



Universal Sampo
General Insurance Co. Ltd.
Suraksha, Hamesha Aapke Saath

Office No 401, Shalimar Logix, 4 Rana Pratap Marg Lucknow Lucknow -
226001, Uttar Pradesh (State Code-09)
Ph: - Helpdesk No: 1800224030
GSTIN: 09AAACU8917F1Z4

CERTIFICATE CUM INSURANCE POLICY SCHEDULE CUM PAYMENT RECEIPT

Policy No. 2367/62477292/S/0/000	Issued at: 13:49 Hours on 24/01/2021 [UIN :] Period of Insurance OD: 08/02/2021 (00:00 Hrs) To 07/02/2022 (Midnight)	Proposal No. & Date P16000444, 24/01/2021
Insured's Name Insured's Address	MS. BHAVYA SRIVASTAVA 7/716 SECTOR-7 JANKIPURAM VISTAR LUCKNOW - 226031 Uttar Pradesh (State Code-09)	GSTIN NA Previous Policy No. 2367/60910800/S/0/000
Chassis No. MAKDF55BAK4018841	Engine No. L12B44051558	Model AMAZE/1.2 S MT
Geographical Area India	Date of First Sale 08/02/2019	CC 1198
	Mfg. Year 2019 Seating Cap. 5	Body Color Golden Brown M.
	Place of Registration Lucknow	Body Type Sedan
		Fuel Type Petrol
		Registration No. UP 32 KK 5385
TP Previous Policy No.- 2367/60082907/00/000	Effective Date- 08/02/2019	Expiry Date.- 07/02/2022
TP Previous Insurer- Universal Sampo General Insurance Company Ltd.		

INSURED'S DECLARED VALUE (Rs.)

Vehicle: 462350	Electrical Accessories: 0	Non Electrical Accessories: 0	Bi Fuel Kit: NA	Total IDV: 462350
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SCHEDULE OF PREMIUM

A. Own Damage Premium	Amount (Rs.)
Basic Premium	
Vehicle	
Non Electrical Accessories	5901
Electrical Accessories (IMT-24)	0
Bi Fuel kit (IMT-25)	0
Basic Premium Total	0
Add Geographical Area Ext. (IMT-1)	5901
Sub Total	0
Deductibles	5901
Voluntary Deductibles (IMT-22A)	
Anti Theft Device (IMT-10)	0
AA Membership (IMT-8)	148
	0
Handicap (0%)	
NCB (25%)	0
Sub Total (Deductibles)	1439
Add-Ons (Depreciation Waiver)	1587
Net Own Damage Premium(A)	4624
Note:-	
1. Issue of Policy is subject to realisation of cheque if premium is paid by cheque.	Total Premium (A + B)
2. Consolidated stamp duty paid to State Exchequer.	8938
3. The Policy is subject to a compulsory deductible of Rs. 1000 (IMT-22)	SGST(9%)
4. Subject to valid TP Policy	805
	CGST(9%)
	805
	Gross Premium Paid
	10548

CPA Insurer Name: NA, Valid From: NA, Valid To: NA, CPA Sum Assured: NA,

Limitations as to use: The Policy covers use of the vehicle for any purpose other than: (1) Hire or Reward (2) Carriage of goods (other than samples or personal luggage) (3) Organised Racing (4) Pace Making (5) Speed Testing (6) Reliability Trials (7) Any purpose in connection with motor trade.

Driver's Clause: Any person including the Insured: Provided that the person driving holds an effective and valid 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 & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the Preceding year-20%, Preceding two consecutive years-25%, Preceding three consecutive years-35%, Preceding four consecutive years-45%, Preceding five consecutive years-50% of NCB on OD Premium. No Claim Bonus only be allowed provided the policy is renewed with in 90 days of the expiry date of the previous policy.

HP/Lease/Hypothecation with: STATE BANK OF INDIA - KHADRA LUCKNOW

You agree to receive the policy document (without enclosing the terms & conditions of policy) from the company and you authorise the company to display Terms & Conditions of the policy on its website that enables access by you.

Subject to L.M.T Endt. Nos. & memorandum: 7,10,22 printed herein.
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 reasons 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.

SAC : 997134, **Description of Service :** Motor Vehicle Insurance Services, **Place of Supply:** Uttar Pradesh (State Code-09), **Invoice Number:** 01HA200008463, **Payment Receipt No:** 01HA200008463, **Payment mode:** Cash

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.

This policy is for Own Damage section only and the cover ceases in case the Third Party policy declared by the insured at the time of purchasing this policy as mentioned herein, is not valid for the concurrent period.

Broker Name: SMC Insurance Brokers Pvt. Ltd.
Broker Code: 289

For & On Behalf of

