Ref No.: GEN/WEL/SG/0008.3/3142989902

Date: 11/03/2025

To,

Sudeep Logistics Pvt Ltd 314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS

Pune - 411013 District: PUNE MAHARASHTRA, India Contact Details 7218232277



Policy number: 3142989902 CKYC ID: 80031420566485

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

Dear Sudeep Logistics Pvt Ltd,

We thank you for your continued trust in Zurich Kotak General Insurance Company (India) Limited and renewing your policy to cater to your motor insurance needs.

This is with reference to your above mentioned Policy issued under 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.zurichkotak.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@zurichkotak.com within 30 days from the date of this letter. Alternatively, you can also write to us at 401, 4th Floor, Silver Metropolis, Jai Coach Compound, Off Western Express Highway, Goregaon (East), ,Mumbai – 400063. , Maharashtra, 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 Zurich Kotak General Insurance Company (India) Limited

Authorised Signatory



Commercial Vehicle Secure (Passenger Carrying Vehicle)

Comprehensive Policy

Certificate cum Policy Schedule

Policy / Certificate No: 3142989902

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



INSURED DETAILS

Name: **Sudeep Logistics Pvt Ltd**

Address: 314 PROGRESIVE MODEL COLONY VAIDUWADI

HADAPS Pune - 411013 District: PUNE

MAHARASHTRA(27), India

Place of Supply: MAHARASHTRA

Supply State Code:

Phone:

27

NA

Mobile: 7218232277

AMOL12RANSHUR@GMAIL.COM Email:

GSTIN: 27AATCS2867F1ZS

POLICY DETAILS

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

Period of Insurance:

From: 26/03/2025

to: 25/03/2026Midnight 00:00

Policy issued

Cover Note No: NA on: 11/03/2025

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
MH12QW9266	EICHER	10.75 H	ORDINARY BUS (31)	2019	PUNE	262777	430165	31	31	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	9,90,001	0	0	0	0	9,90,001

Category **School Bus**

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
Own Damage		Liability	
Basic Own Damage	355.41	Basic TP Including TPPD Premium	35,287.00
Add:		Legal Liability to Paid Driver and/or Conductor and/or Cleaner	100.00
Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts	53.31	(IMT 28)	100.00
Less:		Total Liability Premium (B)	35,387.00
No Claim Bonus Percent 25%	102.18		
		Section III	
		Personal Accident	
Total Own Damage Premium (A)	306.54	Total Personal Accident Premium (C)	0.00
Taxable value of Services (A+B+C)			35,693.54
CGST @ 9%			3,212.42
SGST @ 9%			3,212.42
Total Premium (in ₹)			42,118.00

Geographical Area	INDIA	Additional Excess ₹	0	Compulsory Deductib	le ₹ 1,000)
No. of Claims for Depreciatio	n Cover	Voluntary Ded Cover ₹	uctible for Depreciation		Total Deductible ₹	1,000

INTERMEDIARY DETAILS

Intermediary Code 8 1 7 9 4 0 0 0 0 0 Intermediary Name BHAGYASHRI ASHOK SHEWANTE

Intermediary's Mobile 9 3 2 6 6 8 9 0 0 9 Intermediary'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

No.

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.zurichkotak.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 sub-section (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

TAX DETAILS			
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	3142989902		

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 11 day of March of 2025

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/14/2025/Validity Period Dt. 31/01/2025 To Dt. 31/12/2026 (O/w.No. 488)/Date: 29/01/2025).

For Zurich Kotak General Insurance Company (India) Limited

Authorised Signatory

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

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. Please refer to the policy document for detailed terms and conditions.

SI NO	Title		Description (Please refer to applicable Policy Clause Number in I	next column)	Policy Claus Number		
	Product Name	Commercial Ve	ehicle Secure (Passenger Carrying Vehicle)				
	Unique Identification Number (UIN) allotted by IRDAI	IRDAN152RP0	DAN152RP0009V04201516				
	Structure	 Indemnity 	State basis of Sum/Limit Insured Indemnity Fixed Benefit				
	Interests Insured		ommercial Vehicle Secure (Passenger Carrying Vehicle) is designed to provide insurance cover to assenger Carrying Commercial Vehicles				
	Sum Insured / Motor Insured Declared Value Scope	purpose of this	Declared Value (IDV) of the vehicle will be deemed to be the policy which is fixed at the commencement of each policy	period for the insured vehicle.			
		manufacturer's	vehicle (and accessories if any fitted to the vehicle) is to be listed selling price of the brand and model as the vehicle newal and adjusted for depreciation.				
		Section	Coverage	Sum Insured			
		Section I	Loss of Or Damage to The Vehicle Insured	Refer below table			
		Section II	Liability to Third Parties	As per Court Order			
		Section III	Towing Disabled Vehicle	INR XXXXX			
		Section IV	Personal Accident Cover for Owner-Driver	INR 15,00,000/-			
		Insured Decla	ared Value (IDV) of the Vehicle (INR)	INR 9,90,001			
		Non - Electric	cal Accessories fitted to the vehicle (INR)	INR 0			
		Electrical & E	lectronic Accessories fitted to the vehicle (INR)	INR 0			
		Trailer (INR)		INR 0			
		CNG / LPG K	it (INR)	INR 0			
		Total Value o	f the Vehicle (INR)	INR 9,90,001			
	Total Loss/ Constructive Total Loss The Company may at its own option repair reinstate or replace the vehicle or part thereof and/or its accessories or may pay in cash the amount of the loss or damage and the liability of the Company shall not exceed: a. For total loss / constructive total loss/cash-loss of the vehicle - the Insured's Declared Value (IDV) of the vehicle (including accessories thereon) as specified in the Schedule less the value of the wreck. b. For partial losses, i.e. losses other than Total Loss/Constructive Total Loss/cash-loss of the vehicle - actual and reasonable costs of repair and/or replacement of parts lost/damaged subject to depreciation as per limits specified. c. If a damaged motor vehicle is assessed as being unrepairable and hence a wreck i.e. a 'total loss' or 'write-off' the Company shall grant the Policyholder the option to retain the wreck and accept a 'cash loss' settlement (being the IDV less the assessed value of Salvage based on competitive quotes procured by the Company including any submitted by or through the insured). d. In the event of a 'cash-loss' settlement, the Company is entitled to cancel the Own Damage insurance effective the date of damage. Additionally, the Company can cancel the statutory Motor Third Party Liability insurance policy after requiring the insured to either cancel the road registration of the wreck and submit documentary evidence in original thereof or alternatively evidence in original a statutory Motor Third Party liability insurance policy covering the wreck effective the date of damage. The insured vehicle shall be treated as a CTL if the aggregate cost of retrieval and / or repair of the						
		Illustration of I	ect to terms and conditions of the policy, exceeds 75% of the DV Calculation cle is calculated on ex-showroom price less depreciation d				
			Example: Ex-showroom price of the vehicle is INR	10.00.000			

1 Year

2 Years

3 Years

Age of vehicle

Depreciation %	15%	20%	30%	
IDV	INR 8,50,000	INR 8,00,000	INR 7,00,000	

Note: The above Illustration is as per the depreciation slabs mentioned in the policy wording for the age of the vehicle

6 Policy Coverage

The coverages available under this policy are listed in below and will be applicable as mentioned in the Policy Schedule.

Policy Wordings -Section I, Section II, Section III, Section IV

Policy Wordings -

General Exclusions (Applicable to all

Sections of the Policy)

Section I: Loss of Or Damage to The Vehicle Insured

Cover for any Partial or Total Loss or Damage to the vehicle due to natural calamities such as - Fire, explosion, self-ignition or lightning, earthquake, flood, typhoon, hurricane, storm, tempest, inundation, cyclone, hailstorm, frost landslide, rockslide etc. Or man - made calamities such as burglary, theft, riot, strike, malicious act, accidental external means, terrorist activity, any damage in transit by road, rail, inland waterway, lift elevator or air, etc.

Section II: Liability to Third Parties

Covers legal liability for third party property damage and third-party bodily injury (including death) due to an accident

Section III: Towing Disabled Vehicle

The policy shall be operative whilst the insured vehicle is being used for the purpose of towing any one disabled mechanically propelled vehicle and the indemnity provided by Section II of this policy shall subject to its terms and limitations be extended to apply in respect of liability in connection with such towed vehicle

Section IV: Personal Accident Cover for Owner-Driver

Personal Accident Cover is provided to the Owner-Driver whilst driving the vehicle including mounting into/dismounting from or traveling in the insured vehicle as a co-driver. Additionally, other passengers and paid drivers can also be covered by opting for the same- limited to the carrying capacity of the vehicle, excluding the driver.

7 Add-on Cover Not Applicable

8	Loss Participation	Deductible
		Additional Excess: INR 0
		Compulsory Deductible: INR 1000
		Voluntary Deductible: INR 0
		Voluntary Deductible for Depreciation Cover: INR 0
		Total Deductible: INR 1000

9 Exclusions

GENERAL EXCEPTIONS (Applicable to all Sections of the Policy) The Company shall not be liable under this Policy in respect of

- Any accidental loss or damage and/or liability caused sustained or incurred outside the geographical area:
- 2. Any claim arising out of any contractual liability;
- Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is
 - a. Being used otherwise than in accordance with the 'Limitations as to Use'. Or
 - b. Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.

4

- a. Any accidental loss or damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss
- b. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.
- 5. Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material.
- 6. Any accidental loss damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.

10	Special Conditions and Warranties (if any)	Special Conditions		Policy Wording - Conditions
		Explain obligations of the Policyholder		
		The insured shall take all reasonable steps to safeguard the maintain it in efficient condition and the Company shall have a the vehicle or any part thereof or any driver or employee of the ibreakdown, the vehicle shall not be left unattended without profurther damage or loss and if the vehicle be driven before the rextension of the damage or any further damage to the vehicle states of the vehicle states of the due observance and fulfillment of the terms, conditions a they relate to anything to be done or complied with by the insuranswers in the said proposal shall be conditions precedent to payment under this Policy.	t all times free and full access to examine insured. In the event of any accident or oper precautions being taken to prevent necessary repairs are effected any shall be entirely at the insured's own risk. Independent of this Policy in so far as a red and the truth of the statements and	
11	loss or damage in the event of any claim and thereafter the insured shall give all such information and assistance as the Company shall require. 2. No admission offer promise payment or indemnity shall be made or given by or on behalf of the insured without the written consent of the Company which shall be entitled if it so desires to take over and conduct in the name of the insured the defence or settlement of any claim or to prosecute in the name of the insured for its own benefit any claim for indemnity or otherwise and shall have full discretion in the conduct of any proceedings or in the settlement of any claim and the insured shall give all such information and assistance as the Company may require. 3. In the event of the death of the sole insured, this policy will not immediately lapse but will remain valid for a period of three months from the date of the death of insured or until the expiry of this policy (whichever is earlier).			Policy Wording - Conditions
		Sample claim calculation process		
		Mr. ABC has Motor policy and met with an accident. The claim amount (for OD Section) for this vehicle will be calcu	lated as below:	
		Details	Amount (INR)	
		Vehicle Repair Cost	50,000	
		Amount assessed by surveyor Depreciation applicable (Part Depreciation: Metal as per	5,000	
		age, plastic 50%, Glass nil)		
		Compulsory deductible Total Claim payable	1,000	
		** The above claim calculation is subject to change as per Additions	d on covers opted and policy terms and	
12	Policy Servicing - Claim Intimation and Processing	Toll free / IVRS number of the insurer: 1800 266 4545 (8 AM Website / Email: www.zurichkotak.com/ care@zurichkotak.co Details of designated company officials to be contacted in till zkgi.motorclaimservices@zurichkotak.com	om	
		Details of procedure to be followed for cashless service (In reimbursement of claim	case of Motor Insurance) as well as for	
		In case of cashless process, please follow the below mention	ed process	
		Call our 12 hours helpline with details of accident and policy/o	cover note number.	
		Once the claim is registered, the customer support executive Number.	will provide you with a Claim Reference	
		You will need to submit relevant documents to us such as - D accordance with the Policy terms and conditions.	riving license, RC copy, Policy copy etc. in	
		We will arrange for an inspection in		
		- 24 hours, if a claim is reported on a working day		
		- Next working day, if a claim is reported on Sunday or Public h	oliday	
		On cashless facility confirmation, the vehicle would be repair would be made directly to the garage.	ed at a cashless garage and the payment	
		•You will only have to pay the deductible as mentioned in the p etc. as informed by the surveyor.	olicy and the depreciation value, salvage	
In case of reimbursement process, you will have to submit documents to Zurich Kotak General Ir				

		www.zurichkotak.com. Turn Around Time (TAT) for claims settlement		
		Turn Around Time (TAT) for Claims Settlement		
		Appointment of surveyor	Immediate after intimation	
		Survey report submission	15 days	
		Claims concluded by the insurer	within 7 days after receipt of final survey report	
		Settlement of claims	Within 7 days after receipt of final survey report and/or the last relevant and necessary document as the case may be	
		Escalation Matrix when TAT is not satisfied Level 1	regional.motorclaims@zurichkotak.com	
		Level 2	zonal.motorclaims@zurichkotak.com	
		Level 3	head.motorclaims@zurichkotak.com	
13	Grievance Redressal and Policyholders protection	or may call toll free number 1800 266 4545 or may In case the Insured is not satisfied with the respor Company at grievanceofficer@zurichkotak.com. In Grievance Officer has provided, Insured can write chiefgrievanceofficer@zurichkotak.com. However, if the resolution provided by us is not sa	ise, Insured may contact the Grievance Officer of the nease if the Insured is not satisfied with the solution the to seniorgrievanceofficer@zurichkotak.com/ tisfactory you may approach Insurance Regulatory and e Bima Bharosa Portal: https://bimabharosa.irdai.gov.in. subject to vested jurisdiction, for the redressal of	Policy Wording - Grievance Redressa
		Company's website: www.zurichkotak.com	ete Grievance Redressal Process is also available at fices are also available on the website of Council for Isman	
14	Obligations of the Policyholder/	brought to the notice of the insurer immediately Non-disclosure of material information may affe Disclosure of other material information during	o the already declared information the same shall be ect the claim settlement. the policy period.	
		company in the proposal form and other connected	cy shall mean all relevant information sought by the documents to enable it to take informed decision in se of the Vehicle, Usage of the Vehicle, Claim details to details of vehicle, NCR details etc.)	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Signature of the Policy Date Holder

- Note:

 i. Please visit https://www.zurichkotak.com/documents/customer-support/downloads for product related documents including CIS ii. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

Transcript cum Proposal Form - Commercial Vehicle Secure (Passenger Carrying Vehicle)

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 : 202503110052483 Proposal for : Renewal Policy

42,118.00 Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

Registration No.	Vehicle Make/Model/Variant	Type of body	Fuel Type
MH12QW9266	EICHER /10.75 H/ORDINARY BUS (31)	BUS Diesel	

Year of Manufacture	IDV of Body	IDV of Chassis	Engine Number	Chassis Number	Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)
2019	0	9,90,001	262777	430165	31

Special conditions:

PROPOSER / OWNER'S DETAILS

Title and Name of the Insured:	Sudeep Logistics Pvt Ltd			
2. Insured Permanent Address*	314 PROGRESIVE MODEL COL	LONY VAIDUWADI HADA	PS District: PUNE 411013 MAHARASHTRA(27), India	
If Correspondence Address different from Permanent Address, please provide*: 314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS Pune - 411013 District: PUNE MAHARASHTRA, Indi				
3.Phone	4.Mobile * 7218232277	5.Email ID*	AMOL12RANSHUR@GMAIL.COM	
6.Gender 7	7.Date Of Birth *	8.Nationality		

Proposal Date & Time: 11/03/2025 15:54

Policy Start Date: 26/03/2025 00:00

Policy End Date: (Comprehensive) 25/03/2026 at midnight

Policy End Date: (Compulsory PA) 25/03/2026 at midnight

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 Subsection 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.

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	13/03/2019	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	9,90,001	0	0		0	9,90,001	

PUC - YES

OPTIONAL ADD-ON COVERS

1. ☐ Depreciation Cover#	2. ☐ Engine Protect	#If Depreciation cover is selected: Voluntary Deductible offered under the "Depreciation Cover", which would be applied over and above the Compulsory
3. ☐Return to Invoice	Consumable Cover	Deductible? No
5. Road Side Assistance	6.	
7. □Tyre Cover	8. □NCB Protect	
9. Additional PA Cover for Owner	10. ☐ Additional PA Cover for	
Driver	Passengers	
Sum Insured	Sum Insured	
11. ☐ Hospital Cash Benefit	12. ☐EMI Protect	
Max No. of days Select	Monthly Amount	
Per day benefit Select	No of EMIs Select	
13. Additional Towing Charges Sum Insured	14. ☐Loss of Income Max No. of days Select Per day benefit Select	

RISK INCLUSION / EXCLUSION

1. *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	
Do you wish to include Personal Accident cover for the Named passenger? No Please give details mentioned aside:	Name	CSI Opted (Rs)	*Nominee Name	Relationship	
Do you wish to include Personal Accident passenger? No Please give details mentioned aside:	cover for the Un-named Pass	engers / hirer / pillion	No. of Persons As Per Seating Capacity	C. S. I. (Per Person)	
# The maximum CSI available per person is 4. Do you wish to restrict Third Party Proper	· · · · · · · · · · · · · · · · · · ·		imit of ₹ 6,000/- only? No		
5. Legal liability against Third Party Risks: Do no of person (2)	o you wish to cover legal liabili	ity? A) Paid Driver and/or (Conductor and/or Cleaner (IMT	28) ☑ Yes ☐ No If Yes,	
B) Legal Liability to Employee (IMT 29) TY	es No If Yes, no. of Person:	C) Unnamed Passenge	ers ☐Yes ☑No If Yes, no. of Pe	erson: 0	
Compulsory Personal Accident (PA) Cover for I_ The Owner Driver does not require Com and Permanent Disability (Total and Partial) not have an effective driving license.	pulsory Personal Accident Cov	ver as Owner Driver has a	separate existing Personal Accid	dent Cover against Death	

PREVIOUS INSURANCE DETAILS

1. Name and address of the previous insurer	KOTAK-MANSURALI TOWER,1ST FLOOR, PLOT NO.6

2. Previous Policy Type Comprehensive 3. Previous Policy Number 3142989901 4. Existing bonus 20 %

5. Period of Insurance 26/03/2024 To 25/03/2025

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	30%
		years	
Exceeding 6 months but not exceeding 1	15%	Exceeding 3 years but not exceeding 4	40%
year		years	
Exceeding 1 year but not exceeding 2 years	20%	Exceeding 4 years but not exceeding 5	50%
		years	

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 : 032001 Payment Amount: 42,118.00

Payment/Transaction Date: 08/03/2025

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

As verified using OTP sent on mobile number ending with 2277 on 11/03/2025 or as submitted by you in the physical proposal form.

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

DECLARATION

NPO :

AML Declaration :

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. I / We understand that the Company has the right to call for document to establish sources of funds. 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.

TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (bille	d by)
GSTIN/UIN	27AATCS2867F1ZS	Name :	Zurich Kotak General Insurance Company (India) Limited
Customer ID	1010722634	GSTIN:	27AAFCK7016C1ZT
Customer Name	SUDEEP LOGISTICS PVT LTD	Pan Number :	AAFCK7016C
Email ID	AMOL12RANSHUR@GMAIL.COM	CIN:	U66000MH2014PLC260291
Contact No	7218232277	Address:	Mansurali Tower1St Floor, Plot No.6Boat Club RoadPune Maharashtra 411001.
Address	314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS, PUNE, 411013, MAHARASHTRA, India	Date of Invoice	11/03/2025
IMD Code	8179400000	Invoice No	3142989902
Receipt No	1202502131761	Proposal No	202503110052483
		Partner Application No	3142989901
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	35693.54	35693.54	9%	3,212.42	9%	3,212.42
Total		35693.54	35693.54		3212.42		3212.42
Total Invoice Value (In Figure)	•						42,118.00
Total Invoice Value (In Words)				Forty T	wo Thousand (One Hundr	ed Eighteen
Whether Tax Payable on a Reverse Basis or Not							No

For : Zurich Kotak General Insurance Company (India) 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."