Cholamandalam MS General Insurance Company Limited

Registered Office: 2nd Floor, "Dare House" No.2, NSC Bose Road, Chennai - 600 001. India

T: +91 044 4044 5400 | Fax: F: +91 044 4044 5500 |

E: customercare@cholams.murugappa.com Website: www.cholainsurance.com CIN: U66030TN2001PLC047977 | PAN AABCC6633K | IRDAI Regn. No.123



Policy Schedule cum Certificate of Insurance Motor Two - Wheelers Package Policy - UIN:IRDAN123RP0002V02200203





Policy Number 3361/60329937/000/00	Certificate Number 3361/60329937/000/00
Name & Communication Address:	Registration Address:
Ms BADE NEELAVENI	D/O VALLAPUNAIDU 5 122 PEDDAVEEDHI MRUTYANJAYANAGARAM APPANDORAVALASA
D/O VALLAPUNAIDU 5 122 PEDDAVEEDHI MRUTYANJAYANAGARAM APPANDORAVALASA	PARVATHIPURAM, VIZIANAGARAM, ANDHRA PRADESH, 535522
PARVATHIPURAM, VIZIANAGARAM, ANDHRA PRADESH, 535522	
Mobile : 7207133764 Landline :	
Mail: RAJESH.BFA@GMAIL.COM	
Aadhar No: 943215884053	
EIA No:	
Cover Note Number:	Geographical Area : India
Period of Insurance: From 10/03/2023 00:01 to 09/03/2024 23:59	Business / Profession

PARTICULARS OF VEHICLE INSURED									
Date of Regis	tration		01/03/	2018	Place of Registration	VIZIANAGARAM	Registration Number AF		AP35AP1270
Make	TVS			Model / variant	APACHE RTR 160 - FRONT DISC ABS BS VI		Type of Body	Solo wit	th pillion
Year of Mfg		2018	2018		Total Seating Capacity	2	Fuel used PE		PETROL
Cubic Capacity 160		Engine No. BE4CJ2625567 Chassis No. MD634BE				MD634BE43J2C24955			
Licensed Passenger Carrying Capacity				2					

		IDV (Insured's Declared Val	ue)		
Value of Chassis (Rs.)	0	Value of Body (Rs.)	0	For Trailer (Rs.)	0
For Vehicle (Rs.)	52,000	Non-Electrical Accessories (Rs.)		Electrical/Electronic Accessories (Rs.)	0
Value of CNG/LPG Kit (Rs.)	0	Total Value (Rs.)	52,000	Contract Number	

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Premium								
A. Own Damage				B. LIABILITY				
	Sum Insured (Rs.)	IMT	Premium (Rs.)			Sum Insured (Rs.)	IMT	Premium (Rs.)
Basic OD	52,000		961	l	Basic TP			1,366
TOTAL			961	l				
				l	LL to Paid Driver	1,00,000	28	50
Sub Total: (additions)				l				
Less:				l	TOTAL			1 414
Anti-Theft Device - OD		10	0	l	TOTAL			1,416
Bonus Discount (0%)			0	l				
Sub Total: (discounts)			0	l	TOTAL PREMIUM (B)			1,416
Total			961	l	C. PERSONAL A	CCIDENT CO	VERS	
Own Damage Premium			961	l				
Experience based discount (50%)			481					
		0	TOTAL PREMIUM (C)	l			0	
TOTAL (A)			480	l				
D. ADD-ON COVERS	Sum Insured (Rs.)	Options	Premium (Rs.)		TOTAL PREMIUM (A+B+C+D)			1,896
				l	CGST(9%)			(
				l	SGST(9%)			(
				l	IGST(18%)			342
				l				
Refer our website for Poli	y Wordings a	nd detailed 1	erms & Conditions, Exclusions	and	TOTAL AMOUNT COLLECTED the Ombudsman list. Call Toll Free: 1800	208 5544	SMS CHOL	A to 512777 V
www.cholainsurance.com	Email customer	are@cholam:	.murugappa.com Disclaimer: The	Con	pany may contact you for matters related to			
			r under Do Not Call section on our			your policy	or to brovide	uetalis oi pro

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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 - Rs. 1,00,000,00 P.A. Cover for the Owner cum Driver Under Section IV (CSI)- Rs. 15.00,000,00

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:

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 07/03/2023 In witness where of this policy has been signed in lieu of the Cover Note No.:- Date:-

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.

It is warranted that the vehicle should possess a valid POLLUTION UNDER CONTEROL certificate during the policy period, failing which assessment of own damage claims will be repudiated. 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 occured prior to the date of commencement mentioned in the schedule.

Sl. No.	Name of the Nominee	Relationship	Age of the Nominee	%age of share	Name of the Guardian	Guardian relationship with Nominee

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:

Intermediary Name: Girnar Insurance Brokers Pvt Ltd

Code: 2020777215360001 **Contact No.:** 7551196989

for Cholamandalam MS General Insurance Company Limited

Place: Chennai Date: 07/03/2023

Duly Constituted Attorney(s)

Business Location: Chennai Head Office,

2nd Floor, "Dare House" No.2, NSC Bose Road, Chennai - 600 001

GST invoice no.: 3361/60329937/000/00 | GSTIN:33AABCC12733K1ZQ | SAC Code: 997134 | SAC Description: Motor Vehicle Insurance Services

 ${\it Consolidated Stamp\ Duty\ Paid\ to\ Commercial\ Taxes\ and\ Registration\ (j1)\ Department,\ Tamil\ Nadu}$

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.

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

The state of the s	
Name of the Add-on cover	UIN

Refer our website for Policy Wordings and detailed Terms & Conditions, Exclusions and the Ombudsman list. Call Toll Free: 1800 208 5544 SMS CHOLA to 512777 | Visit www.cholainsurance.com | Email customercare@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.