



	Ph: - GSTIN: 09AAACN9967E1Z1						PRESE MONTH INDIA			
	CERTIFICATE CUM	INSURANCE POL	CY SCHEDULE	CUM PAYMEN	T RECEIPT					
Policy No. 46080031233100019713	undled Policy Issued at: 18:26 Hours on 15/09/2023 [UIN:					Proposal No. & Date P26019290, 15/09/2023				
TO COMPANY OF THE PROPERTY OF		SH VERMA AL VERMA R/O- C21, PHASE 1, TRANS YAMUNA COLON 2006 Uttar Pradesh (State Code-09)			A COLONY	GSTIN NA	Previous Policy No.			
Chassis No. Engino No. MAKDG577JP4001448 L15ZD2205003		Model ELEVATE/ZX N	CC IT 1498	Body Color Platinum White P		Body Type.		Previous Insurer		
Geographical Area Date of First S India 15/09/202		Mfg. Year 2023	Seating Place of Registration Cap. Agra 5		Fuel Type Petrol		Registration No.			
		INSURED'S DECI	ARED VALUE (	Rs.)						
Vehicle: 1423005 Electrical Ad	cessories: 0		trical Accessories: 0 BI Fuel Kit: NA				Total IDV: 1423005			
A.Own Damage Premiu	Amount (Rs.)	B, Liability Premium					Amoun	at (Rs )		
Basic Premium			Third Party Liability					741100	11 (113.)	
/ehicle		31786	Basic Third Party Liability Promium Including TPPD					10640	_	
ion Electrical Accessories			Sub Total (Third Party Liability)						1064	
lectrical Accessories (IMT–24)			PA Cover					_	_	
Il Fuel kit (IMT–25)		`	Compulsory PA Cover for Owner Driver Nominee: SMT DEEPTI VATSA (WIFE) (45Years)					975		
asic Premium Total		31786	Optional PA cover for Paid Driver (IMT-17)					300		
Add Geographical Area Ext. (IMT-1)		C	Optional PA Cover (200000 Per Person) for 5 Persons (IMT-16)					1500	-1402-11	
Sub Total		31786	Sub Total (PA Cover)						277	
eductibles			Legal Liability							
oluntary Deductibles (IMT-22A)		0	Paid Driver (IMT-28)					150		
nti Theft Device (IMT-10)		500	Employees (for 0 persons) (IMT-29)					0		
A Membership (IMT-8)		0	Sub Total (Legal Liability)						150	
			Geographical Area Ext. (TP)					0		
andicap (0%)		0								
CB (0%)	The second second	0		The state of	And the supplements	MINISTER -				
ub Total (Deductibles)	distance in	500	Susteen Air			- Harris				
dd-Ons (Depreciation Shield, Engine Protect, Ret	urn to Invoice Value)	13094								
et Own Damage Premium(A)		44380	Net Liability Premium(B)						13565	
te:-  Issue of Policy is subject to realisation of cheque if premium is paid by cheque.			Total Premium (A + B) SGST(9%)						57945 5216	
Consolidated stamp duty pald to State Exchequer.			CGST(9%)					5216		
		Gross Premium Paid				68377				
The Policy is subject to a compulsary deductible									003//	

Driver's Clauses: 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.

Units 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 event: UPTO Rs. 7,50,000.

Cover Under Section III for Owner-Oriver is Rs. 15 lakhs.

Imp note: Own Damage cover shall end on completion of first year of this comprehensive bundled policy. The policy will continue as a third party cover governed by standard wordings act only lill the end of remaining period of policy. If the 'Own Damage Cover' under your policy is cancelled during the policy period, then your policy shall be governed by the standard terms and conditions of 'Act only' policy for the Third Party Cover during the remaining period of policy.

ker Name: SMC Insurance Brokers Pvt. Ltd. Brok :r Code: 289

oker Contact No.:1800 2666 2666

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Claim Assistance Number: 1800 2666 2666

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