

Policy No.: V8302031

Mr. KOTCHARLA CHANDRA MOULI KANDI STREET, KANNAPUDORAVALASA VILLAGE, PARVATHIPURAM, VIZIANAGARAM,

To renew SMS, REN to 9222211100

ANDHRA PRADESH, Pincode: 535501Intermediary Name: KALPANA BADE-IAG

PTW

Dear Mr. KOTCHARLA CHANDRA MOULI

Welcome to the Future Generali Experience.

We thank you for choosing Motor Secure insurance policy. Your Policy No. is **V8302031.** 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 | : V8302031 | Address of Service Provi | ider: Off Code-41,Future Generali India Insurance Co Ltd, 4th Floor, Pydah Chambers, D No. 9-14-15, | | |
| Invoice Number | : 202037PNT0063673 | VIP Road, Siripuram, Visakhapatnam, Pradesh, Pincode - 530003 | | | |
| Reverse Charge | : No | Area Code | : Vizag Branch Office | | |
| Name of Insured/Propose | r : Mr. KOTCHARLA CHANDRA MOULI | FGI State Code | : 37 | | |
| Address | : KANDI STREET, KANNAPUDORAVALAS VILLAGE, PARVATHIPURAM VIZIANAGARAM, ANDHRA PRADESH Pincode- 535501 | , FGI PAN Number | : 37AABCF0191R1Z8 : AABCF0191R | | |
| Place of Supply(State Cod | e): 37 | Intermediary Name \ Co | de: KALPANA BADE \ 60053906 | | |
| GSTIN / UIN Number | :- | Date of Issue / Invoice Date | : 13/03/2021 | | |
| Period of Insurance | : From 00:01 hours of 15/03/2021 | HSN | : 997134 | | |
| | To Midnight of 14/03/2022 | Nature of Service | : General Insurance Service | | |

Received with thanks from a sum of ₹ 887.00 towards Premium on the above mentioned policy.

| PARTICULARS | TAX(%) | PREMIUM (₹) |
|----------------------------------|--------|-------------|
| Gross Premium | | 752.00 |
| Add : CGST | 9% | 67.68 |
| Add : SGST | 9% | 67.68 |
| Add: Cess | | - |
| Total (Rounded to nearest rupee) | | 887.00 |

NOTE:

- 1. 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 seperate communication is sent or not.
- 2. 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 13/03/2021







POS - Motor Secure Two Wheeler Insurance Policy

Period of Insurance

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 Office

Policy No. : V8302031 Insured : Mr. KOTCHARLA CHANDRA

MOULI

Midnight of 14/03/2022.

: rajesh.bfa@gmail.com

: From 00:01 hrs of 15/03/2021 To

Address : KANDI STREET. Covernote No : - Dated: Zone: B

> KANNAPUDORAVALASA Intermediary Name/Code: KALPANA BADE / 60053906 VILLAGE, PARVATHIPURAM, Telephone(Mob,Hom) VIZIANAGARAM, ANDHRA

: 9550755039/0

Email ID PRADESH, 535501 Intermediary Pan card : BTGPB4081G

No

FGI GSTIN Number GSTIN Number: -: 37AABCF0191R1Z8

| INSURED MOTOR VEHICLE DETAILS AND PREMIUM COMPUTATION | | | | |
|---|-----------------------|---------------|-------------|-------------|
| Registration No., | Make/Model of Vehicle | Engine No. | Chassis No. | |
| RTA Location | | | | |
| AP35AH6497 | HONDA CB125 SHINE SP | JC65ET0239243 | ME4JC6 | 52MFT075667 |
| VIZIANAGARAM | | | | |
| Year of Manufacture | Cubic Capacity | Type of Body | Seating | Premium |
| | | | Capacity | |
| 2015 | 125 | BIKE | 2 | 887.00 |

DRIVERS CLAUSE: - Any person including the 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.

LIMITATIONS AS TO USE - As per Motor Vehicle Rules, 1989 :- 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.

Geographical Area: INDIA

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 be good.

For full details on coverage, terms, conditions and exclusions, please refer the standard policy wordings attached with this

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 whatsoever, insurance cover provided under this document automatically stands cancelled from the inception irrespective of whether a seperate communication is sent or not.

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).

| Under Section II-I (i): Death of or bodily injury - Such amount | Under Section II-I (ii): Damage to Third Party Property- ₹ |
|---|---|
| as is necessary to meet the requirements of Motor Vehicles Act, | 100000 /- in respect of any one claim or series of claims arising |
| 1988 | out of one event. |
| Under Section III : PA Owner – Driver as per premium | Compulsory DeductibleUnder Sec I - NA |
| computation table | |

Hypothecation Agreement with:- NIL

SPECIAL CONDITIONS - NIL

ADDITIONAL EXCESS - NIL







| Policy No : V8302031 Period Of Insurance : From 00:01 hrs of 15/03/2021 To Midnight of 14/03/20 | | | of 14/03/2022 | | |
|---|---------------------------------|----------------|-----------------------|----------------------------------|---------------|
| INSURED'S DECLARED VALUE | | | | | |
| For Vehicle -₹ | For Non Elec Accessories - ₹ | For Side Car-₹ | For Elec Accessories- | For Bi-Fuel Kit (CNG/LPG) - ₹ | Total Value-₹ |
| - | - | - | - | - | |

| SCHEDULE OF PREMIUM | | | | |
|---|---|--|--|--|
| PARTICULARS ₹ | ₹ | | | |
| A-OWN DAMAGE | | | | |
| Total Own Damage Premium (A) (rounded off) | 0 | | | |
| B-LIABILITY | | | | |
| Basic Premium including Premium for TPPD 752.00 | | | | |
| Total Liability Premium (B) | | | | |
| Total Annual Premium (A+B) | | | | |
| Total Premium for the Policy Period | | | | |
| Goods and Service Tax | | | | |
| Total Premium (rounded off) | | | | |

Class of Vehicle: Two Wheelers Subject to Endorsement Nos.

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:

Date of Issue : 13/03/2021 Place of Issuance : Mumbai*

*Address as mentioned below (Authorized Signatory)

Note: This document is digitally signed by Sharada Ramakrishnan, Authorised Signatory of Future Generali India Insurance Company Limited on 13/03/2021

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 KOTCHARLA CHANDRA MOULI,

We wish to inform you that the Insurance policy number V8302031 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 Two Wheeler Insurance Policy - TRANSCRIPT/DECLARATION | | | | |
|--|--|--|--|--|
| Sr No | In | nsured Details | | |
| 1 | Insured Name | KOTCHARLA CHANDRA MOULI | | |
| 2 | Registration address of the Insured | KANDI STREET, KANNAPUDORAVALASA VILLAGE, PARVATHIPURAM, VIZIANAGARAM, ANDHRA PRADESH, 535501 | | |
| 3 | Communication address of the Insured | KANDI STREET, KANNAPUDORAVALASA VILLAGE PARVATHIPURAM, VIZIANAGARAM, ANDHRA PRADESH, Pincode: - 535501 | | |
| 4 | Residence Telephone no | | | |
| 5 | Mobile no | | | |
| 6 | Email id | | | |
| | Policy | Details | | |
| 7 | Policy Number | V8302031 | | |
| 8 | Risk start time and date | 15/03/2021/00:01 | | |
| 9 | Risk end date | 14/03/2022 | | |
| 10 | Renewal NCB % | 0% | | |
| | | e Details | | |
| 11 | Make and Model of vehicle insured | HONDA CB125 SHINE SP | | |
| 12 | Registration No | AP35AH6497 | | |
| 13 | Engine No | JC65ET0239243 | | |
| 14 | Chassis No | ME4JC652MFT075667 | | |
| 15 | Cubic Capacity | 125 | | |
| 16 | Year of Manufacturing | 2015 | | |
| 17 | RTO where vehicle is/will be registered | VIZIANAGARAM | | |
| 18 | Seating Capacity | 2 | | |
| 19 | Date of Registration / Purchase | 09/01/2017 | | |
| 20 | Usage of the vehicle | TW | | |
| 21 | Fuel Type | Petrol | | |
| 22 | Hypothecation/Lease/Hire Purchase | 1 CHOI | | |
| 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 | | |
| | _ _ | urance 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 I | Details | | |
| 30 | Vehicle IDV on Renewal | ₹ | | |
| 31 | Electrical Accessories IDV | ₹.0 | | |
| 32 | Non Electrical Accessories IDV | ₹.0 | | |
| 33 | CNG IDV | ₹.0 | | |
| 34 | Add on Plan | | | |



| | Third Party Coverages Opted | | | | |
|-----------------|---|---------------|--|--|--|
| 35 | Basic Premium including Premium for TPPD | Opted | | | |
| 36 | Add:-Trailers | Not Opted | | | |
| 37 | Less: Limit of Liability under sec II-1(ii)-₹. 6000 | Not Opted | | | |
| 38 | Add: Bi-Fuel Kit (CNG/LPG) | Not Opted | | | |
| 39 | Add : Geographical Area Extn | Not Opted | | | |
| 40 | Add: Compulsory PA to Owner-Driver ₹. lacs | Not Opted | | | |
| 41 | Add: PA to persons other than Owner/Driver (No. of persons 0)PA Limit ₹.0 per person. | Not Opted | | | |
| 42 | Add: PA to Drivers/Cleaner/Conductors (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 Paid Driver/Cleaner/Employees (No. of persons 0) | Not Opted | | | |
| 45 | Add: Legal Liability to (No. of persons 0) | Not Opted | | | |
| 46 | Add: Increased Limit of Liability under sec II-1(ii)-₹. 7.5lacs | Not Opted | | | |
| | Own Damage Co | verages Opted | | | |
| 47 | Basic Premium on Vehicle | Not Opted | | | |
| 48 | Add: Non-Electrical Accessories | Not Opted | | | |
| 49 | Add: Electrical/Electronic Accessories | Not Opted | | | |
| 50 | Add: Bi-Fuel Kit (CNG/LPG) | Not Opted | | | |
| 51 | Add: Trailers | Not Opted | | | |
| 52 | Add: Geographical Area Extn | Not Opted | | | |
| 53 | Add : Embassy Loading | Not Opted | | | |
| 54 | Add: Fibre Glass Tanks | Not Opted | | | |
| 55 | Add : Driving Tutions | Not Opted | | | |
| 56 | Add : Rallies | Not Opted | | | |
| 57 | Less: Anti Theft | Not Opted | | | |
| 58 | Less : Vehicles Specially Designed/Modified For Handicapped Persons | Not Opted | | | |
| 59 | Less: Use confined to own premises | Not Opted | | | |
| 60 | Less: Automobile Association Membership | Not Opted | | | |
| 61 | Less: Vintage Car | Not Opted | | | |
| 62 | Less : Voluntary Deductible-₹. 0 | Not Opted | | | |
| 63 | Add : Add-on Premium | Not Opted | | | |
| Nominee Details | | | | | |
| 64 | Nominee Name | - | | | |
| 65 | Nominee Relationship with Insured | - | | | |
| 66 | Nominee Age in Y or M | | | | |
| 67 | Nominee % | - | | | |
| 68 | Appointee Name | - | | | |
| 69 | 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)

