

Cholamandalam MS General Insurance Co. Ltd.

4 Mary Gold, Shanajaf Road, Lucknow - 226001. Ph.:044-40448400 IRDA Regn. No.: 123 Servicing Branch GSTIN Number::09AABCC6633K7ZB , PAN No.:AABCC6633K



CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Private Car Bundled Policy (IRDAN 123RP0018V01201819) Issued at: 17:14 Hours on 28-FEB-2021

Period of Insurance From 17:14 Hours on 28-FEB-2021 to midnight on 24-FEB-2022 Policy No. TCH/97534352 UIN No.
Proposal No. & Date
Product Type
DOB Insured's Name Insured Type PAN Card P12066497 & 25-FEB-2021 MRS. MANISHA DELIGHT (+) 27-APR-1968 25-FEB-2021 To 24-FEB-2022 25-FEB-2021 To 24-FEB-2024 AJXPM0778M Previous Policy No. NA
NA
NA
NA
N.
NO- J.5 JADGES COMPOUND MALKHAN NAGAR, ALIGARH, UTTAR PRADESH-202001 Previous Policy no Previous Insurer Customer GSTIN Insured's Address Relationship with Nominee Nominee Details Name of Appointee Relationship with Insured Name of Nominee MR. NARENDRA PAL RANA Vehicle Details Variant PREMIUM MT PETROL Model URBAN CRUISER Chassis No. MA3PYGJ1SMA725554 Make Invoice Date 25-FEB-2021 Engine No. K15BN4094035 TOYOTA Fuel Type PETROL Year of Manufacture seating Capacity CC 1462 Geographical Area Ext. 2021 Geographical Area INDIA Vehicle Cla Registration No. Place of Registration Total IDV INSURED'S DECLARED VALUE (Rs.) CNG/LPG 935750 YEAR Vehicle Non Electrical Accessories **Electrical Accessories** 0 935750 owroom Price Total Ex-Showroom CNG/LPG Non Electrical Accessories 985000 Vehicle **Electrical Accessories** 985000 Other Charges On Road Price Road Tax Registration Cost 1400 1065200 78800 SCHEDULE OF PREMIUM Amount (Rs.) **B. Liability Premium** A. Own Damage (OD) Premium 9534 Amount (Rs.) Basic Third Party Liability Premium (including TPPD) **Basic Premium** Vehicle Geographical Area Extension 9534 14930 Sub Total (Third Party Liability) Non Electrical Accessories (IMT-24) 0 Electrical Accessories (IMT-24) 0 Compulsory PA Cover for Owner Driver (IMT-15) Rs. 15,00,000 Bi Fuel Kit (IMT-25) ٥ 300 14930 PA Cover for Paid Driver (IMT-17) Rs. 2,00,000 Sub Total (Basic Premium) 1500 0 PA Cover (200000 for 5 unnamed Persons) (IMT-16) Geographical Area Ext (IMT-1) 1800 14930 Sub Total (PA Cover) **Sub Total** Legal Liability 150 Paid Driver (IMT-28) Voluntary Deductible (IMT-22A) 0 0 Anti Theft Device (IMT-10) Employee (for 0 Person) (IMT-29) 0 AA Membership (IMT-8) 0 Handicapped Discount (IMT-12) 0 150 NCB (0%) 0 Sub Total (Legal Liability) 11484 Sub Total (Discounts) 0 Net Liability Premium (B) 34781 Add On 8367 Total Premium (A + B) 3130 CGST(9%) SGST(9%) 0 Indemnity to Hirer (IMT-44) 0 Theft and Conversion Risk (IMT 43) 41041 23297 Gross Premium Paid Net Own Damage Premium (A) PA 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 mium is paid by cheque. 2. Consolidated stamp duty paid to state exchequer. 3. The Policy is subject to a compulsory deductible of Rs. 1000 (IMT-22) and Voluntary If premium is paid by cheque. 2. Consolidated stamp duty paid to state exchequer. 3. The Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusory deduction of the Policy is subject to a compusor of the Policy is subject to the Policy is **Belongings Cover** Invoice No:TCH/97534352SAC Code:997134Description of service:General Insurance Service

Warranty:Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate. 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 es or personal luggage) (3) Organised racing (4) Pace making (5) Speed testing (6) Reliability trials (7) Any purpose in connection with motor trade. 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

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: STATE BANK OF INDIA MAIN BRANCH ALIGARH

Subject to I.M.T Endt. Nos. & memorandum: 7,22

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.

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Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the company or may call at (1800-200-5544) or may write an email at (customercare@cholams.murugappa.com). In case the insured is not satisfied with the response of the office, insured may contact the Grievance Officer of the Company at (ramyay@cholams.murugappa.com). In the event of unsatisfactory response from the Grievance Office, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman offices are available at IRDA website: www.irdal.gov.in, or on the website of General Insurance Council: www.generalinsurancecouncil.org 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

Broker Name: Toyota Tsusho Insurance Broker India Pvt Ltd Broker Code / IRDAI Composite Licence No. : 381 (Valid up to 01/09/2023). CIN: Email ID : bos@ttibl.co.in

MISP Code : TTIBI/T/UP/MAS1163A MISP Name : MASCOT SPEED INDIA PVT LTD Designated Person Name : MAYANK AGRAWAL

Contact No. : 080-40449900

Comprehensive Insurance Valid For 1 Year only

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For & On Beha
For Insurance Co. Please Contact This No 8958600049 **Authorised Signa**