

**Cholamandalam MS General Insurance Company Limited**

Registered Office: 2nd Floor "DARE HOUSE", 2, N.S.C. Bose Road, Chennai - 600 001.

Toll free: 1800 208 5544, T: +91(0) 44 4044 5400, F: +91(0) 44 4044 5550

E-mail: [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com); website: [cholainsurance.com](http://cholainsurance.com)

IRDAI Regn. No.123 | PAN AABCC6633K | CIN: U66030TN2001PLC047977



## Motor Private Car Policy Bundled - Schedule cum Certificate of Insurance

[UIN:IRDAN123RP0018V01201819]

Policy Number: 3404/60000196/000/00		Certificate Number 3404/60000196/000/00
<b>Name &amp; Communication Address:</b> rachit asaxa das 1928198 , 9182981982 , VASUNDHRA S.O,MUMBAI,MAHARASHTRA,201012 <b>Mobile :</b> 9120192019   <b>Landline :</b> <b>Mail :</b> r@g.co		<b>Registration Address:</b> 1928198 , 9182981982 , VASUNDHRA S.OMUMBAI,MAHARASHTRA,201012
<b>GSTIN:</b>	<b>Geographical Area:</b> India	<b>Business / Profession:</b>

**Period of Insurance for OD(OWN DAMAGE):** From 19/04/2022 18:30 to 18/04/2023 23:59

**Period of Insurance for TP(Third Party):** From 19/04/2022 18:30 to 18/04/2025 23:59

**Period of Insurance for CPA(Compulsory Personal Accident for Owner-Driver):** From 19/04/2022 18:30 to 18/04/2023 23:59

### PARTICULARS OF THE VEHICLE INSURED

Date of Registration	19/04/2022	Place of Registration	MUMBAI(MAHARASHTRA)	Registration Mark	New
Make	MARUTI	Model / Variant	SWIFT (2018)VXI AMT		
Year of Mfg	2022	Type of Body	HATCHBACK	Fuel used	Petrol
Cubic Capacity	1197	Engine No.	121892891829	Chassis No.	19829182981
Licensed passenger Carrying Capacity	5	Driver	1	Cleaner	-
Conductor	-	Total Seating Capacity Including Driver	5		

### IDVs (Insured's Declared Value)

For Vehicle(Rs.)	6,32,700	Non-Electrical Accessories (Rs.)	0	Electrical/Electronic Accessories(Rs.)	0
Value of CNG/LPG Kit (Rs.)		Total Value (Rs.)	6,32,700	Contract No.	-

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list.

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A1. OWN DAMAGE						
	Sum Insured (Rs.)	No. of persons	IMT	1 <sup>st</sup> year Premium (Rs.)	2 <sup>nd</sup> year Premium (Rs.)*	3 <sup>rd</sup> year Premium (Rs.)*
Basic OD	6,32,700			20772	0	0
Electrical or Electronic Accessories			24	0	0	0
Non Electrical or Electronic Accessories			24	0	0	0
CNG Kit-OD			25	0	0	0
Own Damage Premium				0	0	0
Less:						
Bonus Discount (0%)				0		
Experienced Based Discount (52%)				10,802		
GST Discount (5%)				1,039		
TOTAL PREMIUM (A)				8,931		
A2. ADD-ON COVERS						
	Sum Insured (Rs.)	No. of persons	IMT	1 <sup>st</sup> year Premium (Rs.)	2 <sup>nd</sup> year Premium (Rs.)	3 <sup>rd</sup> year Premium (Rs.)
TOTAL PREMIUM (A2)				0	0	0
B. LIABILITY(TP)						
	Sum Insured (Rs.)	No. of persons	IMT	1 <sup>st</sup> year Premium (Rs.)	2 <sup>nd</sup> year Premium (Rs.)	3 <sup>rd</sup> year Premium (Rs.)
Basic TP				3178	3178	3178
Paid Driver Cover		1		0	0	0
CNG/LPG		NA		0	0	0
TOTAL PREMIUM (B)				3178	3178	3178
C.PERSONAL ACCIDENT COVERS						
	Sum Insured (Rs.)	No. of persons	IMT	1 <sup>st</sup> year Premium (Rs.)	2 <sup>nd</sup> year Premium (Rs.)*	3 <sup>rd</sup> year Premium (Rs.)*
Compulsory Personal Accident (CPA) cover for Owner-driver	15,00,000			325	0	0
Unnamed PA Cover	1,00,000	5	16	0	0	0
TOTAL PREMIUM (C)				325	0	0
TOTAL Premium (A1+A2+B+C)						18,790
CGST(9%)(Rs.)					(Rs.)	0
SGST(9%)(Rs.)					(Rs.)	0
IGST(18%)(Rs.)					(Rs.)	3,383
TOTAL CONSIDERATION AFTER TAX					(Rs.)	22,173
* This refers to NIL OD coverage for the period and NIL CPA coverage for the period.						
LIMITATIONS AS TO USE: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace making e) Speed testing f) Reliability Trials g) Any purpose in connection with motor trade.						
DRIVER CLAUSE: Any person including 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 requirements of Rule 3 of the Central Motor Vehicles Rules 1989.						
LIMITS OF LIABILITY: Under Section II - 1(i) of the Policy - Death or bodily injury such amount as is necessary to meet the requirements of the Motor Vehicle Act, 1988. Under Section II - 1(ii) of the Policy - Damage to Third Party Property - P.A. Cover for the Owner cum Driver Under Section IV (CS)- Rs.15,00,000.00						

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**Warranties:** It is hereby warranted the coverage under this Policy commences only from the Risk Start time and Date as mentioned in the Policy schedule. No Liability shall attach under this Policy in respect of any Accident/Loss prior to the time and date of commencement of Period of Insurance. Warranted that NCB under this Policy is based on representation regarding NCB and absence of claim under the previous Policy. If the information be found incorrect or false in any aspect, this Policy shall be void ab initio and no benefit shall be payable by the company. No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy. This policy has been issued upon declaration by the Insured that a valid Pollution Under Control (PUC) Certificate is held on the date of commencement of the Policy. The insured undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Benefits under this policy is subject to realisation of premium cheque(s). In case of dishonor of cheque(s), no separate intimation will be given and the policy stands automatically cancelled ab initio (from inception)

**Compulsory Deductibles Under Section 1: Rs.1000 Per claim**

**Voluntary deductibles under Section 1 Rs. Per claim**

**Additional Imposed deductibles under Section 1 Rs.0**

Subject to I.M.T. Endt. Nos. and Memorandum :

Date and Signature of the proposal 19/04/2022

For CLAIMS, please contact 1800-208-5544 or mail to [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com). or visit our website [www.cholainsurance.com](http://www.cholainsurance.com).

For more details on Section I & II and sub-section thereunder, as mentioned above and wherever appearing on the policy schedule, please refer policy wordings

As per GR36 A, PA for Owner-driver refers to the Owner of the Insured Vehicle holding an effective driving license

Sl. No.	Name of the Nominee	Relationship	Age of the Nominee	%age of share	Name of the Guardian	Guardian relationship with Nominee
1	rachit sax saxena	Brother		100%		

**Grievance Clause:** For resolution of any query or grievance, Insured may contact the respective branch office of the company or may call at(1800-208-5544)or may write an email at ([customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)). In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at ([GRO@cholams.murugappa.com](mailto:GRO@cholams.murugappa.com)). In the event of unsatisfactory response from the Grievance Office, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website:[www.irda.gov.in](http://www.irda.gov.in) , or on the website of General Insurance Council:<http://www.cioins.co.in/ombudsman.html> or on the company website :[www.cholainsurance.com](http://www.cholainsurance.com).

**NOTE:** The Policy Schedule CUM Certificate of Insurance is an important document issued based on your declaration. We request you to verify the details and ensure that everything is in order. In case of any discrepancies, please contact us within 15 days from the date of issuance of policy.

**Financier Name and Address:**

**Intermediary Name: I Care Insurance Broking Service Pvt Ltd**

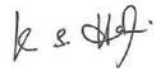
**Code :** 200820415093

**Contact No.:** 022-49708760

for Cholamandalam MS General Insurance Company Limited

Place: Chennai

Date: 19/04/2022



**Duly Constituted Authority**

**Business Location : Chennai Head Office,  
2nd Floor, "Dare House" No.2,NSC Bose Road, Chennai - 600 001**

GST Invoice No.: 3404/60000196/000/00 | GSTIN: 33AABCC6633K1ZQ | SAC Code: 997134| SAC Description: Motor Vehicle Insurance Services

Consolidated Stamp Duty Paid Vide G.O. Rt No.G.O.No.105,Commercial Taxes and Registration (j1) Department, Tamil Nadu dated27/02/2019

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 Chapter XI of the Motor Vehicles Act, 1988.

**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 Vehicle Act, 1988, is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

For legal interpretation, English Version will hold good.

GST - 1. Whether tax is payable under reverse charge basis - No. 2. In compliance with the provisions of Sub Rule (2) of Rule 54 of CGST Rules, 2017 along with relevant Notifications,

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Add on cover Name	UIN
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To:

Date:

Customer Name: **rachit asaxa das**

Address:

1928198 , 9182981982 , VASUNDHRA S.O,MUMBAI,MAHARASHTRA,201012

Mobile**9120192019** | Landline-

Dear Sir/Madam

Ref. Vehicle details updation in your Motor Insurance **3404/60000196/000/00**

On behalf of Chola MS we would to thank you for choosing us as your preferred insurer. Your vehicle details are updated in our records as per the details below. We request you to confirm the correct / missing information and send this letter back to the address given, to update the same in our records. If there are any corrections, we request you to provide the Registration Certificate (RC) for our records and future reference.

Vehicle Registration **New**

Engine **121892891829**

Chassis **19829182981**

Document to be sent to:

Manager(Operations)

Cholamandalam MS General Insurance Ltd

1st floor, Hari Niwas Tower,163, Thambu Chetty Street,

Parrys Corner,

Chennai - 600001

We request you to reply within 7 days of receipt of this letter. Alternatively, request you to e-mail your above Vehicle details with scanned copy of Registration Certificate to the following e-mail ID, quoting your policy number. [customercare@cholams.murugappa.com](mailto:customercare@cholams.murugappa.com)

For any further clarifications please feel free to call our toll free # 1800 200 5544.