

Name: SUDEEP LOGISTICS PVT LTD

Address: LA FOYER S NO 7/1A, 7/1B, 7/1C 1D ,

HILL GREEN SCHOOL UNDRI,

411028, PUNE,

MAHARASHTRA

Date:05/07/2023

Your Policy Details:

Policy Number: 6300676303 00 00

Policy Period: From 16:47 Hours on 07/07/2023 to Midnight of

06/07/2024

Premium Paid: ₹45,514.00

Dear SUDEEP LOGISTICS PVT LTD,

Welcome to Tata AIG General Insurance Company Limited family & we thank you for choosing our policy for your motor vehicle insurance.

We are enclosing Policy schedule cum certificate of insurance of your vehicle. You are requested to visit our website www.tataaig.com for policy wording.

Your policy has been issued based on the information and declaration provided by you, No Claim Bonus (NCB) if shown on your policy schedule has been allowed as you had not reported any claim in the previous policy.

Kindly go through the enclosed information/declaration provided by you and in case your policy shows No Claim Bonus, for which you are not entitled as explained above or any other error/discrepancy then we request you to get in touch with us within 15 days of receipt of the policy for correction otherwise all particulars will be deemed to be correct.

You may also reach us at our 24*7 helpline 1800 266 7780 for providing any information or in case you desire to have a printed copy of policy wording.

We assure you of our best services at all times. Happy driving!

Sincerely,

For Tata AIG General Insurance Company Limited

Authorized Signatory

24X7 Toll Free
Call us on 1-800-266-7780

WRITE TO US

Tata AIG General Insurance Co. Ltd., 7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063





	Certifica	ate Of Insuran	e an	d Policy	Schedule F	orm 51 of th	e Cent	ral Motor Vehic	le Rule	es, 1989			
Agent Nam	e: LOLAC	GE PAYA	L S	UJIT	•								
Agent Lice	nse Code:	AGINA	EIP	L519	6G	Agent	Coı	ntact No.:	902	21929043	}		
Policy Number: 6300676303 00 00 Policy Code: 00/00/3188/01							Policy Type: Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle				Commercial Class: Passenger Carrying Vehicle		
Alternate Policy No	o: N/A			Covernote No: N/A				Covernote Issuance Date: N/A					
		ress of Insured	ı					Perio	d of In	surance			
Name: SUDEEP LOGISTICS PVT LTD Address: LA FOYER S NO 7/1A, 7/1B, 7/1C 1D , HILL GREEN SCHOOL UNDRI , 411028, PUNE, MAHARASHTRA, INDIA Contact Number: 8408003600					(Section-I Own Damage) From 16:47 Hours on 07/07/2023 To Midnight of 06/07/2024 (Section-II Liability) From 16:47 Hours on 07/07/2023 To Midnight of 06/07/2024								
Customer ID: GSTIN: 27AATCS28 Place of Supply: M State Code: 27	AHARASHTRA												
RTO Location: PU	Zone: C	one: C			Geographical Area: INDIA				Hire Purchase / Hypothecation / Lease With: CHOL AMANDALAM INVESTMENT & FINANCE CO LTD Contract/Loan/Reference No:				
Registration Number	Make / Mod Body Type Segment	pe/ Engine		Number Chassis		Number	lumber Mfg. Year			CC/KW Capacity Inc		nsed Carrying acity Including Driver	
MH12NX2159	EICHER MOTORS/10.7 BUS/Closed/f	0.75/H E414CDGF094577		94577	MC2A5HR	RF0GF348010		2016		3956	35		
				Ins	ured Declar	ed Value (ID	V) ₹						
Vehicle IDV	Body IDV	Chassis II	ν	Non Flectri		Electri /Electro Accesso	cal onic	Bi-Fuel / CNG /LPG Kit		Trailer IDV		Total IDV	
1900000	0	1900000			0	0 0			0		1900000		
					SCHEDULE	OF PREMIUN	1						
	Section-I OW	/N DAMAGE (A)						Section	- II LIA	BILITY (B)			
Own Damage Premium on Vehicle and Accessories			P	remium	Amount	Third Party Premium					Pren	ium Amount	
Basic OD Premium					1634.65	Basic TP premium					₹	37522.00	
Loadings under O	wn Damage Section	on				PA Benefit							
Add: Cover for lamps, tyres/tubes mudguards/Bonnet/side parts-IMT 23					245.20	PA cover to paid driver-IMT 17 No. of persons:1 SI for paiddriver:100000				₹	60.00		
Discounts under Own Damage Section Less: No claim bonus (50%)				W	000.55	Legal Liability							
Less: No claim bonus (50%) TOTAL OWN DAMAGE PREMIUM (A)					939.93	Add: Legal liability to paid driver - IMT 28 Number of					₹	50.00	
	. ,		₹		939.92	persons:1							
Section - I ADD ON		Dubbor (TA CC)	₹			TOTAL LIA	BILITY	PREMIUM (B)			₹	37632.00	
Add: Repair of glass, plastic, fibre and Rubber (TA 06)					0	NET PREMIUM (A+B+C)					₹	38572.00	
TOTAL ADD ON PREMIUM (C)					0	SGST@9%				₹	3471.00		
						CGST@9%					₹	3471.00	
						TOTAL PO	LICY PR	REMIUM			₹	45514	

Drivers Clause: Persons or Classes of Persons entitled to drive: Any person including insured: Provided that a 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 when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limitations as to Use: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act 156 1988 or such a carriage falling under Sub-Section (3) of Section 66 of the Motor Vehicle's 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.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited



LIMITS OF LIABILITY									
Under Section II Such amount a to meet the reconstitution (Death of or bodily injury) Such amount a to meet the reconstitution to meet the reconstitution to meet the reconstitution (Death of or bodily injury)		uirements of	Under Section II - 1 (ii) of policy (Third Party Property Damage)	₹ 7,50,000		Under Section III :			
		RDAN108RP0004V	02200001/A0016V01201213						
Deductible Under Section I Compulsory Deductible: ₹ 500.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00				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(s), as follows: The preceding year 20%,preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD Premium. NCB will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.				
This policy does not cover preexisting damages as per Inspection photographs and Report									
Subject to: A) IMT Endorsement Number: IMT 23, IMT 17, IMT 28									
B) TATA AIG Auto Secure Endorsement Number (TA): TA 06									
NOMINATION DETAILS									
Name of the Nominee Relationsh		onship with Insured	Name of App	oointee (lf minor)	nominee is	Relationship with Nominee			
NA NA		NA	NA			NA			
			A A						

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.

In witness whereof this Policy has been signed at PUNE on 05/07/2023

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 27AABCT3518Q1ZW-MAHARASHTRA

Service Account Code: 997134

For TATA AIG General Insurance Company LTD.





Authorized Signatory

Policy Servicing Office: 3RD FLOOR, THE ORION KOREGAON PARK ROAD OPP. ST. MIRA'S COLLEGE FOR GIRLS, ARJUN MANSUKHANI PATH, PUNE,

MAHARASHTRA., PUNE, MAHARASHTRA, 411001



IMPORTANT NOTICE

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 Motor Vehicles Act, 1988 is recoverable from the Insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'. This policy does not cover pre existing damages as per Inspection photographs and Report.

Note : This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document is not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid and effective, only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other material information, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed correct. You may visit company website at www.tataaig.com for detailed benefits, terms & conditions & exclusions of the policy. You may also reach us at our 24*7 helpline 1800 266 7780 in case you desire to have a printed copy of policy wording. Our grievance redressal procedure and details about ombudsman is also available in our policy wording. Please note that any misrepresentation, non disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non consideration of claim, if any. We will specifically seek confirmation on No Claim Bonus availed by you from your previous insurer. In case we receive confirmation that you had lodged claim with them then we will forfeit all the benefits under section I i.e. own damage section of the policy.



WITH YOU ALWAYS



Transcript Letter

1 Name (Registered Owner of the Motor Vehicle)*: SUDEEP LOGISTICS PVT LTD

2 Address For Communication*: LA FOYER S NO 7/1A, 7/1B, 7/1C 1D, HILL GREEN SCHOOL UNDRI, 411028, PUNE, MAHARASHTRA, INDIA

3 Vehicle Details: Please refer policy schedule cum certificate

4 Fuel Type: DIESEL

5 Insured's Declared Value : Please refer policy schedule cum certificate.

6 Previous Insurance Particulars*:

Name of the Insurer*: KOTAK NCB claimed: NA TP)

Accident in the previous policy period: NA NCB in previous policy: 45

7 Own Damage period of insurance desired from*: 07/07/2023 **to Midnight of** 06/07/2024 **8 Liability period of insurance desired from*:** 07/07/2023 **to Midnight of** 06/07/2024

9 Compulsory PA cover for owner driver period of insurance desired from: NA to Midnight of NA

10 Financier's Details: Please refer policy schedule cum certificate

11 Extra Benefits opted

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law): 1
Legal Liability to Non-Fare Paying Passengers other than Statutory Liability except the Fatal Accidents Act): NA

Compulsory PA Cover for Owner Driver: NA Term: Years

Name of the Nominee & Age: NA, NA Relationship: NA

Name of Appointee (if Nominee is Minor): NA Relationship to the Nominee : NA

12 Restriction of Cover/Discounts/Concessions/Extended Covers
Third Party Property Damage Cover restricted to 6,000/ only: NO
Vehicle is fitted with Anti Theft Device approved by ARAI: NO

13 Add on covers: Please refer policy schedule cum certificate,

14 Bank Details (Required for Refund / Claims)

Name of the Account Holder: SUDEEP LOGISTICS PVT LTD

Name of Bank & Branch :
Account Number : NA

IFSC Code of Bank :

15 Declaration for No Claim Bonus: (If NCB Confirmation is not submitted but NCB claimed)

I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

16 I hereby give my consent to receive one page insurance policy.

17 AML Guidelines:

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3. The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.