



Muskurate Raho

IFFCO Tokio General Insurance Company Ltd.  
 IFFCO Bhawan B Gokhale Marg Lucknow - 226001, Uttar Pradesh (State Code-09)  
 Ph: 0522-2205049 Helpdesk No: 0522220504  
 GSTIN: 09AAAC17573H229



CERTIFICATE CUM INSURANCE POLICY SCHEDULE CUM PAYMENT RECEIPT

Policy No. <b>ITG/83068495</b>	Issued at: 13:15 Hours on 12/12/2021 (UIN : ) Period of Insurance OD: 12/12/2021 (13:15 Hrs) To 11/12/2022 (Midnight) TP: 12/12/2021 (13:15 Hrs) To 11/12/2024 (Midnight)	Proposal No & Date <b>P18788684, 12/12/2021</b>
Insured's Name <b>MR. PRANAV TRIPATHI</b>	Insured's Address <b>S/O MR. NARENDRA TRIPATHI, 128/93, F BLOCK KIDWAI NAGAR KANPUR - 208011 Uttar Pradesh (State Code-09)</b>	GSTIN <b>NA</b>
Chassis No. <b>MAKGN254KM4003534</b>	Engine No. <b>L152D1232035</b>	Model <b>CITY/1.5 VX MT</b>
Geographical Area <b>India</b>	Date of First Sale <b>12/12/2021</b>	Mfg Year <b>2021</b>
	Seating Cap <b>5</b>	Body Color <b>Platinum White P.</b>
	Place of Registration <b>Kanpur</b>	Body Type <b>Sedan</b>
		Fuel Type <b>Petrol</b>
		Registration No <b>NA</b>

INSURED'S DECLARED VALUE (Rs.)

Vehicle: <b>1204796</b>	Electrical Accessories: <b>0</b>	Non Electrical Accessories: <b>0</b>	Bi Fuel Kit: <b>NA</b>	Total IDV: <b>1204796</b>
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SCHEDULE OF PREMIUM

A. Own Damage Premium	Amount (Rs.)	B. Liability Premium	Amount (Rs.)
Basic Premium	15378	Third Party Liability	9534
Depreciation	0	Basic Third Party Liability Premium Including TPPD	9534
Electrical Accessories (IMT-24)	0	Sub Total (Third Party Liability)	
PA Cover (IMT-25)	0	PA Cover	
Basic Premium Total	15378	Compulsory PA Cover for Owner Driver	975
Add Geographical Area Ext. (IMT-1)	0	Nominee: Mr. NARENDRA TRIPATHI (FATHER) (53Years)	300
Sub Total	15378	Optional PA cover for Paid Driver (IMT-17)	1500
Deductibles		Optional PA Cover (200000 Per Person) for 5 Persons (IMT-16)	2775
Voluntary Deductibles (IMT-22A)	0	Sub Total (PA Cover)	
Depreciation (IMT-10)	385	Legal Liability	150
PA Membership (IMT-8)	0	Paid Driver (IMT-28)	0
Handicap (0%)	0	Employees (for 0 persons) (IMT-29)	150
PCR (0%)	0	Sub Total (Legal Liability)	0
Sub Total (Deductibles)	385	Geographical Area Ext. (TP)	
Add-Ons (Depreciation Waiver, Engine and Gear Box Protection Cover)	9037		
Net Own Damage Premium(A)	24030	Net Liability Premium(B)	12459
Note		Total Premium (A + B)	36489
1. Issue of Policy is subject to realisation of cheque if premium is paid by cheque		SGST(9%)	3285
2. Classification stamp duty paid to State Exchequer		CGST(9%)	3285
3. The policy is subject to a compulsory deductible of Rs. 1000 (IMT-22)		Gross Premium Paid	43059

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) Carnage 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.

Limits of Liability: Limit of the amount of the Company's Liability Under Section II-1 (i) in respect of any one accident: as per motor vehicles act, 1988. Limit of the amount of the Company's Liability Under Section II-1 (ii) in respect of any one claim or series of claims arising out of one event: UPTO Rs. 7,50,000.  
 Limit under Section III for Owner-Driver is Rs. 15 lakhs.

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-30%, 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 within 90 days of the expiry date of the previous policy.

HP/Lease/Hypothecation with: Subject to I.M.T. Endt. Nos. & memorandum: 10,16,17,22,28 printed herein. 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.

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: 83068495, Payment Receipt No: 83068495, Payment mode: Cash.

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: **SMC Insurance Brokers Pvt. Ltd.**  
 Broker Code: **289**  
 Broker Contact No.: **1800 2666 2666**



For & On Behalf of  
**IFFCO Tokio General Insurance Company Ltd.**

Claim Assistance Number:  
**1800 2666 2666**



*[Handwritten Signature]*  
Authorized Signatory

MISP Code: 171000011, MISP Name: SMART CARS LIMITED

Proposal Preview

**IFFCO-TOKIO**

Muskurate Raho

IFFCO Tokio General Insurance Company Ltd  
IFFCO Bhawan 8 Gokhale Marg Uttar Pradesh Lucknow 226001 (State Code-09)  
GSTIN: 09AAACI7573H2Z9

**PROPOSAL****Policy Details**

Proposal No.	Policy Effective Date	Policy Expiry Date
P18788684	12/12/2021	11/12/2022
	TP Policy Effective Date	TP Policy Expiry Date
	12/12/2021	11/12/2024

**Proposer Details**

Proposer Type	Insured Name	Address of the Insured	GSTIN	Occupation
Individual	Mr. PRANAV TRIPATHI	S/O Mr. NARENDRA TRIPATHI, 128/93, F BLOCK KIDWAI NAGAR Uttar Pradesh Kanpur 208011 (State Code-09)	NA	Service

**Vehicle Details**

Date of First Sale	Chassis No.	Engine No.	Make Model & Variant	CC
12/12/2021	MAKGN254KM4003534	L152D1232035	CITY 1.5 VX MT	1498
Place of Registration	Registration No.	Invoice Value	Year of Manufacture	Seating Capacity
Kanpur		RS. 1268206	2021	5

**Insured Declared Value (IDV)**

Vehicle	Electrical Accessories	Non-Electrical Accessories	BI Fuel Kit	Total IDV
1204796	0	0	0	1204796

**Other Details**

HP/Lease/Hire Pur. Agreement with	Branch/Office of HP/Lease/Hire Purchaser	Agreement Type
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**Calculation**

A. Own Damage Premium	Amount (Rs.)	B. Liability Premium	Amount (Rs.)
<b>Basic Premium</b>		<b>Third Party Liability</b>	
Vehicle	15378	Liability Premium	9534
Non Electrical Accessories	0	<b>Sub Total (Third Party Liability)</b>	9534
Electrical Accessories	0	<b>PA Cover</b>	
BI Fuel Kit	0	Compulsory PA Cover for Owner Driver	975
<b>Sub Total (Basic Premium)</b>	15378	Nominee: Mr. NARENDRA TRIPATHI (FATHER) (53Years)	
<b>Geographical Area Extension</b>		Additional PA cover for Paid Driver	300
<b>Sub Total</b>	15378	Additional PA Cover (200000 Per Person) for 5 Persons	1500
<b>Discounts</b>		<b>Sub Total (PA Cover)</b>	2775
Voluntary Discounts RS. (0)	0	<b>Legal Liability</b>	
Anti Theft Device	385	Paid Driver	150
NA Membership	0	Employees (for 0 persons)	0
Handicap (0%)	0	<b>Sub Total (Legal Liability)</b>	150
NCB (0%)	0	<b>Net Liability Premium(B)</b>	12459
<b>Sub Total (Discounts)</b>	385	<b>Total Premium (A + B)</b>	36489
<b>Add-Ons</b>	9037	SGST (9%)	3285
<b>Net Own Damage Premium(A)</b>	24030	CGST (9%)	3285
		<b>Gross Premium</b>	43059

**Add On Details**

Depreciation Waiver	9242
Engine and Gear Box Protection Cover	1422

SAC : 997134, Description of Service : Motor Vehicle Insurance Services, Place of Supply: Uttar Pradesh (State Code-09)

**DECLARATION:**  
We hereby declare that the statements made by me/us in this proposal form, including document(s) attached, are true and correct, to the best of my knowledge and belief and nothing materially affecting the risk has/have been concealed by me /us. I /We hereby agree that this declaration shall form the basis of the contract between me/us and the insurer and shall form part of the insurance contract.I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurer immediately.