

Policy No.: V8948053

Date : 02/09/2021

Mr. SRINU KOTA
S/O APPAYYA,
S C COLONY,
SEETHANAGARAM MANDAL,
VIZIANAGARAM,
ANDHRA PRADESH, Pincode: 535001
Email Id : RAJESH.BFA@GMAIL.COM
Intermediary Name : A KISHORE KUMAR-IAG
PCV

To renew SMS, REN to 9222211100

Dear Mr. SRINU KOTA

Welcome to the Future Generali Experience.

We thank you for choosing Motor Secure insurance policy. Your Policy No. is **V8948053**. 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 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

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 | | | |
|-------------------------------------|--|--|-----------------------------|
| Policy Number | : V8948053 | Address of Service Provider: 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 | |
| Invoice Number | : 202137PNT0024882 | | |
| Reverse Charge | : No | Area Code | : Vizag Branch Office |
| Name of Insured/Proposer | : Mr. SRINU KOTA | FGI State Code | : 37 |
| Address | : S/O APPAYYA, S C COLONY, SEETHANAGARAM MANDAL, VIZIANAGARAM, ANDHRA PRADESH, Pincode- 535001 | FGI GSTIN Number | : 37AABCF0191R1Z8 |
| | | FGI PAN Number | : AABCF0191R |
| Place of Supply(State Code): | 37 | Intermediary Name \ Code: | A KISHORE KUMAR \ 60053066 |
| GSTIN / UIN Number | : - | Date of Issue / Invoice Date | : 02/09/2021 |
| Period of Insurance | : From 00:01 hours of 04/09/2021 To Midnight of 03/09/2022 | HSN | : 997134 |
| | | Nature of Service | : 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 | | - |
| Total (Rounded to nearest rupee) | | 7,904.00 |

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 02/09/2021



POS - Motor Secure Commercial Vehicle Insurance Policy

| CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE - Form 51 of the Central Motors Vehicles Rules, 1989 | | | |
|---|---|--|-----------------------------|
| Policy Servicing : 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 | | | |
| Policy No. : V8948053 | Period of Insurance : From 00:01 hrs of 04/09/2021 To Midnight of 03/09/2022 | | |
| Insured : Mr. SRINU KOTA | Covernote No : - Dated: Zone: C | | |
| Address : S/O APPAYYA, S C COLONY, SEETHANAGARAM MANDAL, VIZIANAGARAM, ANDHRA PRADESH, 535001 | Intermediary Name/Code : A KISHORE KUMAR / 60053066 | | |
| | Telephone(Mob,Hom) : 9030560833/0 | | |
| | Email ID : kishore.aalla@yahoo.com | | |
| | Intermediary Pan card No : AVGPA7922E | | |
| GSTIN Number :- | FGI GSTIN Number : 37AABCF0191R1Z8 | | |
| INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION | | | |
| Registration No., RTA Location | Make/Model of Vehicle | Engine No. | Chassis No. |
| AP35X1261 VIZIANAGARAM | BAJAJ RE MAXIMA | BBZWEE15956 | MD2A41AZ8EWE10672 |
| Year of Manufacture | Cubic Capacity | Seating Capacity | Passenger Carrying Capacity |
| 2014 | 447 | 4 | 3 |
| DRIVERS 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 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. | | | |
| LIMITATIONS AS TO USE - 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 , | | | |
| IMPORTANT NOTICE | | | |
| 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). | | | |
| IMPORTANT - 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. | | | |
| LIMITS OF LIABILITY | | | |
| 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:- LAKSHMI FINANCE | | | |
| SPECIAL CONDITIONS – NIL | | | |
| ADDITIONAL EXCESS – NIL | | | |
| The nominee for Compulsory PA to owner driver cover is 01) LEGAL HEIR, aged :21 Years, Relationship : Legal Executor, Nomination % : 100% | | | |


Policy No : V8948053 **Period Of Insurance : From 00:01 hrs of 04/09/2021 To Midnight of 03/09/2022**
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- ₹ |
|--------------|--------------------|------------------------|--------------------------------|----------------|--|---------------------------------|-------------------|
| PASSENGER | - | 0 | - | - | - | - | 0 |

SCHEDULE OF PREMIUM

| PARTICULARS | ₹ | ₹ |
|--|----------|----------|
| A-OWN DAMAGE | | |
| Total Own Damage Premium (A) (rounded off) | | 0 |
| B-LIABILITY | | |
| 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. 07 ,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 : Y3474959
Date of Issue : 02/09/2021
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 02/09/2021

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/91/2021/2466/21, Dated 20-07-2021. 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 SRINU KOTA,

We wish to inform you that the Insurance policy number V8948053 has been issued on the basis of the proposal(via e-proposal/distance marketing/online/physical) and any other subsequent documents, submitted by you post understanding the Terms & Conditions of the policy and consequences of the risk proposed, to the Company for issuance of the policy.

You have agreed to issue this policy, subject to the Company's Board approved Underwriting Policy and that the Policy will come into force only after the Company is in receipt and realisation of full prescribed premium.

The Company shall have no liability under the Policy/contract of insurance if it is found that any of your statements, particulars, information, declarations, warranties, submitted in proposal or other documents are incorrect and/or untrue or any information is suppressed or the information provided is misleading or false in any respect on any matter [whether material or not material] which forms the base to issue the policy by the Company.

In case of any disagreement or objection or any changes with respect to the information mentioned in the transcript below, we request you to please revert back within 15 days from the date of receipt of this transcript or the policy start date whichever is earlier, failing which it shall be deemed that you are satisfied with the correctness of the details mentioned in the transcript.

| POS - Motor Secure Commercial Vehicle Insurance Policy - TRANSCRIPT/DECLARATION | | |
|---|--|--|
| Sr No | Insured Details | |
| 1 | Insured Name | SRINU KOTA |
| 2 | Registration address of the Insured | S/O APPAYYA, S C COLONY, SEETHANAGARAM MANDAL, VIZIANAGARAM, ANDHRA PRADESH, 535001 |
| 3 | Communication address of the Insured | S/O APPAYYA, S C COLONY, SEETHANAGARAM MANDAL, VIZIANAGARAM, ANDHRA PRADESH, Pincode :- 535001 |
| 4 | Residence Telephone no | |
| 5 | Mobile no | |
| 6 | Email id | RAJESH.BFA@GMAIL.COM |
| Policy Details | | |
| 7 | Policy Number | V8948053 |
| 8 | Risk start time and date | 04/09/2021/00:01 |
| 9 | Risk end date | 03/09/2022 |
| 10 | Renewal NCB % | 0% |
| Vehicle Details | | |
| 11 | Make and Model of vehicle insured | BAJAJ RE MAXIMA |
| 12 | Registration No | AP35X1261 |
| 13 | Engine No | BBZWEE15956 |
| 14 | Chassis No | MD2A41AZ8EWE10672 |
| 15 | Cubic Capacity | 447 |
| 16 | Year of Manufacturing | 2014 |
| 17 | RTO where vehicle is/will be registered | VIZIANAGARAM |
| 18 | Seating Capacity | 4 |
| 19 | Date of Registration / Purchase | 06/09/2014 |
| 20 | Usage of the vehicle | CB |
| 21 | Fuel Type | Diesel |
| 22 | Hypothecation/Lease/Hire Purchase | Hypothecation |
| 23 | Bank Name | LAKSHMI FINANCE |
| 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 | N |
| 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 |
| Own Damage Coverages Opted | | |
| 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 |
| Nominee Details | | |
| 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.



ENDORSEMENTS

(Attached to and forming part of policy)

IMT. 7. VEHICLES SUBJECT TO HYPOTHECATION AGREEMENT

It is hereby declared and agreed that the vehicle insured is pledged to / hypothecated with (hereinafter referred to as the "Pledgee") and it is further understood and agreed that the "Pledgee" is interested in any monies which but for this Endorsement would be payable to the insured under this policy in respect of such loss or damage to the vehicle insured as cannot be made good by repair and / or replacement of parts and such monies shall be paid to the Pledgee as long as they are the Pledgee of the vehicle insured and their receipt shall be a full and final discharge to the insurer in respect of such loss or damage.

It is further declared and agreed that for the purpose of the Personal Accident Cover for the owner-driver granted under this policy, the insured named in the policy will continue to be deemed as the owner-driver subject to compliance of provisions of the policy relating to this cover.

Save as by this Endorsement expressly agreed that nothing herein shall modify or affect the rights or liabilities of the Insured or the Insurer respectively under or in connection with this Policy or any term, provision or condition thereof.

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