

Ref No.: GEN/WEL/SG/0008.3/3142528702

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: 3142528702 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: 3142528702

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



INSURED DETAILS

Name: **Sudeep Logistics Pvt Ltd**

314 PROGRESIVE MODEL COLONY VAIDUWADI Address:

HADAPS Pune - 411013 District: PUNE

MAHARASHTRA(27), India

Place of Supply: MAHARASHTRA

Supply State

27

Code:

Phone: NA

7218232277 Mobile:

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: 26/03/2025

to: 25/03/2026Midnight 00:00

Policy issued

on: 11/03/2025

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 |
|------------------------|--------------|---------|------------------------|------------------------|--------------|------------------|---|----------------------------------|---------------------|----------------------------|
| MH12RN0043 | EICHER | 10.75 H | STARLINE SCHOOL BUS | 2019 | PUNE | 264604 | 431234 | 30 | 30 | 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 | 8,90,001 | 0 | 0 | 0 | 0 | 8,90,001 |

Category **School Bus**

PREMIUM COMPUTATION TABLE (IN ₹)

| Section I | Section II | | |
|---|------------|--|-----------|
| Own Damage | | Liability | |
| Basic Own Damage | 311.50 | Basic TP Including TPPD Premium | 34,542.00 |
| Add: | | Legal Liability to Paid Driver and/or Conductor and/or Cleaner | 100.00 |
| Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts | 46.73 | (IMT 28) | 100.00 |
| Less: | | Total Liability Premium (B) | 34,642.00 |
| No Claim Bonus Percent 25% | 89.56 | | |
| | | Section III | |
| | | Personal Accident | |
| Total Own Damage Premium (A) | 268.67 | Total Personal Accident Premium (C) | 0.00 |
| Taxable value of Services (A+B+C) | | | 34,910.67 |
| CGST @ 9% | | | 3,141.96 |
| SGST @ 9% | | | 3,141.96 |
| Total Premium (in ₹) | | | 41,195.00 |

| Geographical Area | NDIA | Additional Excess ₹ | 0 | Compulsory Deductible | e ₹ 1,000 | |
|--------------------------------|-------|------------------------|----------------------------|-----------------------|------------------|-------|
| | | | | | T . I | |
| lo. of Claims for Depreciation | Cover | Voluntary D Cover ₹ | eductible 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 No.

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

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 | 3142528702 | | |

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.

Policy Clause Number



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 next column) | | | | | |
|--|--|---|---|---|---|--|--|
| 1 | Product Name | Commercial Vehicle Secure (Passenger Carrying Vehicle) | | | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN152RP00 | IRDAN152RP0009V04201516 | | | | |
| 3 | Structure | State basis Indemnity Fixed Beneral | of Sum/Limit Ir | nsured | | | |
| 4 | Interests Insured | Commercial Ve | | | Vehicle) is designed to | provide | insurance cover to |
| Sum Insured / Motor Insured Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INS purpose of this policy which is fixed at the commencement of each policy period for to the Value Scope The IDV of the vehicle (and accessories if any fitted to the vehicle) is to be fixed on the manufacturer's listed selling price of the brand and model as the vehicle insured at of insurance/renewal and adjusted for depreciation. | | | | | the insured vehicle. | | |
| | | Section | Coverage | | | Sum | Insured |
| | | Section I | Loss of Or Da | amage to The Vehicle | e Insured | Refe | r below table |
| | | Section II | Liability to Thi | ird Parties | | As pe | er Court Order |
| | | Section III | Towing Disab | led Vehicle | | · · | XXXX |
| | | Section IV Personal Accident Cover for Owner-Driver INI | | | | INR 1 | 15,00,000/- |
| | | | | | | | |
| | | Insured Decla | red Value (IDV) | of the Vehicle (INR) | | | INR 8,90,001 |
| | | Non - Electric | al Accessories f | itted to the vehicle (IN | NR) | | INR 0 |
| | | Electrical & El | ectronic Access | ories fitted to the veh | nicle (INR) | | INR 0 |
| | | Trailer (INR) | | | | | INR 0 |
| | | CNG / LPG Ki | t (INR) | | | | INR 0 |
| | | Total Value of | the Vehicle (INF | ₹) | | | INR 8,90,001 |
| | | The Compan accessories a shall not excessories a shall not excessories are to total loss the vehicle (i b. For partial load actual and redepreciation c. If a damaged write-off the loss' settleme procured by the loss' settleme procured by the Liability insurand submit of Motor Third For The insured wehicle, subjettlements. | or may pay in cased: / constructive translations asses, i.e. losses assonable costs as per limits splant (being the IC ompany shall ent (being the IC ompany shall ent (being the IC ompany shall ent (being the IC ompany in a 'cash-loss' state of damage, ance policy after ocumentary evice arty liability insurchicle shall be exit to terms and | n option repair reinsta ash the amount of the obtal loss/cash-loss of sories thereon) as spo- so of repair and/or repl- ecified. Is assessed as being grant the Policyholde DV less the assessed cluding any submitted settlement, the Comp Additionally, the Con- or requiring the insure dence in original there- urance policy covering treated as a CTL if the conditions of the poli | the or replace the vehicle e loss or damage and the the vehicle - the Insured ecified in the Schedule is SConstructive Total Loacement of parts lost/data unrepairable and hence the option to retain the divalue of Salvage based by or through the insularny is entitled to cancel the standard to either cancel the standard to either cancel the refer or alternatively evides the aggregate cost of retricty, exceeds 75% of the | d's Deciless the poss/cash amaged e a wree wreck don corred). I the Overtutory load region e date of ieval ar IDV of | ty of the Company lared Value (IDV) of a value of the wreck. n-loss of the vehicle - d subject to lock i.e. a 'total loss' or and accept a 'cash impetitive quotes with Damage insurance Motor Third Party stration of the wreck original a statutory of damage. Ind / or repair of the the vehicle. |
| | | IDV of the vehic vehicle. | | | ce less depreciation dep | | |
| | | | Example: | Ex-showroom price | of the vehicle is INR 10 | 0,00,000 | 0. |
| | | Age of vehicle | e 1 | Year | 2 Years | 3 Y | /ears |



| | | Depreciation % | 15% | 20% | 30% | |
|---|--------------------|--|---|--|--|--------------------------------------|
| | | IDV | INR 8,50,000 | INR 8,00,000 | INR 7,00,000 | |
| | | Note: The above Illustra the vehicle. | tion is as per the deprecia | ation slabs mentioned in | the policy wording for the age of | |
| | Policy Coverage | The coverages available Policy Schedule. | e under this policy are list | ed in below and will be a | pplicable as mentioned in the | Policy Wording Section I, Section |
| | | Cover for any Partial or explosion, self-ignition o cyclone, hailstorm, frost | or lightning, earthquake, fl landslide, rockslide etc. C cidental external means, to | the vehicle due to natura ood, typhoon, hurricane, Or man - made calamities | I calamities such as - Fire, storm, tempest, inundation, s such as burglary, theft, riot, age in transit by road, rail, inland | Section III, Sect |
| | | Section II: Liability to The Covers legal liability for the accident. | | ge and third-party bodily i | njury (including death) due to an | |
| | | disabled mechanically p | ative whilst the insured veropelled vehicle and the in | ndemnity provided by Se | ne purpose of towing any one ction II of this policy shall ity in connection with such | |
| | | Personal Accident Cove dismounting from or trav | veling in the insured vehic | r-Driver whilst driving the le as a co-driver. Additio | vehicle including mounting into/ nally, other passengers and ying capacity of the vehicle, | |
| 7 | Add-on Cover | Not Applicable | | | | |
| | | | | | | |
| 3 | Loss Participation | Deductible | | | | |
| | | Additional Excess: INR (|) | | | |
| | | Compulsory Deductible: | : INR 1000 | | | |
| | | Voluntary Deductible: IN | R 0 | | | |
| | | Voluntary Deductible for | Depreciation Cover: INR | 0 | | |
| | | Total Deductible: INR 10 | 000 | | | |
| 9 | Exclusions | GENERAL EXCEPTION | S (Applicable to all Section | ns of the Policy) | | Policy Wordings |
| | | | be liable under this Policy s or damage and/or liabili | • | ncurred outside the | General Exclus (Applicable to a |
| | | , | out of any contractual liabil | • 1 | urred whilst the vehicle insured | Sections of the |
| | | b. Being driven by o | rwise than in accordance or is for the purpose of bei stated in the Driver's Clau | ng driven by him/her in th | o Use'. Or ne charge of any person other | |
| | | resulting or arising | ng there from or any cons | equential loss | oss or expense whatsoever | |
| | | from ionising rad nuclear waste fro | iations or contamination b | y radioactivity from any r lear fuel. For the purpose | contributed to by or arising nuclear fuel or from any e of this exception combustion | |
| | | arising from nucle: 6. Any accidental loss occasioned by con the act of foreign e war) civil war, muti | ar weapons material. s damage and/or liability of tributed to by or traceable enemies, hostilities or war ny rebellion, military or us | lirectly or indirectly or pro to or arising out of or in like operations (whether urped power or by any d | by or contributed to by or eximately or remotely connection with war, invasion, before or after declaration of irect or indirect consequence of the insured shall prove that the | |
| | | accidental loss dar | mage and/or liability arose | e independently of and w | the insured shall prove that the vas in no way connected with or currences or any consequences | |

of such a claim.

thereof and in default of such proof, the Company shall not be liable to make any payment in respect



| | | For complete list of exclusions including Section-wise exclu | usions, refer the policy wordings | | | | | |
|----|--|---|--|--|--|--|--|--|
| 10 | Special Conditions and Warranties (if any) | | | | | | | |
| | | 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 breakdown, the vehicle shall not be left unattended without profurther damage or loss and if the vehicle be driven before the extension of the damage or any further damage to the vehicle •The due observance and fulfillment of the terms, conditions at they relate to anything to be done or complied with by the insu | | | | | | |
| | | answers in the said proposal shall be conditions precedent to payment under this Policy. | any hability of the Company to make any | | | | | |
| 11 | Admissibility of Claim | Notice shall be given in writing to the Company immediately upon the occurrence of any accidental 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. 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. 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). | | | | | | |
| | | 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 calc Details | ulated as below: 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 | 1,000 | | | | | |
| | | Total Claim payable | 42,000 | | | | | |
| | | ** The above claim calculation is subject to change as per Ade conditions | 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.c Details of designated company officials to be contacted in tizkgi.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 | ned process | | | | | |
| | | Call our 12 hours helpline with details of accident and policy/ | 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. | | | | | | |
| | | 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 | noliday | | | | | |
| | | On cashless facility confirmation, the vehicle would be repair would be made directly to the garage. | red at a cashless garage and the payment | | | | | |
| | | •You will only have to pay the deductible as mentioned in the petc. as informed by the surveyor. | policy and the depreciation value, salvage | | | | | |
| | | In case of reimbursement process, you will have to submit do | case of reimbursement process, you will have to submit documents to Zurich Kotak General Insurance | | | | | |



| | | list of documents required is mentioned in the claim www.zurichkotak.com. | 7 days of completion of documentation. The detailed is form which can be downloaded from our website | |
|----|--|---|--|--|
| | | 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 | For resolution of any query or grievance, Insured ma or may call toll free number 1800 266 4545 or may with the Insured is not satisfied with the response Company at grievanceofficer@zurichkotak.com. In Grievance Officer has provided, Insured can write to chiefgrievanceofficer@zurichkotak.com. However, if the resolution provided by us is not satist Development Authority of India (IRDAI) through the EVOU may also approach Insurance Ombudsman, sufficievance. The details of the Insurance Ombudsman/complete Company's website: www.zurichkotak.com The updated details of Insurance Ombudsman officiensurance Ombudsmen: www.cioins.co.in/Ombudsman. | Policy Wording - Grievance Redressal | |
| 14 | Obligations of the Policyholder/ | To disclose all information correctly sought by the In case of any change / modification / addition to the brought to the notice of the insurer immediately Non-disclosure of material information may affect Disclosure of other material information during the ("Material Information" for the purpose of this policy company in the proposal form and other connected the context of underwriting the risk such as Purpose (accident date, spot of accident, damaged parts etc.) | the already declared information the same shall be the claim settlement. e policy period. shall mean all relevant information sought by the documents to enable it to take informed decision in of the Vehicle, Usage of the Vehicle, Claim details | |

Declaration by the Policy Holder

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

Place

Date Signature of the Policy 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: 202503110042313 Proposal for: Renewal Policy

> 41,195.00 Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

| Registration No. | Vehicle Make/Model/Variant | Type of body | Fuel Type |
|------------------|--|--------------|-----------|
| MH12RN0043 | EICHER /10.75 H/STARLINE SCHOOL BUS | 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 | 8,90,001 | 264604 | 431234 | 30 |

Special conditions:

PROPOSER / OWNER'S DETAILS

| 1. Title and Name of the Insured: | | Sudeep Logistics | Sudeep Logistics Pvt Ltd | | | | | | |
|-----------------------------------|---|------------------|--------------------------|----------------|--|--|--|--|--|
| 2. Insured Permanent Address* | | 314 PROGRESIV | E MODEL COLONY V | AIDUWADI HADAF | PS District: PUNE 411013 MAHARASHTRA(27), India | | | | |
| | ee Address different from ess,please provide*: | 314 PROGRESIV | E MODEL COLONY V | AIDUWADI HADAF | PS Pune - 411013 District: PUNE MAHARASHTRA, India | | | | |
| 3.Phone | 4 | .Mobile * | 7218232277 | 5.Email ID* | AMOL12RANSHUR@GMAIL.COM | | | | |
| 6.Gender | 7. | .Date Of Birth * | | 8.Nationality | | | | | |
| Proposal Data 8 | Time: 11/02/2025 | 14:26 | | | | | | | |

Proposal Date & Time: 11/03/2025 14:36

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

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

Policy End Date: 25/03/2026 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 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 | 01/04/2019 | 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 | 8,90,001 | 0 | 0 | | 0 | 8,90,001 | |

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. ☐ Key Replacement Sum Insured | |
| 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 | 14. ☐Loss of Income | |
| Sum Insured | Max No. of days Select | |
| Sum insured | 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 | | | | |
|--|-------------------------------------|---|--|--------------------------------|--|--|--|--|
| | | | | | | | | |
| 2. Do you wish to include Personal | Name | CSI Opted (Rs) | *Nominee Name | Relationship | | | | |
| Accident cover for the Named passenger? No Please give details mentioned aside: | | | | | | | | |
| 3. Do you wish to include Personal Accident passenger? No | engers / hirer / pillion | 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 Propert | y Damage of ₹ 7.5 Lakh to th | e statutory TPPD liability li | mit 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 (IMT 28) Yes No If Yes, no of person (2) | | | | | | | | |
| B) Legal Liability to Employee (IMT 29) TYe | s No If Yes, no. of Person: | C) Unnamed Passenge | rs ☐Yes ☑No If Yes, no. of Pe | erson: 0 | | | | |
| Compulsory Personal Accident (PA) Cover for owner-driver (PA Cover for Owner –Driver is compulsory for individual vehicle owners). I hereby declare below: 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/ The Vehicle to be insured is not owned by an individual/ The Owner driver does not have an effective driving license. | | | | | | | | |

PREVIOUS INSURANCE DETAILS

| | | O III OO III III O D D I I I II I D | | |
|--|-----------------------|-------------------------------------|------------------------|--|
| Name and address of the previous insurer | KOTAK-MANSURALI TOV | WER,1ST FLOOR, PLOT NO.6 | | |
| Previous Policy Type Comprehensive 3. F | revious Policy Number | 3142528701 | 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% |
| | | vears | |

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: 41,195.00

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

Are you a Non-Profit Organization?* (only in case of an entity) ☐ Yes ☑ No



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 (billed by) | | |
|---------------------------------|--|---------------------------------|---|--|
| GSTIN/UIN | GSTIN/UIN 27AATCS2867F1ZS | | 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 | 3142528702 | |
| Receipt No | 1202502131761 | Proposal No | 202503110042313 | |
| | | Partner Application No | 3142528701 | |
| 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 | 34910.67 | 34910.67 | 9% | 3,141.96 | 9% | 3,141.96 |
| Total | | 34910.67 | 34910.67 | | 3141.96 | | 3141.96 |
| Total Invoice Value (In Figure) | | | | | | | 41,195.00 |
| Total Invoice Value (In Words) | | | | Forty One | e Thousand On | e Hundred | Ninety Five |
| 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."