

Schedule cum Certificate of Insurance
Chola Standalone Own Damage Policy for Two Wheeler - UIN: IRDAN123RP0003V01201920



Policy Number: 3406/60340700/000/01	Certificate Number: 3406/60340700/000/01
Name & Communication Address: SARAVANAN.K, NO 1/38C NORTH STREET ORATHANADU TK THALAYAMANGALAM,,TIRUVARUR,VADUVUR S.O.,TAMIL NADU,614019	Registration Address: NO 1/38C NORTH STREET ORATHANADU TK THALAYAMANGALAM,,TIRUVARUR,VADUVUR S.O.,TAMIL NADU,614019
Mobile: 9994301377 Landline: Mail ID: KAYSARAVANA@GMAIL.COM	
Period of Insurance: 16/03/2025 00:01 - 15/03/2026 23:59	Business / Profession: Individual

PARTICULARS OF VEHICLE INSURED					
Date of Registration	16/03/2023	Place of Registration	KUMABAKONA	Registration Number	TN-49-CJ-7611
Make	TVS	Model/Variant	XL 100 COMFORT - I TOUCH START	Type of Body	SCOOTER
Year of Mfg	2023	Total Seating Capacity	2	Fuel used	Petrol
Cubic Capacity	100	Engine No.	BP2AP16L8059	Chassis No.	MD621CP26P1AA2927

IDV (Insured's Declared Value)					
For Vehicle (Rs.)	42161	Non-Electrical Accessories (Rs.)	0	Electrical/Electronic Accessories (Rs.)	0
Value of CNG/LPG Kit (Rs.)		Total Value (Rs.)	42161	Contract No.	

Details of Motor Third Party Insurance Policy covering the vehicle insured under this Policy			
Name of Insurer	ICICI LOMBARD	Start Date	16/03/2023
Policy Number	3397/60374522/000/00	End Date	15/03/2028
Own Damage of the Vehicle	IDV(Rs.)	IMT	Premium (Rs.)
Basic OD			707
Electrical or Electronic Accessories		24	0
Non Electronic / Electronic Accessories			0
CNG Kit - OD		25	0
Geographical Extension OD		1	0
Sub Total: (additions)			707
Less:			
Anti-Theft Device - OD		10	0
Bonus Discount (25%)			177
Sub Total: (discounts)			177
Total			530
Own Damage Premium			
Experience Based Discount. (40%)			212
Total Own Damage Premium			318
Total Add-on Premium			232
Total Premium (Own Damage + Add-on)			550
SGST(9%)			49
CGST(9%)			50
IGST(18%)			0
Total Amount			649

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

Call Toll Free: 1800 208 5544 SMS CHOLA to 56677 | Visit www.cholainsurance.com | Email customer@cholams.murugappa.com Disclaimer: The Company may contact you for matters related to your policy or to provide details of products & services offered. To opt out from the facility, please register under Do Not Call section on our website.

CHOLAMANDALAM MS GENERAL INSURANCE COMPANY LIMITED

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

Toll free: 1800 200 5544, T: +91 (0) 44 3044 5400, F: +91 (0) 44 3044 5550

E: customer@cholams.murugappa.com; website: www.cholainsurance.com

PAN: AABCC6633K GSTIN: 33AABCC6633K1ZQ CIN: U66030TN2001PLC047977

IRDA Registration. No. 123



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Add on Covers	Sum Insured for Add-on	Options	Time Excess	Premium
Nil Deprecation				232
TOTAL ADD-ON-COVERS PREMIUM				232

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.

Deduction Under Section 1: Rs 100

Additional compulsory deductibles under Section 1 Rs. 0

Additional Imposed deductibles under Section 1 Rs.0

Subject to I.M.T. Endt. Nos. and Memorandum: 21,23,40,7

Coverage 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 cancelled from inception.

Date and Signature of the proposal 07/03/2025 In witness where of this policy has been signed in lieu of the Cover Note No.:-

Warranties: 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.

This policy is preceded by break-in insurance and hence it is expressly agreed and understood that there will be no liability for any loss or damage that has occurred prior to the date of commencement mentioned in the schedule.

Notwithstanding anything contained in the policy, it is warranted that Maximum Liability of the company under Nil Dep cover shall not exceed 2 claims during the Policy Period.

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

No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

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 & Address: NA & null

Intermediary Name: SAKTHI AUTO AGENCIES

Code: 200285909446

Contact No. 7373011880

Place: Chennai

Date: 07/03/2025

for Cholamandalam MS General Insurance Company Limited

Duly Constituted Attorney(s)

Business Location: TANJORE BRANCH OFFICE

PLOT NO 7, GROUND FLOOR, RAMESH NAGAR,,OPP NEW HOUSING UNIT BUS STOP PUDUKOTTAI ROAD,CO-OPERATIVE BUILDINGS S.O,THANJAVUR,TAMIL NADU,613001

GST Invoice No.: 3406/60340700/000/01

| GSTIN: 33AABCC6633K1ZQ

| SAC Code: 997134 | SAC Description: Motor Vehicle Insurance Services

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule and also as per Notification No. 13/2020-CT dated 21-03-2020. This policy schedule shall be in lieu of Tax Invoice and hence no separate GST invoice required In compliance with Rule 54(2) of CGST Rules, 2017.

Consolidated Stamp Duty Paid to Commercial Taxes and Registration (j1) Department, Tamil Nadu

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.

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Details of Compulsory Personal Accident cover for Owner-driver (Either with TP Policy or Standalone)

Name of Insurer	NA	Start Date	NA
Policy Number	NA	End Date	NA

Note: UIN of the add-on cover(s) availed under this policy are mentioned below:

Name of the Add-on cover	UIN
Full Depreciation Waiver Cover for Standalone Two Wheeler OD	IRDAN123RP0003V01201920/A0032V01201920

Policy No. of Chola Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies if opted with Chola MS:

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