

Insured Name: MR. AJAY KUMAR SRIVASTAVA
Insured Type: N S INDIVIDUAL N C E
PAN Card: A1P58567M
Proposal No. & Date: P11851724 & 25-JAN-2021
Product Type: PREMIUM
Previous Policy No.: NA
DOB: 01-DEC-1963
Previous Insurer: NA
OD Period of Insurance: 25-JAN-2021 To 24-JAN-2022
Customer GSTIN: NA
Liability Period of Insurance: 25-JAN-2021 To 24-JAN-2024
Insured's Address: S/O LATE VIDYA DHAR LAL SRIVASTAVA, B - 5, DM COMPOUND CIVIL LINES, KANPUR, UTTAR PRADESH-208001

Nominee Details

Name of Nominee	Age	Relationship with Insured	Name of Appointee	Relationship with Nominee
MRS. SANGEETA SRIVASTAVA	58	SPOUSE	NA	NA

Vehicle Details

Chassis No.	Engine No.	Make	Model	Variant
MBJAB3EM802542908	ZGDA468452	TOYOTA	INNOVA	INNOVA CRYSTA 2.4 ZPACKAGE: 7 SEATER XI
Year of Manufacture	CC	Seating Capacity	Fuel Type	Invoice Date
2021	2393	7	DIESEL	25-JAN-2021
Vehicle Class	Registration No.	Place of Registration	Geographical Area	Geographical Area Ext.
Private	NA	KANPUR	INDIA	NA

INSURED'S DECLARED VALUE (Rs.)

YEAR	Vehicle	Electrical Accessories	Non Electrical Accessories	CNG/LPG	Total IDV
1	2206375	0	0	0	2206375

Ex-Showroom Price

Vehicle	Electrical Accessories	Non Electrical Accessories	CNG/LPG	Total Ex-Showroom
2322500	0	0	0	2322500

Other Charges


First Year Premium	Registration Cost	Road Tax	On Road Price	RTI Sum Insured
108564	600	232251	2555351	2663915

SCHEDULE OF PREMIUM

A. Own Damage (OD) Premium		Amount (Rs.)	B. Liability Premium		Amount (Rs.)
Basic Premium			Basic Third Party Liability Premium (including TFPD)		24305
Vehicle	40568		Geographical Area Extension		0
Non Electrical Accessories (IMT-24)	0		Sub Total (Third Party Liability)		24305
Electrical Accessories (IMT-24)	0		PA Cover		
Bi Fuel Kit (IMT-25)	0		Compulsory PA Cover for Owner Driver (IMT-15) Rs. 15,00,000	0	
Sub Total (Basic Premium)		40568	PA Cover for Paid Driver (IMT-17) Rs. 2,00,000	300	
Geographical Area Ext (IMT-1)			0 PA Cover (200000 for 7 unnamed Persons) (IMT-16)	2100	
Sub Total		40568	Sub Total (PA Cover)		2400
Discounts			Legal Liability		
Voluntary Deductible (IMT-22A)	0		Paid Driver (IMT-28)	150	
Anti Theft Device (IMT-10)	0		Employee (for 0 Person) (IMT-29)	0	
AA Membership (IMT-8)	0		Sub Total (Legal Liability)		150
Handicapped Discount (IMT-12)	0		Net Liability Premium (B)		26855
NCB (0%)	0		Total Premium (A + B)		92004
Sub Total (Discounts)			CGST(9%)		8280
Add On		24581	SGST(9%)		8280
Indemnity to Hirer (IMT-44)	0				
Theft and Conversion Risk (IMT 43)	0				
		65149	Gross Premium Paid		108564

Net Own Damage Premium (A)
 The CPA cover has not been opted in this policy on account that : The Insured does not have a valid driving license. Note:- 1. Issue of Policy is subject to realisation of cheque if premium is paid by cheque. 2. Consolidated stamp duty paid to state exchequer. 3. The Policy is subject to a compulsory deductible of Rs. 2000 (IMT-22) and Voluntary Deductible of Rs. 0. 4. Coverages : Comprehensive cover (OD + TP), Consumables, Nil Depreciation, Return To Invoice, Key Protect, Engine Protect, Tyre and Alloy Cover

SAC Code: 00440005 **Description of service:** General Insurance Service
Limitations as to use: Use only for social, domestic and pleasure purposes and for the Insured's business. The Policy does not cover the use for: (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 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.
Limits of Liability Clause: Under Section II-1 (I) of the policy- Death of 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 is Rs.7.5 lakhs
HP/Lease/Hypothecation with: NA
Subject to I.M.T Endt. Nos. & Memorandum: 22
 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.
Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the company or may call at (1800-22-1111) or may write an email at (Toyota_Care@SBIGeneral.in). In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at (Mahendra.tripathi@sbigeneral.in) the event of unsatisfactory response from the Grievance Office, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the website of General Insurance Council: www.generalinsurancecouncil.org.in or on the company website (www.sbigeneral.in).
 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 & On Behalf of
SBI General Insurance Company Limited

 Authorised Signatory

Broker Name : **Toyota Tsusho Insurance Broker India Pvt Ltd**
 Broker Code / IRDAI Composite Licence No. : 381 (Valid till 01/09/2023). CIN: U66010KA2008PTC045231
 Email ID : **bos@ttibi.co.in**
 Contact No. : **080-40449900**
 MISP Code : **TTIBI/T/UP/SUN1165A**
 MISP Name : **SUNNY MOTORS PVT. LTD.**
 Designated Person Name : **VIPIN KUMAR DIWEDI**

Please contact Ins. Co. & Broker c/o **SUNNY TOYOTA** N.H. NO. 2, ROOMA INDUSTRIAL AREA, ROOMA, KANPUR, UTTAR PRADESH, PIN CODE: 208001. CONTACT NO: -0512-3017600, 91-9918101735

Self Attached
Ajay Kumar S.A.