

Ref No.: GEN/WEL/SG/0008.3/3147569201

Date: 28/02/2024

To,

M/S. SUDEEP LOGISTICS PVT LTD

SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL CO OP SOCIETY WAIDWADI HADAPS

Pune - 411013 District: PUNE MAHARASHTRA, India Contact Details 7498345679

TO DOWNLOAD POLICY WORDING SCAN HERE

Policy number: 3147569201 CKYC ID: 80031420566485

Subject: Risk assumption for Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle)

Dear M/S. SUDEEP LOGISTICS PVT LTD,

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 Commercial Vehicle Secure (Passenger Carrying Vehicle).

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. Please visit https://www.kotakgeneral.com/customer-support/downloads or scan above QR code for detailed policy wording.

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 - 400 097, 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.

In case where premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

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





Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN:IRDAN152RP0009V02201516; Depreciation cover:IRDAN152RP0009V02201516 / A0032V01201819



Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle)

Comprehensive Policy

Certificate cum Policy Schedule

Policy / Certificate No: 3147569201

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



INSURED DETAILS

Name: M/S. SUDEEP LOGISTICS PVT LTD

Address: SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL

CO OP SOCIETY WAIDWADI HADAPS Pune - 411013

District: PUNE MAHARASHTRA(27), India

Place of Supply: MAHARASHTRA

Supply State Code: 27 Phone: NA

Mobile: 7498345679

Email: AMOL12RANSHUR@GMAIL.COM

GSTIN: 27AATCS2867F1ZS

POLICY DETAILS

Policy Issuing Office: Mansurali Tower 1St Floor, Plot No.6 Boat Club Road Pune Maharashtra 411001.

Period of Insurance:

From: 26/03/2024 00:00 to: 25/03/2025Midnight

Policy issued on: 28/02/2024

Cover Note No: NA

Hypothecated to: ICICI BANK LTD

VEHICLE DETAILS

Registration Number	Manufacturer	Model	Variant	Year of Manufacture	RTO Location	Engine Number	Vehicle Chassis/ Trailer Chassis No.	Licensed Carrying Capacity	Seating Capacity	Gross Vehicle Weight
MH12SF6421	EICHER	10.50 H	BUS 19+1 STR	2020	PUNE	316563	460191	19	20	0

IDV of Body (in ₹)	IDV of Chassis (in ₹)	Non - Electrical Accessories fitted to the Vehicle (in ₹)	Electrical & Electronic Accessories fitted to the Vehicle (in ₹)	Trailer (in ₹)	CNG / LPG Kit (in ₹)	Total Value of the Vehicle (in ₹)
0	7,65,000	0	0	0	0	7,65,000

Category School Bus

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II		
		Liability		
		Basic TP Including TPPD Premium	26,347.00	
Own Damage		Legal Liability to Paid Driver	100.00	
Basic Own Damage	126.99	Total Liability Premium (B)	26,447.00	
Add:				
Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts	19.05	Section III		
Less:		Personal Accident		
No Claim Bonus Percent 20%	29.21			
Total Own Damage Premium (A)	116.83			
		Total Personal Accident Premium (C)	0.00	
Taxable value of Services (A+B+C)			26,563.83	
CGST @ 9%			2,390.74	
SGST @ 9%			2,390.74	
Total Premium (in ₹)			31,345.00	
Geographical Area INDIA Additional E	Excess ₹	Compulsory Deductible ₹	1,000	
lo. of Claims for Depreciation Cover	∀oluntary Deduct €over ₹	ble for Depreciation Total Dedu	uctible ₹ 1,000	



INTERMEDIARY DETAILS

Intermediary Code 8 1	7 9 4 0 0 0 0 0	Intermediary Name	BHAGYASHRI ASHOK SHEWANTE
Intermediary's Mobile No.	9 3 2 6 6 8 9	0 0 9 Intermediary's	s Landline No.

CUSTOMER DECLARATION FOR CNG/ PNG KIT

I/ We agree and undertake to immediately inform the Company in case of change on account of addition of CNG/PNG kit and obtain necessary endorsement in the Policy.

DISCLAIMER

For complete details on terms and conditions governing the coverage and NCB 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.kotakgeneral.com). Please refer to the claim form for necessary documents to be submitted for processing the claim.

PUC DECLARATION

This policy has been issued subject to valid Pollution Under Control (PUC) Certificate/Fitness Certificate disclosed to our representative / declared by You prior to commencement of risk under this policy and further undertaking to renew and maintain a valid PUC throughout the duration of the Policy.

LIMITS OF LIABILITY

Under Section II - 1(i) of the policy -> Death of or bodily injury: Such amounts is necessary to meet their requirements of Motor Vehicles Act, 1988. Under Section II - 1(ii) of the policy -> Damage to Third Party Property ₹ 7,50,000; PA Cover under Section III: for Owner Driver CSI ₹ 0

LIMITATIONS AS TO USE

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 subsection (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover use for: a) Organized 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 CLAUSES

Any person including the insured: Provided that a person driving hold an 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 Learners' License may also drive the Vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor vehicles Rules 1989.

NO CLAIM BONUS SCALE

Number of Claims	% of Discount on Own Damage Premium
No claim made or pending during the preceding full year of insurance	20%
No claim made or pending during the preceding 2 consecutive years of insurance	25%
No claim made or pending during the preceding 3 consecutive years of insurance	35%
No claim made or pending during the preceding 4 consecutive years of insurance	45%
No claim made or pending during the preceding 5 consecutive years of insurance	50%

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 Policy 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.

Subject to I.M.T. Endt.Nos. & Memorandum 21, 28, 7, 23 Printed/herein/attached hereto Under Hire Purchase Agreement with NA



	FΤ	

Service Tax/GST Registration No.	2 7 A A F C K 7 0 1 6 C 1 Z T	Category	: General Insurance Services
SAC Code	997134	Description	Motor vehicle insurance services
Invoice Number	3147569201		

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 Mansurali Tower 1St Floor, Plot No.6 Boat Club Road Pune Maharashtra 411001. at Mumbai this 28 day of February of 2024

Stamp Duty of ₹ 0.50 is paid as provided under Article 47(B) of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. (LOA/ENF-2/CSD/17/2023/Validity Period Dt. 12/12/2023 To Dt. 31/12/2025 (O/w.No. 5072)/Date: 12/12/2023).

For Kotak Mahindra General Insurance Company Limited

Authorised Signatory

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



Transcript of Online Proposal

Guideline

- 1. This is a transcript of the details provided by you and is basis of underwriting the policy. Request you to review the complete information & come -get back to us within 15 days of issuance of this document in case there is any discrepancy found.
- 2. The policy is subject to premium receipt and would incept from the date specified in the policy schedule.
- 3. This document has to be read in conjunction with the policy document.
- 4. Refund if any, would be processed in the same source (net banking / credit card / debit card) from which the premium payment has been made.
- 5. The policy is subject to the underwriting guidelines of the Company.
- 6. Online premium payment should be made by the policyholder himself. No third party payment should be made using this mode of payment.

Proposal No : 202402280086390

Proposal for : Renewal Policy

31,345.00

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

Registration No.		Vehicle M	ake/Model/Variant	Type of body	F	Fuel Type	
MH12SF6421 EICHER /1		.50 H/BUS 19+1 STR			Diesel		
Year of Manufacture	IC	DV of Body	IDV of Chassis	Engine Number	Chassis Number	Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)	
2020		0	7,65,000	316563	460191	19	

Special conditions:

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:	SUDEEP LOGISTICS PVT LTD					
2. Insured Permanent Address*	SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL CO OP SOCIETY WAIDWADI HADAPS District: PUNE 411013 MAHARASHTRA(27), India					
If Correspondence Address different from Permanent Address,please provide*:	SAFALYA BUNGALOW NO-04 PROGRESSIVE MOD PUNE MAHARASHTRA, India	DEL CO OP SOCIETY WAIDWADI HADAPS Pune - 411013 District:				
3.Phone 4.N	Mobile * 7498345679 5.Email ID	* AMOL12RANSHUR@GMAIL.COM				
6.Gender 7.D	Date Of Birth * 8.National	ity				
Proposal Date & Time: 28/02/2024	12:52					

Policy Start Date: 26/03/2024 00:00

Policy End Date: (Comprehensive) 25/03/2025 at midnight

Policy End Date: 25/03/2025 at midnight

(Compulsory PA)

Limitations as to use (PCV):

The Policy does not cover use of the vehicle for the purpose of Carriage of goods (other than samples or personal luggage), organized racing, Pace making, speed testing, reliability trails, any purpose in connection with Motor Trade and Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle. The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act 1988

Driver's Clauses: Any person including insured: Provided that a person driving hold an effective Driving Licence at the time of accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learners' Licence may also drive the Vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicle Rules, 1989.

Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN:IRDAN152RP0009V02201516; Depreciation cover:IRDAN152RP0009V02201516 / A0032V01201819



STATUTORY WARNING PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

- 1) No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property, in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer.
- 2) Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to ₹ 1,000,000/-

VEHICLE DETAILS

Registration Authority and RTO Location	Date of Registration	CNG/LPG/Bi Fuel	Lease / Hire / Hypothecation (Name and address of concerned parties)	Color of Vehicle	No of Wheels
PUNE	18/03/2020	Diesel	ICICI BANK LTD		4

IDV of Body (in INR)	IDV of Chassis (in INR)	*Non - Electrical Accessories fitted to the Vehicle (in INR)	*Electrical & Electronic Accessories fitted to the Vehicle (in INR)	*Trailer (in INR)	*CNG / LPG Kit (in INR)	*Total Value (in INR)
0	7,65,000	0	0		0	7,65,000

PUC - YES

OPTIONAL ADD-ON COVERS

#If Depreciation cover is selected: Voluntary Deductible offered under the

	 Depreciation Cover# 	2. ☐ Engine Protect	"Depreciation Cover", which would be applied over and above the Compulsory	l
	3. ☐ Return to Invoice	4. □Consumable Cover	Deductible? No	
	5. ☐Road Side Assistance	6. ☐ Key Replacement Sum Insured		
	7. ☐ Tyre Cover	8. □NCB Protect		
		er10. Additional PA Cover for Passengers		
	Sum Insured	Sum Insured 12. □EMI Protect		
	 11. ☐ Hospital Cash Benefit Max No. of days Select 	Monthly Amount		
	Per day benefit Select	No of EMIs Select		
	13. ☐ Additional Towing Charges	14. ☐Loss of Income		
	Sum Insured	Max No. of days Select		
1	Outil Illourou	Per day benefit Select		ı



RISK INCLUSION / EXCLUSION

*Personal Accident Cover of INR 15,00,000 for the Owner Driver	*Nominee Name and Age	*Relationship	*Name of Appointee (if nominee is a minor)	Relationship to the Nominee			
lor and owner pinter							
2. Do you wish to include Personal Accident	Name	CSI Opted (Rs)	*Nominee Name	Relationship			
cover for the Named passenger? No Please give details mentioned aside:							
3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No			No. of Persons As Per Seating Capacity	C. S. I. (Per Person)			
Please give details mentioned aside:							
# The maximum CSI available per person is ₹ 2,00,000, each in multiples of ₹ 10,000.							
4. Do you wish to restrict Third Party Property Damage of ₹ 7.5 Lakh to the statutory TPPD liability limit of ₹ 6,000/- only? No							
5. Legal liability against Third Party Risks: Do you wish to cover legal liability? A) Paid Driver and/or Conductor and/or Cleaner Yes \(\subseteq \) No If Yes, no of person (2)							
B) Other Employees ☐ Yes ☑ No If Yes, no. of Person: C) Unnamed Passengers ☐ Yes ☑ No If Yes, no. of Person: 0							
Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner —Driver is compulsory for individual vehicle owners) I hereby declare that the Owner Driver does not require Compulsory Personal Accident Cover as Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15 lacs. Tenure years to The Vehicle to be insured is not owned by an individual The Owner Driver does not have an effective driving license. (Note: Where the owner driver owns more than one vehicle, compulsory PA cover can be granted for any one vehicle as opted by him/her). Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lacs for Two-wheeler, Private Car and Commercial Vehicles. Compulsory PA Cover for Owner Drivers cannot be granted where the vehicle is owned by a company, a partnership firm or a similar body corporate.							
PREVIOUS INSURANCE DETAILS							

1. Name and address of t	. Name and address of the previous insurer		KOTAK-MANSURALI TOWER,1ST FLOOR, PLOT NO.6				
2. Previous Policy Type	Comprehensive	3. Pi	evious Policy Number	3147569200] .	4. Existing bonus 0 %	
5. Period of Insurance	26/03/2023	То	25/03/2024				

6. Details of Claims made: No

Whether you are entitled to No Claim Bonus? ✓ Yes ☐NO

DETAILS OF DEPRECIATION

Table 1:Schedule of depreciation for arriving at IDV:

The Insured's declared value (IDV) of the vehicle will be deemed to be the 'Sum insured' and it will be fixed at commencement of each policy period for each insured vehicle

			· · ·
Age of The Vehicle	% of Depreciation for fixing IDV	Age of The Vehicle	% of Depreciation for fixing IDV
Not exceeding 6 Months	5%	Exceeding 2 years but not exceeding 3 years	30%
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years but not exceeding 4 years	40%
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5 years	50%

Note: IDV of obsolete models of vehicles (i.e. Models which the manufacturers have discontinued to manufacture) and vehicles beyond 5 years of age will be determined on the basis of an understanding between the insurer and the insured.

PAYMENT DETAILS

Payment Mode : CHEQUE Payment Reference No : 027510 Payment Amount: 21,93,012.00 Payment/Transaction Date: 27/02/2024

Bank Details: AXIS BANK LTD., WANAWADI (PUNE), UTIB0000110

I confirm that the premium is paid out of my legitimate sources of fund and the Company has the right to call for documents to establish sources of funds. The Company has the right to cancel the policy in case I am/have been found guilty by any competent authority or court of law.

Intermediary Code: 8179400000

Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle) UIN:IRDAN152RP0009V02201516; Depreciation cover:IRDAN152RP0009V02201516 A0032V01201819



TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)		
GSTIN/UIN	27AATCS2867F1ZS	Name :	Kotak Mahindra General Insurance Company Limited	
Customer ID	1010725719	GSTIN:	27AAFCK7016C1ZT	
Customer Name	M/S. SUDEEP LOGISTICS PVT LTD	Pan Number: AAFCK7016C		
Email ID	AMOL12RANSHUR@GMAIL.COM	CIN:	U66000MH2014PLC260291	
Contact No	7498345679	Address:	Mansurali Tower1St Floor, Plot No.6Boat Club RoadPune Maharashtra 411001.	
Address	SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL CO OP SOCIETY WAIDWADI HADAPS, PUNE, 411013, MAHARASHTRA, India	Date of Invoice	28/02/2024	
IMD Code	8179400000	Invoice No	3147569201	
Receipt No	1202401737988	Proposal No	202402280086390	
		Partner Application No	3147569200	
State Code	27	State Code:	27	
Place Of Supply Name	MAHARASHTRA - 27	State Name	MAHARASHTRA	
		IRN		

HSN/SAC Description	HSN / SAC Code	Total Value of Supply (Rs.)	Taxable value of Supply (Rs.)	CGST Rate	CGST Amt (Rs.)	SGST Rate	SGST Amt (Rs.)
Motor vehicle insurance services	997134	26563.83	26563.83	9%	2,390.74	9%	2,390.74
Total		26563.83	26563.83		2390.74		2390.74
Total Invoice Value (In Figure)							31,345.00
Total Invoice Value (In Words)	Thirty One Thousand Three Hundred Forty Five						
Whether Tax Payable on a Reverse Basis or Not						No	

For: Kotak Mahindra General Insurance Company Limited

Authorized Signatory

"I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule."