

Ref No.: GEN/WEL/SG/0008.3/3142830202

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: 3142830202
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

A handwritten signature in black ink, appearing to read "Luvish Shaha".

Authorised Signatory

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Commercial Vehicle Secure (Passenger Carrying Vehicle)
Comprehensive Policy
Certificate cum Policy Schedule

Policy / Certificate No: 3142830202

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: 27
Code:
Phone: NA
Mobile: 7218232277
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 00:00 to: 25/03/2026 Midnight
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 |
|---------------------|--------------|---------|---------------------|---------------------|--------------|---------------|--------------------------------------|----------------------------|------------------|----------------------|
| MH12RN0031 | EICHER | 10.75 H | STARLINE SCHOOL BUS | 2019 | PUNE | 264606 | 431235 | 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 (IMT 28) | 100.00 |
| Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts | 46.73 | Total Liability Premium (B) | 34,642.00 |
| Less: | | Section III | |
| No Claim Bonus Percent 25% | 89.56 | 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: Additional Excess ₹: Compulsory Deductible ₹:
No. of Claims for Depreciation Cover: Voluntary Deductible for Depreciation Cover ₹: Total Deductible ₹:

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 | 3142830202 | | |

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 next column) | Policy Clause Number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|----------------------|----------|-------------|-----------|--|-------------------|------------|----------------------------|--------------------|-------------|-------------------------|-----------|------------|--|-----------------|---|--------------|--|-------|---|-------|---------------|-------|---------------------|-------|----------------------------------|--------------|---|--|--|--|----------------|--------|---------|---------|--|--|--|--|--|
| 1 | Product Name | Commercial Vehicle Secure (Passenger Carrying Vehicle) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Unique Identification Number (UIN) allotted by IRDAI | IRDAN152RP0009V04201516 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Structure | <ul style="list-style-type: none"> State basis of Sum/Limit Insured <ul style="list-style-type: none"> Indemnity Fixed Benefit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | Interests Insured | Commercial Vehicle Secure (Passenger Carrying Vehicle) is designed to provide insurance cover to Passenger Carrying Commercial Vehicles | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Sum Insured / Motor Insured Declared Value Scope | <p>The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this policy which is fixed at the commencement of each policy period for the insured vehicle.</p> <p>The IDV of the vehicle (and accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle insured at the commencement of insurance/renewal and adjusted for depreciation.</p> <table border="1"> <thead> <tr> <th>Section</th> <th>Coverage</th> <th>Sum Insured</th> </tr> </thead> <tbody> <tr> <td>Section I</td> <td>Loss of Or Damage to The Vehicle Insured</td> <td>Refer below table</td> </tr> <tr> <td>Section II</td> <td>Liability to Third Parties</td> <td>As per Court Order</td> </tr> <tr> <td>Section III</td> <td>Towing Disabled Vehicle</td> <td>INR XXXXX</td> </tr> <tr> <td>Section IV</td> <td>Personal Accident Cover for Owner-Driver</td> <td>INR 15,00,000/-</td> </tr> </tbody> </table> <table border="1"> <tbody> <tr> <td>Insured Declared Value (IDV) of the Vehicle (INR)</td> <td>INR 8,90,001</td> </tr> <tr> <td>Non - Electrical Accessories fitted to the vehicle (INR)</td> <td>INR 0</td> </tr> <tr> <td>Electrical & Electronic Accessories fitted to the vehicle (INR)</td> <td>INR 0</td> </tr> <tr> <td>Trailer (INR)</td> <td>INR 0</td> </tr> <tr> <td>CNG / LPG Kit (INR)</td> <td>INR 0</td> </tr> <tr> <td>Total Value of the Vehicle (INR)</td> <td>INR 8,90,001</td> </tr> </tbody> </table> <p>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:</p> <ol style="list-style-type: none"> 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. 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. 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). 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 vehicle, subject to terms and conditions of the policy, exceeds 75% of the IDV of the vehicle. <p>Illustration of IDV Calculation IDV of the vehicle is calculated on ex-showroom price less depreciation depending on the age of the vehicle.</p> <table border="1"> <thead> <tr> <th colspan="4">Example: Ex-showroom price of the vehicle is INR 10,00,000.</th> </tr> <tr> <th>Age of vehicle</th> <th>1 Year</th> <th>2 Years</th> <th>3 Years</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | 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 Declared Value (IDV) of the Vehicle (INR) | INR 8,90,001 | Non - Electrical Accessories fitted to the vehicle (INR) | INR 0 | Electrical & Electronic Accessories fitted to the vehicle (INR) | INR 0 | Trailer (INR) | INR 0 | CNG / LPG Kit (INR) | INR 0 | Total Value of the Vehicle (INR) | INR 8,90,001 | Example: Ex-showroom price of the vehicle is INR 10,00,000. | | | | Age of vehicle | 1 Year | 2 Years | 3 Years | | | | | |
| 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 Declared Value (IDV) of the Vehicle (INR) | INR 8,90,001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non - Electrical Accessories fitted to the vehicle (INR) | INR 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Electrical & Electronic Accessories fitted to the vehicle (INR) | INR 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trailer (INR) | INR 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNG / LPG Kit (INR) | INR 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Value of the Vehicle (INR) | INR 8,90,001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Example: Ex-showroom price of the vehicle is INR 10,00,000. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Age of vehicle | 1 Year | 2 Years | 3 Years | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|--|--|--------------|--------------|--------------|
| | | 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 | <p>The coverages available under this policy are listed in below and will be applicable as mentioned in the Policy Schedule.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> | Policy Wordings - Section I, Section II, Section III, Section IV |
|---|-----------------|--|--|

| | | |
|---|--------------|----------------|
| 7 | Add-on Cover | Not Applicable |
|---|--------------|----------------|

| | | | |
|---|--------------------|--|--|
| 8 | Loss Participation | <p>Deductible</p> <p>Additional Excess: INR 0</p> <p>Compulsory Deductible: INR 1000</p> <p>Voluntary Deductible: INR 0</p> <p>Voluntary Deductible for Depreciation Cover: INR 0</p> <p>Total Deductible: INR 1000</p> | |
|---|--------------------|--|--|

| | | | |
|---|------------|--|---|
| 9 | Exclusions | <p>GENERAL EXCEPTIONS (Applicable to all Sections of the Policy) The Company shall not be liable under this Policy in respect of</p> <ol style="list-style-type: none"> 1. 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; 3. Any accidental loss damage and/or liability caused sustained or incurred whilst the vehicle insured herein is <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. | Policy Wordings - General Exclusions (Applicable to all Sections of the Policy) |
|---|------------|--|---|

For complete list of exclusions including Section-wise exclusions, refer the policy wordings

| 10 | Special Conditions and Warranties (if any) | <p>Special Conditions</p> <ul style="list-style-type: none"> • <p>Explain obligations of the Policyholder</p> <ul style="list-style-type: none"> •The insured shall take all reasonable steps to safeguard the vehicle from loss or damage and to maintain it in efficient condition and the Company shall have at all times free and full access to examine the vehicle or any part thereof or any driver or employee of the insured. In the event of any accident or breakdown, the vehicle shall not be left unattended without proper precautions being taken to prevent further damage or loss and if the vehicle be driven before the necessary repairs are effected any extension of the damage or any further damage to the vehicle shall be entirely at the insured's own risk. •The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy. | Policy Wording - Conditions | | | | | | | | | | | | |
|---|--|---|-----------------------------|--------------|---------------------|--------|-----------------------------|--------|---|-------|-----------------------|-------|---------------------|--------|-----------------------------|
| 11 | Admissibility of Claim | <ol style="list-style-type: none"> 1. 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. 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). <p style="text-align: center;">• Sample claim calculation process</p> <p>Mr. ABC has Motor policy and met with an accident. The claim amount (for OD Section) for this vehicle will be calculated as below:</p> <table border="1" data-bbox="391 1093 1268 1272"> <thead> <tr> <th>Details</th> <th>Amount (INR)</th> </tr> </thead> <tbody> <tr> <td>Vehicle Repair Cost</td> <td>50,000</td> </tr> <tr> <td>Amount assessed by surveyor</td> <td>48,000</td> </tr> <tr> <td>Depreciation applicable (Part Depreciation: Metal as per age, plastic 50%, Glass nil)</td> <td>5,000</td> </tr> <tr> <td>Compulsory deductible</td> <td>1,000</td> </tr> <tr> <td>Total Claim payable</td> <td>42,000</td> </tr> </tbody> </table> <p><i>** The above claim calculation is subject to change as per Add on covers opted and policy terms and conditions</i></p> | Details | Amount (INR) | Vehicle Repair Cost | 50,000 | Amount assessed by surveyor | 48,000 | Depreciation applicable (Part Depreciation: Metal as per age, plastic 50%, Glass nil) | 5,000 | Compulsory deductible | 1,000 | Total Claim payable | 42,000 | Policy Wording - Conditions |
| Details | Amount (INR) | | | | | | | | | | | | | | |
| Vehicle Repair Cost | 50,000 | | | | | | | | | | | | | | |
| Amount assessed by surveyor | 48,000 | | | | | | | | | | | | | | |
| Depreciation applicable (Part Depreciation: Metal as per age, plastic 50%, Glass nil) | 5,000 | | | | | | | | | | | | | | |
| Compulsory deductible | 1,000 | | | | | | | | | | | | | | |
| Total Claim payable | 42,000 | | | | | | | | | | | | | | |
| 12 | Policy Servicing - Claim Intimation and Processing | <ul style="list-style-type: none"> • Toll free / IVRS number of the insurer : 1800 266 4545 (8 AM TO 8 PM) • Website / Email: www.zurichkotak.com/ care@zurichkotak.com • Details of designated company officials to be contacted in time of claim: zkgi.motorclaimservices@zurichkotak.com <p>Details of procedure to be followed for cashless service (In case of Motor Insurance) as well as for reimbursement of claim</p> <p>In case of cashless process, please follow the below mentioned process</p> <ul style="list-style-type: none"> • Call our 12 hours helpline with details of accident and policy/cover note number. • Once the claim is registered, the customer support executive will provide you with a Claim Reference Number. • You will need to submit relevant documents to us such as - Driving license, RC copy, Policy copy etc. in accordance with the Policy terms and conditions. • We will arrange for an inspection in <ul style="list-style-type: none"> - 24 hours, if a claim is reported on a working day - Next working day, if a claim is reported on Sunday or Public holiday • On cashless facility confirmation, the vehicle would be repaired at a cashless garage and the payment would be made directly to the garage. • You will only have to pay the deductible as mentioned in the policy and the depreciation value, salvage etc. as informed by the surveyor. <p>In case of reimbursement process, you will have to submit documents to Zurich Kotak General Insurance</p> | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | |
|---------------------------------|---|---|--------------------------------------|----------------------------|--------------------------|---------|---------------------------------|--|----------------------|---|---------|--|---------|--|---------|--|--|
| | | <p>Company Ltd., and we will make the payment within 7 days of completion of documentation. The detailed list of documents required is mentioned in the claims form which can be downloaded from our website www.zurichkotak.com.</p> <p>• Turn Around Time (TAT) for claims settlement</p> <table border="1"> <tr> <td>Appointment of surveyor</td> <td>Immediate after intimation</td> </tr> <tr> <td>Survey report submission</td> <td>15 days</td> </tr> <tr> <td>Claims concluded by the insurer</td> <td>within 7 days after receipt of final survey report</td> </tr> <tr> <td>Settlement of claims</td> <td>Within 7 days after receipt of final survey report and/or the last relevant and necessary document as the case may be</td> </tr> </table> <p>• Escalation Matrix when TAT is not satisfied</p> <table border="1"> <tr> <td>Level 1</td> <td>regional.motorclaims@zurichkotak.com</td> </tr> <tr> <td>Level 2</td> <td>zonal.motorclaims@zurichkotak.com</td> </tr> <tr> <td>Level 3</td> <td>head.motorclaims@zurichkotak.com</td> </tr> </table> | 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 | Level 1 | regional.motorclaims@zurichkotak.com | Level 2 | zonal.motorclaims@zurichkotak.com | Level 3 | head.motorclaims@zurichkotak.com | |
| 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 | | | | | | | | | | | | | | | | |
| Level 1 | regional.motorclaims@zurichkotak.com | | | | | | | | | | | | | | | | |
| Level 2 | zonal.motorclaims@zurichkotak.com | | | | | | | | | | | | | | | | |
| Level 3 | head.motorclaims@zurichkotak.com | | | | | | | | | | | | | | | | |
| 13 | Grievance Redressal and Policyholders protection | <p>For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free number 1800 266 4545 or may write an e- mail at care@zurichkotak.com.</p> <p>In case the Insured is not satisfied with the response, Insured may contact the Grievance Officer of the Company at grievanceofficer@zurichkotak.com. In case if the Insured is not satisfied with the solution the Grievance Officer has provided, Insured can write to seniorgrievanceofficer@zurichkotak.com/ chiefgrievanceofficer@zurichkotak.com.</p> <p>However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal: https://bimabharosa.irdai.gov.in.</p> <p>You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. The details of the Insurance Ombudsman is available at Annexure I of the policy wording.</p> <p>The details of the Insurance Ombudsman/ complete Grievance Redressal Process is also available at Company's website: www.zurichkotak.com</p> <p>The updated details of Insurance Ombudsman offices are also available on the website of Council for Insurance Ombudsmen: www.cioins.co.in/Ombudsman</p> | Policy Wording - Grievance Redressal | | | | | | | | | | | | | | |
| 14 | Obligations of the Policyholder/ | <ul style="list-style-type: none"> • To disclose all information correctly sought by the insurer at time of filling the proposal form • In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the insurer immediately • Non-disclosure of material information may affect the claim settlement. • Disclosure of other material information during the policy period. <p>("Material Information" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk such as Purpose of the Vehicle, Usage of the Vehicle, Claim details (accident date, spot of accident, damaged parts etc.), details of vehicle, NCB details etc.)</p> | | | | | | | | | | | | | | | |

Declaration by the Policy Holder

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

Place

Date

Signature of the Policy Holder

Note:

- Please visit <https://www.zurichkotak.com/documents/customer-support/downloads> for product related documents including CIS
- 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 : 202503110052876

Proposal for : Renewal Policy

Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

| Registration No. | Vehicle Make/Model/Variant | Type of body | Fuel Type |
|------------------|-------------------------------------|--------------|-----------|
| MH12RN0031 | 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 | 264606 | 431235 | 30 |

Special conditions :

PROPOSER / OWNER'S DETAILS

1. Title and Name of the Insured:

2. Insured Permanent Address*

If Correspondence Address different from Permanent Address, please provide*:

3. Phone 4. Mobile * 5. Email ID*

6. Gender 7. Date Of Birth * 8. Nationality

Proposal Date & Time:

Policy Start Date:

Policy End Date:
(Comprehensive)

Policy End Date:
(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.

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. <input type="checkbox"/> Depreciation Cover# 3. <input type="checkbox"/> Return to Invoice 5. <input type="checkbox"/> Road Side Assistance 7. <input type="checkbox"/> Tyre Cover 9. <input checked="" type="checkbox"/> Additional PA Cover for Owner Driver Sum Insured 11. <input type="checkbox"/> Hospital Cash Benefit Max No. of days Select.. Per day benefit Select.. 13. <input type="checkbox"/> Additional Towing Charges Sum Insured | 2. <input type="checkbox"/> Engine Protect 4. <input type="checkbox"/> Consumable Cover 6. <input type="checkbox"/> Key Replacement Sum Insured 8. <input type="checkbox"/> NCB Protect 10. <input type="checkbox"/> Additional PA Cover for Passengers Sum Insured 12. <input type="checkbox"/> EMI Protect Monthly Amount No of EMIs Select.. 14. <input type="checkbox"/> Loss of Income Max No. of days Select.. Per day benefit Select.. | #If Depreciation cover is selected: Voluntary Deductible offered under the "Depreciation Cover", which would be applied over and above the Compulsory Deductible? No |
|---|---|--|

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 Accident cover for the Named passenger? No Please give details mentioned aside: | Name | CSI Opted (Rs) | *Nominee Name | Relationship |
| 3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No Please give details mentioned aside: | | | No. of Persons As Per Seating Capacity | C. S. I. (Per Person) |
| # 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 (IMT 28) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, no of person (2) | | | | |
| B) Legal Liability to Employee (IMT 29) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, no. of Person: C) Unnamed Passengers <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 below : <input type="checkbox"/> 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

1. Name and address of the previous insurer

2. Previous Policy Type 3. Previous Policy Number 4. Existing bonus %

5. Period of Insurance To

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 : 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 | 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 | 3142830202 |
| Receipt No | 1202502131761 | Proposal No | 202503110052876 |
| | | Partner Application No | 3142830201 |
| 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 Thousand One 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."