

Motor Commercial Vehicle Package Policy - Miscellaneous and Special Type of Vehicles





ADDRESS: VIJAYAWADA BRANCH OFFICE

DOOR NO.- 40-1-48/1, 2ND FLOOR, BEHIND KOTAK MAHINDRA BANK, MG ROAD, VIJAYAWADA- 520010. (AP) DIST - KRISHNA

VENKATESWARAPURAM S.O

CITY: KRISHNA STATE: ANDHRA PRADESH

GSTIN: 37AABCC6633K5ZE

DATE: 21/09/2023

GST Invoice No.: 3380469314599

PAN: AABCC6633K SAC Code: 997134

SAC Description: Motor vehicle insurance services

Business Location: VIJAYAWADA BRANCH OFFICE Policy Number: 3380/02466105/000/00 1001131114390001 Customer Code:

Cover Note No: Policy Type: Miscellaneous & Special Type Vehicle

Name&Communication Address:

SHAIK SALEEM

C/O SHAIK SALEEM H NO:10-62 SRINIVASA COLONY,NR TELPHONE EXCHANGE SRUNGAVARAPUKOTA(S.KOTA,S.KOTA,VIZIANAGARAM ANDHRA PRADESH 535145,, S KOTA S.O,VIZIANAGARAM ANDHRA PRADESH,PIN- 535145 **Mobile-9490498348**

Name and Registration Address:

C/O SHAIK SALEEM H NO:10-62 SRINIVASA COLONY,NR TELPHONE EXCHANGE SRUNGAVARAPUKOTA(S.KOTA,S.KOTA ,VIZIANAGARAM ANDHRA PRADESH

535145,, S KOTA S.O,VIZIANAGARAM

ANDHRA PRADESH,PIN- 535145 Mobile-9490498348

PAN No

Period of Insurance: from 21/09/2023 12:23 hours to midnight on 20/09/2024 Certificate Number: 3380/02466105/000/00 Business or Profession: Individual Geographical Area: No Extension

Issue Date: 21/09/2023 PARTICULARS OF THE VEHICLE INSURED

Date of Registration: 19/05/2016

Make: JCB | Model: 3DX

Type of Body: LOADER | Fu
Cubic Capacity: 4800 | K.Watts: - | Gro
Licensed Passenger Carrying Capacity: 0 AP-31-DK-0533 Variant BACKHOE LOADER Vehicle Colour: Year of Mfg Fuel Used: DIESEL Engine No: **H00112201** Chassis No: HAR3DXXTP01495876 - Gross Vehicle Weight(GVW)/HP: - Public/Private Carrier PUBLIC Registration Mark(Trailer): Driver 1 Cleaner: Conductor: 0 Total Seating Capacity Including Driver Chassis No.(Trailer):

IDV (Insured Declared Value)

Value of Chassis (Rs): 1331000 Electrical/Electronic Accessories (Rs): 0 Value of CNG/LPG Kit (Rs): Total Value (Rs): 1331000 A. OWN DAMAGE **B. LIABILITY** No. of Person IMT Premium (Rs No. of PersonIMTPremium (Rs) Basic OD 1,331,000.00 16,638.00 Basic TP 7,267.00 IMT 23 TOTAL 16,638.00 2,496.00 Paid Driver 40 50.00 19,134.00 Conductor Own Damage Premium 19,134.00 $T \cap T \Delta$ 7,317.00 Experience Based Discount (80%)
TOTAL(A)
Add-On Covers Discount 15.307.20 TOTAL PREMIUM(B) 7,317.00 3,827.00 C.PERSONAL ACCIDENT COVERS .00 325.00 1,500,000.00 **E.OTHER CHARGES (NON PREMIUM)** TOTAL PREMIUM(C) 325.00 Chola value added services
TOTAL OTHER CHARGES (NON PREMIUM) (B 0.00 TOTAL (A+B+C+D+E 11,469.00 TOTAL CONSIDERATIO 11,469.00 CGS (1/9%) 1.032.00 1,032.00 IGST (0%) 0.00 AMOUNT COLLECTED 13.533.00

LIMITATIONS AS TO USE: The Policy covers use of the vehicle for any purpose other than: a)Organised Racing. b)Use wh Testing. f)Use for the carriage of passengers for hire or reward. dray

DRIVER CLAUSE: Any person including insured provided that a person driving holds an effective driving license at 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 wehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989

Ventice and that study a person sansars ure requirements of Kine. 3 or the Central widor - Connect Study - I Connect Stu Act, 1988. Under Section II - 1 (ii) of the Policy - Damage to Third Party Property - Rs.750000 P.A. Cov

Additional Imposed deductibles under Section 1 Rs.0 Subject to I.M.T. Endt. Nos. and Memorandum: 23.21,40,47. Coverage Under this policy is subject to realisation of premium cheque(s). Incase of dishonor of coverage Under this policy is subject to realisation of premium cheque(s).

given and the policy stands cancelled from inception

The policy wordings with detailed terms, conditions,warranties exclusions and the lis Date and Signature of the proposal 21/09/2023.

Warranties: -

This policy has been issued upon declaration by the Assured that a valid Policy is hereby warranted the coverage under this Policy commences only from ฟื้นชื่อก Under Control (PUC fricate is held on the date of comm

s held on the date of commencement of the Policy
ed 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 verage under this Policy commences

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

CVAS NEW : As per GR 36A-PA fo Nominee Details:

Financier Name & Address:

Intermediary Name: GIRNAR INSURANCE BROKERS PRIVATE LIMITED

POSP Name: POSP PAN No.:

Code: 202077721536 Contact No: 7551196989

Note: The Motor 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

For Cholamandalam MS General Insurance Company Ltd. Place: CHENNAI Date:21/09/2023 Receipt No: Receipt Date

Consolidated Stamp Duty Paid Vide G.O Rt No , Commercial Taxes and Registration (j1) Department, Tamil Nadu dated

Duly Constituted Attorney(s)

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 X and Chapter X of the Motor Vehicles Act, 1988.

In the event of a claim under Compulsory personal accident cover (CPA), the intimation of the claim to the Insurer shall be within 30 days of its occurrence

IMPORTANT NOTICE: The insured is not indemnified if the vehicles 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"

recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY"
For Information/Claims: Contact Toll Free Helpline at 1800 208 5544: sms "CHOLA" to 56677 For CARE contact 1800 103 5354;
E-mail: customercare@cholams.murugappa.com: www.cholainsurance.com
Note:UIN for this product and the related add on covers availed under this policy are as mentioned in the attached sheet, which forms part of the Policy Schedule



Product Name :

