

Date: 25/12/2022

To, Mrs. PRIYAMVADA PRIYADARSHINI 201 OM NAGAR BASHARATPUR WEST Gorakhpur,Uttar Pradesh-273004 Contact Details ******4407

Policy number: PBC/00000597361

Subject: Risk assumption for Kotak Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies

Dear Mrs. PRIYAMVADA PRIYADARSHINI,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies.

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. The policy wordings detailing the terms and conditions has been sent to your registered email id and is also available on our website www.kotakgeneralinsurance.com under the downloads section.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at care@kotak.com within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai- 400097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory



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Kotak Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies Certificate cum Policy Schedule

Policy / Certificate No: PBC/000000597361

For any assistance please call 1800 266 4545 or visit www.kotakgeneralinsurance.com

INSURED DETAILS

Name: Mrs. PRIYAMVADA PRIYADARSHINI

Address: 201 OM NAGAR BASHARATPUR WEST

Gorakhpur, Uttar Pradesh-273004

Place of Supply: MAHARASHTRA

Supply State Code: 27
Phone: NA
Mobile: ******4407

Email: sun*****@gmail.com

GSTIN:

POLICY DETAILS

Policy Issuing Office: Kotak Mahindra General Insurance Company Limited 201-204, 301, 2nd & 3rd Floor, Chintamani Classique, Vishweshwar Nagar, off Aarey road, Near, Udipi Vihar Hotel,Goregaon ((E),

Mumbai 400063.

Period of Insurance:

From: 27/12/2022 00:01 hrs to: 26/12/2023 Midnight

Policy issued on: 25/12/2022

PREMIUM COMPUTATION TABLE (IN ₹)

Personal Accident			
		331	
PA Cover for owner driver of INR 15,00,000	PA Cover for owner driver of INR 15,00,000		
Taxable value of Services		331	
CGST @ 9%		0	
SGST @ 9%		0	
IGST @ 18%		59	
CGST @ 9% SGST @ 9% IGST @ 18% Total Premium (in ₹)		390	

INTERMEDIARY DETAILS

Intermediary Code 3 3 1 6 1 3 0 0 0 0	Intermediary Name Policybaza	Policybazaar Insurance Brokers Private Limited.	
Intermediary's Mobile No.	Intermediary's Landline No.	1 8 0 0 2 5 8 5 9 7 0	



NOMINEE DETAILS

*Nominee Name	*Nominee Age	*Relationship	*Name of Appointee(if nominee is a minor)	Relationship to the Nominee
Pratibha Bhagyashri	27	Brother		

OWNED VEHICLE DETAIL(AS DECLARED BY THE INSURED)

Sr.No	Sr.No Chasis Number		Type of Vehicle	
1	MALPC813LLM108781	HYUNDAI	Private Car	

Note: The cover under this stand-alone CPA policy would be valid only for the above declared insured owned vehicles when the insured/owner-driver drives any of the said vehicles he/she owns. This Policy does not cover damage or loss to any motor vehicles owned and/or driven by the Insured.

DISCLAIMER

For complete details on terms and conditions governing the coverage please read the Policy Wordings. This document is to be read with the Policy Wordings (which are also available on the Company website i.e. www.kotakgeneralinsurance.com). Please refer to the claim form for necessary documents to be submitted for processing the claim.

LIMITATIONS AS TO USE

Private Car

The policy covers use of the vehicle for any purpose other than: Hire or reward, carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails or any purpose in connection with Motor Trade.

Two wheeler

The Policy does not cover use for hire or reward, tuition, Organized racing, pace making, reliability trial, speed testing, carriage of goods(other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade.

Goods Carrying Vehicle & MISC D

The policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organised racing b) Pace Making c) Reliability trials d) Speed testing.

Passengers Carrying Vehicle

The policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub-section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organised racing b) Pace Making c) Reliability trials d) Speed testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

DRIVER'S CLAUSE

Any person including the insured: Provided that a person driving hold and effective Driving License at the time of accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective License may also drive the Vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules1989.



IMPORTANT NOTICE

The claim shall not be payable if the vehicle involved in the accident stands registered in the name of a body corporate under a company lease scheme or any such other arrangement/scheme as on the date of the accident.

Premium Collection Details:

Collection No: PB63766480

Amount: 390

Receipt Date: 25/12/2022

TAX DETAILS

Service Tax/GST Registration No.	2 7 A A F C K 7 0 1 6 C 1 Z	Category	General Insurance Services
SAC Code	997134	Description	Motor vehicle insurance services
Invoice Number	PBC/000000597361		

DECLARATION

I/We hereby certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with the provision of chapter X, XI of M V Act 1988

In Witness whereof this Policy has been signed for and behalf of Kotak Mahindra General Insurance Company Ltd. Vinay Bhaveya Complex, 4Th Floor, Cst Road, Kalina, Santacruz-East Mumbai Maharashtra 400098. at Mumbai this 03 day of July of 2020

The stamp duty of 0.50 for this policy paid as part of consolidated stamp duty payment.

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory

Swesh Shaka

This document is digitally signed, hence counter signature / stamp is not required.



The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: MILAP CHAND Date: Sun, Dec 25, 2022 16:55:44 IST Location: NOIDA Reason: Signing Policy for OICL

MOTOR INSURANCE CERTIFICATE CUM POLICY SCHEDULE STANDALONE OWN DAMAGE(OD)-PRIVATE CAR POLICY - ZONE B

UIN: IRDAN556RP0001V01201920

Road Side Assistance included in this policy - Toll free No.18003091209 *Conditions Apply

Policy No : 211200/31/2023/254717 Prev Policy No : 211200/31/2022/238119

Cover Note No : - Cover Note Dt :

UTTAR PRADESH 273004

Insured's Code : 167798020 Issue Office Code : 211200

Insured's Name : PRIYAMVADA PRIYADARSHINI (GSTIN: 0) Issue Office Name : DO II NEW DELHI (GSTIN: 07AAACT0627R1Z1)

Address : 201 OM NAGAR BASHARATPUR WEST Address : 16/20, WEA, FIRST FLOOR, NEAR SHASTRI

PARK,

GORAKHPUR PADAM SINGH ROAD, KAROL BAGH

NEW DELHI

NEW DELHI DELHI 110005

Tel /Fax /Email : / / 8317054407 / sunny.credit15@gmail.com Tel /Fax /Email : 011-41052050, 41062050, 8851779656 /

011-41052050 /

211200@orientalinsurance.co.in

Lead\Breakin No: 0

Local Servicing Office Code: 211200

Local Servicing Office Details: DO 2 NEW DELHI,16/20, WEA, FIRST FLOOR, NEAR SHASTRI PARK,, PADAM SINGH ROAD,

KAROL BAGH, NEW DELHI,,,011-41052050, 41062050,

Agent/Broker Details

Dev.Off.Code :

Agent/Broker : LC0000000660 M/S POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED

Address : Plot No. 119, Sector-44, Gurgaon, Gurgaon, Haryana, 12200, Tel - 1800-258-

5970,GURGAON,HARYANA,122002

Tel /Fax /Email : 1800-258-5970/1800-258-5970//

Period of Insurance : FROM 00:00 ON 27/12/2022 TO MIDNIGHT OF 26/12/2023

Collection No & Dt : 3 2005261073 - 25/12/2022 GST INVOICE NO :0721800775 UIN :0

Gross Premium : 6,848 GST : 1,233 Stamp Duty : .5 Total : 8,081

Geographical Area : IND Area Extension :

Particulars of Insured Vehicle:

Registration Mark Engine No. & Cubic Year Of Seating Capacity Type Of Body Manf. (including Driver) & Place Chassis No. Capacity Make - Model UP 53 DU 7080 D4FALM145541 **HYUNDAI-CRETA SX OTHERS** 1493 2020 4+1 1.5 Diesel

Gorakhpur MALPC813LLM1087 1.5 Dies

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C.P.A Cover Owner Driver(CSI):Rs

The policy covers use of the vehicle for any purpose other than hire or reward ,tuition,organized racing,pace making,reliability trial,speed testing,carriage of goods(other than samples or personal luggage) or use for any purpose in connection with Motor Trade.

Limit of Liability: As per policy terms/conditions

Name of Insurer & Address Policy No Period of Insurance

The Oriental Insurance Co. Ltd. 211200/31/2022/238119 27/12/2020 TO MIDNIGHT OF 26/12/2023

Place: NEW DELHI

Limitations as to use:



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The Oriental Insurance Company Limited

This Document is Digitally Signed
Signer: MILAP CHAND

Signer: MILAP CHAND Date: Sun, Dec 25, 2022 16:55:44 IS' Location: NOIDA Reason: Signing Policy for OICL

Attached to and forming part of policy number 211200/31/2023/254717

8851779656,8851779656,211200@orientalinsurance.co.in

If the TP Insurance declaration provided above by the Insured is found incorrect/or the policy does not exist/ lapsed/Cancelled due to any reason, then subject policy becomes Null and Void from the date TP coverage has ceased to exist.

*This insurance excludes any loss/liability arising out of Third Party or personal accident.

*This insurance excludes all pre-existing damages

Insured's Declared Value						
For the Vehicle	For Trailers	Non Electrical Accessories	Electrical Accessories	Value of CNG LPG Kit	Total Value	
9,86,680	0		0	0	9,86,680	
		SCHEDULE (OF PREMIUM			
BASIC OD COVER		31,485.00	TOTAL PREMIUM		6,848.00	
BASIC OD TOTAL		31,485.00	ADD :IGST		1,233.00	
ADD :ADD-ON COVER	NIL DEPRECIATION	6,297.00	STAMP DUTY		0.50	
POLICY LESS :Discount		27,392.00	TOTAL AMOUNT		8,081.00	
LESS :Motor Add on Co		1,259.00				
Discount(Nil.Depreciatio OD TOTAL	n)	9,131.00				
LESS :NO CLAIM BONU	JS-GR27	2,283.00				
MOTOR TOTAL OD		6,848.00				
Please note the covera vehicle * NCB discount - 25 %	ge under this policy	is restricted to Own D	amage section only a	and no other liability in cor	nnection with the	
Deductibles under Sectio	n-l :					
Subject to IMT Endorsem						

In the event of a claim under the policy exceeding Rs.1lac or a claim for refund of premium exceeding Rs.1lac, the insured will comply with the provisions of the AML policy of the Company. The AML policy is available in all our operating Offices as well as company's website.

The insurance under this policy is subject to conditions, clauses, warranties, exclusions, IMTs and OIC endorsements mentioned herein above which are available on Company's website: www.orientalinsurance.org.in or on demand from the policy issuing office.

Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and the policy shall be void abinitio (from inception).

Claim is not admissible if Driving License is found fake or is not valid whether or not in the knowledge of the insured.

State bank of india

I/We hereby certify that the policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988.

In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at DO II NEW DELHI (GSTIN: 07AAACT0627R1Z1) on 25-DEC-22

IMPORTANT NOTICE

Hypothecation Agreement with:

Hire Purchase/Lessor Agreement with:

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 MVAct, 1988 is recoverable from the Insured. See the Clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY".

Place: NEW DELHI
Date: 25/12/2022





The Oriental Insurance Company Limited

This Document is Digitally Signed

Signer: MILAP CHAND Date: Sun, Dec 25, 202 Location: NOIDA Reason: Signing Policy for OICL

Attached to and forming part of policy number 211200/31/2023/254717

> Road Side Assistance included in th The Oriental Insurance Company Limited

Entered By **POLICY BAZAR**

POLICY BAZAR Examined By:

Policy Printed By: PRTL

Digitally Signed IP:

Ву

Policy Printed On: 25-DEC-22 16:55:51 **Authorised Signatory**

In case of any query regarding the Policy please call Toll Free No. 1800 11 8485 and 011 33208485. CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

CIN: U66010DL1947GOI007158 All the Amounts mentioned in this policy are in Indian Rupees

Place: **NEW DELHI** 25/12/2022 Date:



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