





# POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

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

UIN Number - IRDAN190RP0001V01201415

#### Policy Number :55100031210500008633

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	SURYAM INTERNATIONAL PVT LTD	Customer ID	PO93851666 (PAN No :NA)
Insured Address	PLOT NO-A/24 BDA HIG DUPLEX ANANTA VIHAR PHASE-II POKHARIPUT, BHUBANESWAR,, BHUBANESWAR, ODISHA, 751020	Contact Number	/ / XXXXXX4656
		Email	
		GSTIN	NA

# **POLICY DETAILS**

Period of cover	23/12/2021 03:52:50 PM to 22/12/2024 11:59:59 PM	Receipt Number	55100081210000009349 - 23/12/21
Previous Insurer	Not available	Previous Policy Number	NA

#### VEHICLE DETAILS

Registration Number	TN-01-AN-8427	Chassis no./Engine Number	MBLHAW138LGH05283/H A11EWLGH04145
Make / Model	HERO/HF DELUXE	Variant:	HF DELUXE (97 CC)
Year of manufacture	2020	Type of body / Type of Fuel	Metal/Petrol
Colour	BLACK	Cubic capacity(cc) /Wattage(kW):	97cc
Seating capacity including Driver	2	Name of registration authority	Chennai - Central
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none

INSURED DECLARED VALUE (in Rs)

Duration

Own Dama	ge	Liability	
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

Trailer

RUPEES TWO THOUSAND SIX HUNDRED SIXTY-TWO ONLY Total Payable in Rs(in words):

Vehicle

GSTIN(Issuing Office) 21AAACN4165C2Z2 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

OBSR

WIS RO 11. AS

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 ुवा संप्रकर

For individual covers (OD) in RS:0

Persons or classes of persons entitled to drive:Any person including

Compulsory excess in Rs:NA gayntary excess in Rs:0

einsured provided that a person driving holds an effective driving

Non-Elec Acc Electrical Acc Bi-fuel kit

**Total Value** 

# 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. 1989.

PA cover	for	Owner	Driver
----------	-----	-------	--------

Name of Nominee								
reame of Nominee	Age of Nominee	Relationship with the	Name of the Appointee (if	Relationship to the				
NONE	0	Insured	Neminee is a minor)	Nominee				
DA course for	10	NONE	NA	NA				

# PA cover for named persons

	Name		The same of the sa		
Ì	rediffe	CSI Opted(Rs.)	Nominee	Palationship	
	none	0	the state of the s	Relationship	
		O .	NA	INA	

# Premium and GST Details

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

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

Lakro

THE PERMIN

Date of Issue: 23/12/2021

(MR. RATIKANTA CHAKRA) [SR.DM]

Duly Constituted Attorney(s)

Tax Invoice No: 55100021P0011794

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 Email

: 06742435730

Fax

: nia.551000@newindia.co.in

: 06742435730

Collection Number

: 55100081210000009349

Collection Date

**Business Source Code** 

: 23/12/2021

: 1D7830568

PAN No of Payer

Received with thanks from SURYAM INTERNATIONAL PVT LTD.

The amount received/Adjusted is towards -

Policy No.				
55100031210500008633	A/C Description	Amount₹	A/C Code	Sub A/C Code
Total = ₹ 2662.00	Cash Deposit Account-551000	2662.00	5076.551000	CD0000729192

Your Payment/Adjustment Details are as under -

Mode			e as under -				
	Amount	No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A
	2662.00	N.A.	N.A.	N.A.			PD Balance
Premium Deposit				N.A.	N.A.	5510002110061537	350859.00
Total = ₹ 2	662.00						

Total = ₹ 2662.00

Utilization details of the Collected Amount :

Premium		GST		Ta:	
2256.00		406.00		Stamp Duty	Excess Amount
SI no.	Agency Code	1.55,00	Agency Name	0.00	0
1	NIA1D7830268		BHAGABAN MUDU	II I	Department Code
			TENNONDAN MODO		31

For The New India Assurance Company Limited

Date of Issue: 23/12/2021

Chakro

(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.: 55100031210500008633Document generated by AC BUAGAS