

Policy No.: V8251066

Date : 03/03/2021

**Mr. NAIDU HEMASUNDARA RAO**  
**S/O NAIDU SURYANARAYANA,**  
**2-27, BC COLONY PARVATHIPURAM,**  
**CHINABONDAPALLE,**  
**VIZIANAGARAM,**  
**ANDHRA PRADESH, Pincode: 535522**  
**Telephone(Mob) : 7093442263**  
**Email Id : NAGAMANIK1773@GMAIL.COM**  
Intermediary Name : KANUMURI NAGAMANI-IAG  
PCV

**To renew SMS, REN to 9222211100**

Dear Mr. NAIDU HEMASUNDARA RAO

Welcome to the Future Generali Experience.

We thank you for choosing Motor Secure insurance policy. Your Policy No. is **V8251066**. Motor Secure policy offers your vehicle and yourself protection against any unforeseen vehicle accidents and loss to third party property or life arising there from as per the coverage mentioned in the attached policy terms and conditions. We request you to kindly go through the same to acquaint yourself with the available coverage.

Our initiatives will provide you with the highest standards of service, convenience and quality in motor insurance.

In the unfortunate circumstances of an accident, you may notify us for a claim by sending an SMS MOTORCLAIM to 9222211100 (Standard SMS charges applicable) or by calling us at 1800-220-233/ 1860-500-3333/ 022-67837800 or email us at [fgcare@futuregenerali.in](mailto:fgcare@futuregenerali.in) or walk into any of our nearest offices.

It will always be our endeavour to constantly better your experience by innovating and evolving our basket of conveniences. We strive to deliver service which is personalized and is totally transparent. It is our aim to be with you in your time of need.

**The policy has been issued on the basis of the information provided by you. The extract of the information has been enclosed for your reference. We would request you to peruse the policy and satisfy yourself that it meets with your requirement fully.**

Please note : Transfer of benefits under this insurance policy is not automatic on the sale of the vehicle. The transferee must apply within 14 days from the date of transfer of vehicle in writing to the insurance company with full details in a duly signed fresh proposal form along with evidence of sale and transfer fees of ₹. 50/- + Goods and Service tax .

We would like to assure you that the electronic copy of your policy is as authentic and valid as the physical copy and it can be used as a proof of insurance wherever required.

Once again, thank you for choosing to insure your vehicle with Future Generali and we look forward to being of service to you.

Assuring you of our best services at all times.

If undelivered, please return to:

**Future Generali India Insurance Company Limited**  
4th Floor, Pydah Chambers  
D No. 9-14-15, VIP Road  
Siripuram  
Visakhapatnam  
Andhra Pradesh, 530003

**For Future Generali India Insurance Co. Ltd.**



(Authorised Signatory)

Please review the communication address, email or contact nos. noted on this letter for correctness. In case of any change please contact our nearest branch or call our care lines mentioned above. This will ensure you do not miss out on 'Service Updates' and 'Renewal Reminders'.

Now you can buy Health, Personal Accident, Travel, Home, Motor insurance & also renew your Future Generali Private Car Insurance policy online. Visit us at [www.futuregenerali.in](http://www.futuregenerali.in)

For any service request please sms **SERVE** to 9222211100. To provide feedback on our service, kindly sms **HAPPY** or **UNHAPPY** to 9222211100. We will call you back.



# Tax Invoice

INSURED DETAILS			
<b>Policy Number</b>	: V8251066	<b>Address of Service Provider:</b> Off Code-41,Future Generali India Insurance Co Ltd, 4th Floor, Pydah Chambers, D No. 9-14-15, VIP Road, Siripuram, Visakhapatnam, Andhra Pradesh, Pincode - 530003	
<b>Invoice Number</b>	: 202037PNT0061497		
<b>Reverse Charge</b>	: No	<b>Area Code</b>	: Vizag Branch Office
<b>Name of Insured/Proposer</b>	: Mr. NAIDU HEMASUNDARA RAO	<b>FGI State Code</b>	: 37
<b>Address</b>	: S/O NAIDU SURYANARAYANA, 2-27, BC COLONY PARVATHIPURAM, CHINABONDAPALLE, VIZIANAGARAM, ANDHRA PRADESH, Pincode- 535522	<b>FGI GSTIN Number</b>	: 37AABCF0191R1Z8
		<b>FGI PAN Number</b>	: AABCF0191R
<b>Place of Supply(State Code):</b>	37	<b>Intermediary Name \ Code:</b> KANUMURI NAGAMANI \ 60073582	
<b>GSTIN / UIN Number</b>	: -	<b>Date of Issue / Invoice</b>	: 03/03/2021
		<b>Date</b>	
<b>Period of Insurance</b>	: From 00:01 hours of 04/03/2021 To Midnight of 03/03/2022	<b>HSN</b>	: 997134
		<b>Nature of Service</b>	: General Insurance Service

Received with thanks from a sum of ₹ 7,904.00 towards Premium on the above mentioned policy.

PARTICULARS	TAX(%)	PREMIUM ( ₹ )
Gross Premium		6,698.00
Add : CGST	9%	602.82
Add : SGST	9%	602.82
Add : Cess		-
<b>Total (Rounded to nearest rupee)</b>		<b>7,904.00</b>

## NOTE :

- In case of payment by cheque, in the event of dishonour of cheque for any reason whatsoever, insurance cover provided under this receipt automatically stands cancelled from the inception irrespective of whether a separate communication is sent or not.
- Excess amount, if any, will be adjusted against subsequent policies, or will be refunded on demand.

For FUTURE GENERALI INDIA INSURANCE CO. LTD.



(Authorised Signatory)

**Note: This document is digitally signed by Sharada Ramakrishnan, Authorised Signatory of Future Generali India Insurance Company Limited on 03/03/2021**


**POS - Motor Secure Commercial Vehicle Insurance Policy**

<b>CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE - Form 51 of the Central Motors Vehicles Rules, 1989</b>			
<b>Policy Servicing :</b> Off Code-41,Future Generali India Insurance Co Ltd, 4th Floor, Pydah Chambers, D No. 9-14-15, VIP Road, Siripuram, Visakhapatnam, Andhra Pradesh, Pincode- 530003.,Tel_ No: 0891-2792697			
<b>Policy No.</b> : V8251066	<b>Period of Insurance</b> : From 00:01 hrs of 04/03/2021 To Midnight of 03/03/2022		
<b>Insured</b> : Mr. NAIDU HEMASUNDARA RAO			
<b>Address</b> : S/O NAIDU SURYANARAYANA, 2-27, BC COLONY PARVATHIPURAM, CHINABONDAPALLE, VIZIANAGARAM, ANDHRA PRADESH, 535522	<b>Covernote No</b> : - Dated: Zone: C <b>Intermediary Name/Code</b> : KANUMURI NAGAMANI / 60073582 <b>Telephone(Mob,Hom)</b> : 9494633166/9494633166 <b>Email ID</b> : nagamanik1773@gmail.com <b>Intermediary Pan card No</b> : CAHPK9502L		
<b>GSTIN Number</b> : -	<b>FGI GSTIN Number</b> : 37AABCF0191R1Z8		
<b>INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION</b>			
Registration No., RTA Location	Make/Model of Vehicle	Engine No.	Chassis No.
AP35X9381 VIZIANAGARAM	PIAGGIO APE D3S BS-III RICKSHAW PASSENGER	S5B8396472	MBX0000ZFSC056637
Year of Manufacture	Cubic Capacity	Seating Capacity	Passenger Carrying Capacity
2015	436	4	3
<b>DRIVERS CLAUSE</b> - 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 learners license may also drive the vehicle when not used for the transport of goods *at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules 1989. * When the vehicle is used for passengers add the following words: when not used for the transport of passengers at time of the accident.			
<b>LIMITATIONS AS TO USE</b> - The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of section 66 of the Motor vehicle's Act 1988. The policy does not cover use for a) Organized racing b) Pace Making c) Reliability Trails d)Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle Geographical Area : INDIA ,			
<b>IMPORTANT NOTICE</b>			
The Insured is not indemnified if the vehicle is used or driven otherwise 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 be good. For full details on coverage, terms, conditions and exclusions, please refer the standard policy wordings attached with this schedule. Warranted that the *Vehicle insured herewith has a valid Pollution Under Control (PUC) Certificate as on the inception date of the policy.(*Not applicable for Electric Vehicles and New Non- Electric Vehicles).			
<b>IMPORTANT</b> - 1) All other Terms, Conditions and Exclusions as per attached Policy Wordings. 2) In case of payment by cheque, in the event of dishonor of cheque for any reason what so ever, insurance cover provided under this document automatically stands canceled from the inception irrespective of whether a separate communication is sent or not.			
<b>LIMITS OF LIABILITY</b>			
Under Section II-I (i) :Death of or bodily injury -Such amount as is necessary to meet the requirements of Motor Vehicles Act, 1988.		Under Section II-I (ii) : Damage to Third Part Property - ₹ 750000/- in respect of any one claim or series of claims arising out of one event.	
Under Section III : PA Owner – Driver as per premium computation table.		Compulsory Deductible Under Sec I : ₹ 0 NA	
Hypothecation Agreement with:- NIL			
<b>SPECIAL CONDITIONS</b> – NIL			
<b>ADDITIONAL EXCESS</b> – NIL			

The nominee for Compulsory PA to owner driver cover is 01) LEGAL HEIR, aged :21 Years, Relationship : Legal Executor,  
Nomination % : 100%



**Policy No : V8251066** **Period Of Insurance : From 00:01 hrs of 04/03/2021 To Midnight of 03/03/2022**

### INSURED'S DECLARED VALUE

Type of Body	For Vehicle - ₹	For Vehicle Body- ₹	For Non-Elec Accessories- ₹	For Trailers-₹	For Elec / Electronic Accessories - ₹	For Bi-Fuel Kit (CNG/LPG)- ₹	Total Value- ₹
RICKSHAW	-	0	-	-	-	-	0

### SCHEDULE OF PREMIUM

PARTICULARS	₹	₹
<b>A-OWN DAMAGE</b>		
Total Own Damage Premium (A) (rounded off)		0
<b>B-LIABILITY</b>		
Basic Premium including Premium for TPPD	6,318.00	
Add : Compulsory PA to Owner-Driver Rs. 15 lacs	330.00	
Add : Legal Liability to Driver/Cleaner/Conductor (No. of persons 1)	50.00	
Total Liability Premium (B)		6,698.00
Total Annual Premium (A+B)		6,698.00
Total Premium for the Policy Period		6,698.00
Goods and Service Tax		1,205.64
Total Premium (rounded off)		7,904.00

Class of Vehicle : 3 Wheeled Vehicle For Carrying Passengers For Hire Or Reward, With Carrying Capacity Not Exceeding 6

Subject to Endorsement Nos. 28 ,15 ,

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 M .V. Act, 1988.

**For FUTURE GENERALI INDIA INSURANCE CO. LTD.**

**Receipt No : Y2479652**  
**Date of Issue : 03/03/2021**  
**Place of Issuance : Mumbai\***



( Authorized Signatory )

\*Address as mentioned below.

**Note: This document is digitally signed by Sharada Ramakrishnan, Authorised Signatory of Future Generali India Insurance Company Limited on 03/03/2021**

**For registration of your Motor claims SMS MOTORCLAIM to 9222211100 ( Standard SMS charges applicable )**

The stamp duty of Rs. 0.25/- paid by Letter Of Authorisation No. CSD/227/2021/301/21, Dated 25/01/2021. Mudrank - 2017/C.R.97/M-1, dated 09/01/2018.

Product UIN : 1/RD/FGIICL/MOTORS/FS/07-

### Infectious Disease / COVID-19 Exclusion

Notwithstanding any provision to the contrary, this Reinsurance / Insurance excludes any loss, damage, liability, expense, fines, penalties or any other amount directly or indirectly caused by, in connection with, or in any way involving or arising out of any of the following –including any fear or threat thereof, whether actual or perceived – :

- ♦ Any infectious disease, virus, bacterium or other microorganism (whether asymptomatic or not); or
- ♦ Coronavirus (COVID-19) including any mutation or variation thereof; or
- ♦ Pandemic or epidemic, as declared as such by the World Health Organization or any governmental authority.

Dear NAIDU HEMASUNDARA RAO,

We wish to inform you that the Insurance policy number V8251066 has been issued on the basis of the information and declaration given by you, the transcript whereof is mentioned below. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this transcript or the policy start date whichever is earlier, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Please be informed that this Policy shall be construed to be void ab initio/invalid in the event we find that you have not disclosed material or correct information required for the purpose of providing the below insurance cover and in case of any claim arising under the policy in such a scenario, we shall be under no obligation whatsoever to settle such claim to you and the premium paid by you under this policy shall stand fully forfeited.

POS - Motor Secure Commercial Vehicle Insurance Policy - TRANSCRIPT/DECLARATION		
Sr No	Insured Details	
1	Insured Name	NAIDU HEMASUNDARA RAO
2	Registration address of the Insured	S/O NAIDU SURYANARAYANA, 2-27, BC COLONY PARVATHIPURAM, CHINABONDAPALLE, VIZIANAGARAM, ANDHRA PRADESH, 535522
3	Communication address of the Insured	S/O NAIDU SURYANARAYANA, 2-27, BC COLONY PARVATHIPURAM, CHINABONDAPALLE, VIZIANAGARAM, ANDHRA PRADESH, Pincode :- 535522
4	Residence Telephone no	7093442263
5	Mobile no	7093442263
6	Email id	NAGAMANIK1773@GMAIL.COM
Policy Details		
7	Policy Number	V8251066
8	Risk start time and date	04/03/2021/00:01
9	Risk end date	03/03/2022
10	Renewal NCB %	0%
Vehicle Details		
11	Make and Model of vehicle insured	PIAGGIO APE D3S BS-III RICKSHAW PASSENGER
12	Registration No	AP35X9381
13	Engine No	S5B8396472
14	Chassis No	MBX0000ZFSC056637
15	Cubic Capacity	436
16	Year of Manufacturing	2015
17	RTO where vehicle is/will be registered	VIZIANAGARAM
18	Seating Capacity	4
19	Date of Registration / Purchase	15/06/2016
20	Usage of the vehicle	CB
21	Fuel Type	Diesel
22	Hypothecation/Lease/Hire Purchase	-
23	Bank Name	-
24	Vehicle * being insured has valid Pollution Under Control (PUC) Certificate as on inception date of policy.(*Not applicable for New Vehicle)	Yes
Previous Insurance Details		
25	Previous Insurer Name	
26	Expiring Policy No	
27	Expiring Policy Expiry Date	
28	No Claim Bonus % under expiring policy	0.00 %
29	Is there any claim in expiring policy	-
IDV Details		
30	Vehicle IDV on Renewal	₹.-
31	Electrical Accessories IDV	₹.0
32	Non Electrical Accessories IDV	₹.0
33	CNG IDV	₹.0
Third Party Coverages Opted		

34	Basic Premium including Premium for TPPD	Opted
35	Add:-Trailers	Not Opted
36	Less : Limit of Liability under sec II-1(ii)-₹. 6000	Not Opted
37	Add : Bi-Fuel Kit (CNG/LPG)	Not Opted
38	Add : Geographical Area Extn	Not Opted
39	Add : Compulsory PA to Owner-Driver ₹. 15 lacs	Opted
40	Add : Legal Liability to Employees of the Insured (No. of persons 0)	Not Opted
41	Add : PA to Drivers/Cleaner/Conductors (No. of persons 0) PA Limit ₹.0 per person.	Not Opted
42	Add : PA to Passenger (No. of persons 0) PA Limit ₹.0 per person.	Not Opted
43	PA to Named Persons other than Owner Driver As per Annexure attached	Not Opted
44	Add : Legal Liability to Employees/Non-Fare Paying Passengers (other than WC) (No. of persons 0)	Not Opted
45	Add : Legal Liability to (No. of persons 0)	Not Opted
46	Add : Legal Liability to Driver/Cleaner/Conductor (No. of persons 1)	Opted
47	Add : Increased Limit of Liability under sec II-1(ii)-₹. 7.5lacs	Not Opted
48	Add : Indemnity to Hirer	Not Opted
<b>Own Damage Coverages Opted</b>		
49	Basic Premium on Vehicle	Not Opted
50	Add : Non-Electrical Accessories	Not Opted
51	Add:-Trailer	Not Opted
52	Add : Electrical/Electronic Accessories	Not Opted
53	Add : Bi-Fuel Kit (CNG/LPG)	Not Opted
54	Add : Geographical Area Extn	Not Opted
55	Add : Fibre Glass Tanks	Not Opted
56	Add : Embassy Loading	Not Opted
57	Add : Driving Tutions	Not Opted
58	Add : IMT 23-Cover for mud-guards etc	Not Opted
59	Add : Overturning during operational use	Not Opted
60	Add : IMT 34	Not Opted
61	Less : Anti Theft	Not Opted
62	Less : Use Confined to Own Premises	Not Opted
63	Less : Vehicles Specially Designed/Modified For Handicapped Persons	Not Opted
64	Less : No Claim Discount 0%	Not Opted
<b>Nominee Details</b>		
65	Nominee Name	LEGAL HEIR
66	Nominee Relationship with Insured	Legal Executor
67	Nominee Age in Y or M	21Y
68	Nominee %	100
69	Appointee Name	-
70	Relationship of Appointee with Nominee	-

On examination of the Policy, if you notice any mistake, please return the Policy to the Company immediately for correction. Any modification(s) in the policy resulting in additional premium, will be applicable from the inception of the policy and this has to be paid by you immediately to keep the policy coverage intact.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our Help Line numbers & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the below address within a period of 15 days from date of receipt of this transcript or the policy start date whichever is earlier.



## ENDORSEMENTS

(Attached to and forming part of policy)

### IMT.15. PERSONAL ACCIDENT COVER TO THE INSURED OR ANY NAMED PERSON OTHER THAN PAID DRIVER OR CLEANER

**(Applicable to private cars Including three wheelers rated as private cars and motorized two wheelers with or without side car [not for hire or reward])**

In consideration of the payment of an additional premium It is hereby agreed and understood that the Company undertakes to pay compensation on the scale provided below for bodily Injury as hereinafter defined sustained by the insured person in direct connection with the vehicle insured or whilst mounting and dismounting from or traveling in vehicle Insured and caused by violent accidental external and visible means which independently of any other cause shall within six calendar months of the occurrence of such Injury result In:-

Details of Injury	Scale of Compensation
i) Death	100%
ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
iii) Loss of one limb or sight of one eye	50%
iv) Permanent Total Disablement from injuries other than named above	100%

#### Provided always that :-

(1) compensations shall be payable under only one of the items (i) to (iv) above In respect of any such person arising out of any one occurrence and total liability of the insurer shall not in the aggregate exceed the sum of Rs. ....\* during any one period of insurance in respect of any such person.

(2) no compensation shall be payable in respect of death or Injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) Intentional self Injury suicide or attempted suicide physical defect or infirmity or (b) an accident happening whilst such person is under the influence of Intoxicating liquor or drugs.

(3) Such compensation shall be payable only with the approval of the insured named in the policy and directly to the injured person or his/her legal representative(s) whose receipt shall be a full discharge In respect of the Injury of such person.

Subject otherwise to the terms exceptions conditions and limitations of this policy.

\*The capital Sum Insured (CSI) per passenger is to be inserted.

### IMT. 28. LEGAL LIABILITY TO PAID DRIVER AND/ OR CONDUCTOR AND / OR CLEANER EMPLOYED IN CONNECTION WITH THE OPERATION OF INSURED VEHICLE

#### (For all Classes of vehicles)

In consideration of an additional premium of Rs. 50/- notwithstanding anything to the contrary contained in the Policy it is hereby understood and agreed that the insurer shall indemnify the insured against the insured's legal liability under the Workmen's Compensation Act, 1923, the Fatal Accidents Act, 1855 or at Common Law and subsequent amendments of these Acts prior to the date of this Endorsement in respect of personal injury to any paid driver and/or conductor and/or cleaner whilst engaged in the service of the Insured in such occupation in connection with the vehicle insured herein and will in addition be responsible for all costs and expenses incurred with its written consent.

#### Provided always that:

(1). this Endorsement does not indemnify the insured in respect of any liability in cases where the insured holds or subsequently effects with any insurer or group of insurers a Policy of Insurance in respect of liability as herein defined for insured's general employees;

(2). the insured shall take reasonable precautions to prevent accidents and shall comply with all statutory obligations;

\* (3) the Insured shall keep record of the name of each paid driver conductor cleaner or persons employed in loading and/or unloading and the amount of wages and salaries and other earnings paid to such employees and shall at all times allow the Company to inspect such records on demand.

(4) in the event of the Policy being cancelled at the request of the Insured no refund of the premium paid in respect of this Endorsement will be allowed.

Subject otherwise to the terms conditions limitations and exceptions of the Policy except so far as necessary to meet the requirements of the Motor Vehicles Act, 1988.

\*In case of Private cars/ motorised two wheelers (not used for hire or reward) delete this para.