Bhagaban Mudull - (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@newindla.co.in

INSURED DETAILS

Insured Name	SURYAM INTERNATIONAL PVT LTD	Customer ID	PO93840582 (PAN No :NA)
Insured Address	PLOT NO A/24 BDA HIG DUPLEX ANANTA VIHAR PHASE-II POKHARIPUT, BHUBANESWAR, BHUBANESWAR, ODISHA, 751020	Contact Number	/ / XXXXX4656
	REAL PROPERTY OF THE PARTY OF T	Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	23/12/2021 12:35:41 PM to 22/12/2024 11:59:59 PM	Receipt Number	55100081210000009328 - 23/12/21
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

VEHICLE DETAILS				
Registration Number	BR-01-CA-5313	Chassis no./Engine Number	MBLHA10A6EHC47101/HA 10ENEHC59739	
Make / Model	HERO HONDA/PASSION PRO	Variant:	PASSION PRO (97 CC)	
Year of manufacture	2014	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	Patna	
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)

Year	Duration	Vehicle	Tra	ailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
SCHEDULE OF	PREMIUM						nv	
- 43	Own	Damage		1000		Liab	oility	lease
Basic OD Premit	ım	0			TP Premium			2256
Calculated OD P		0		Calcu	ılated TP Premiu	ım		2256
		0		Total	TP Premium			2256
Total OD Premit								2256
Net Premium in	KS							406
GST in Rs								2662
Total Payable in	Rs	T	15 61V I II IN	חשבח	INO ONE VIVE	٧		
Total Payable in	Rs(in words):	RUPEES TWO THOUSAN	NUH KE UV	_		-		
GSTIN(Issuing C	ffice)				VACN4165C2Z2			
				9971	34 (Motor vehic	de insurance s	ervices)	
SAC	The policy on	ers use for any purpose of	ther than:	a)Hire	or reward b)Or	ganized racing	, OR c)Speed te	esting
Limits of Liabilit	y:Limit of the amo of the amount of t	ers use for any purpose of unt the Company's Liabili the Company's Liability U	ty Under Se nder Sectio	ection on II 1(II 1(i) in respect ii) in respect of a	of any one acc any one daim o	cident: as per to or series of clai	the Motor Vehicle
event: Up to Rs				Com	pulsory excess i	n Rs:NA		The second
	overs (OD) in RS:0			Valu	ntany excess in	Rs:0	This is	LINE ON
Imposed excess	in Rs:0	led to drive:Any person i	neluding th	a insu	red provided th	at a person dri	iving holds an	ffective driving
Persons or class	es of persons entit	led to drive:Any person i	including th	11130	ou provided at		10,00	201000

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



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	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 23/12/2021WARRANTED 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.

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: 23/12/2021

RCLakro

(MR. RATIKANTA CHAKRA) [SR.DM]

Duly Constituted Attomey(s)

Tax Invoice No: 55100021P0011778

IRDA Registration Number: 190

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

: 06742435730

Email

: nia.551000@newindia.co.in

Fax

: 06742435730

Collection Number

: 55100081210000009328

Collection Date

: 23/12/2021

Business Source Code

: 1D7830568

PAN No of Payer

Received with thanks from SURYAM INTERNATIONAL PVT LTD.

	The amount received/Adjusted is toward	S -			Sub A/C Code
-	Policy No.	A/C Description	Amount₹	A/C Code	
	55100031210500008619	Cash Deposit	2662.00	5076.551000	CD0000729 192
	0010000111111111111	Account-551000			

Total = ₹ 2662.00

Your Payme	ent/Adjustmen	t Details ai	re as under -		Reference No.	Scroll/BG/A	
Mode	Amount ₹		Cheque Date	Drawee Bank	Drawee Branch	Reference No.	PD Balance
		No.				5510002110061519	374817.00
Advance Premium	2662.00	N.A.	N.A.	N.A.	N.A.	3510002110001313	

Total = ₹ 2662.00

Universities details of the Collected Amount :

Utilization details of the Collected A		GST		Stamp Duty	Excess Amount
Premium				0.00	0
22 56.00		406.00	Agency Name	0.00	Department Code
SI no.	Agency Code				31
1	NIA1D7830268		BHAGABAN MUDU	LI	

For The New India Assurance Company Limited Chakero

Date of Issue: 23/12/2021

(MR. RATIKANTA CHAKRA) [SR.DM]

Cashler'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.: 55100031210500008619Document generated by AG_BHAGA68 at 23/12/2021 12:35:45 Hours. Regd. & Head Office: New India Assurance Bidg., 87 M.G. Road, Fort, Mumbal - 400 001. TOLL FREE No. 1 800 209 1415.