

Ref No.: GEN/WEL/SG/0008.3/3142830602

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: 3142830602 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

west Shaka

Authorised Signatory



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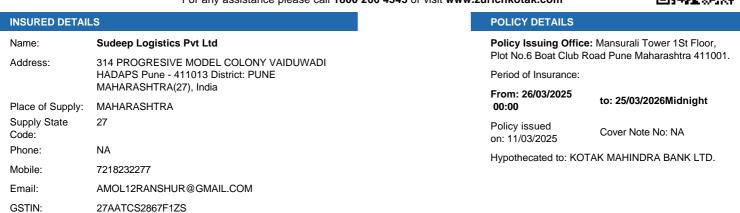


Commercial Vehicle Secure (Passenger Carrying Vehicle)

Comprehensive Policy Certificate cum Policy Schedule

Policy / Certificate No: 3142830602

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



VEHICLE DETAILS

Registration Number	Manufad	cturer	Model	Variant	Year of Manufactur	RTO Location	Engine Number	Vehicle Chassis/ Trailer Chassis No.	Licensed Carrying Capacity	Seating Capacity	Gross Vehicle Weight
MH12QG0342	EICH	ER	10.75 H	STARLINE SCHOOL BUS	2018	PUNE	189099	394220	30	30	0
IDV of Boo (in ₹)	dy	ID	vV of Chassis (in ₹)	Non - Ele Accessories the Vehicle	s fitted to	Electrical & Electron Accessories fitted to Vehicle (in ₹)		Trailer (in ₹)	CNG / LP (in ₹		Total Value of the Vehicle (in ₹)
0			8,00,001	0		0		0	0		8,00,001

Category School Bus

PREMIUM COMPUTATION TABLE (IN ₹)

Section I		Section II	
Own Damage		Liability	
Basic Own Damage	287.20	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	43.08	(IMT 28)	100.00
Less:		Total Liability Premium (B)	34,642.00
No Claim Bonus Percent 25%	82.57		
		Section III	
		Personal Accident	
Total Own Damage Premium (A)	247.71	Total Personal Accident Premium (C)	0.00
Taxable value of Services (A+B+C)			34,889.71
CGST @ 9%			3,140.07
SGST @ 9%			3,140.07
Total Premium (in ₹)			41,170.00
		, 	
eographical Area INDIA Additional E	Excess ₹	0 Compulsory Deductible ₹ 1,0	00
o. of Claims for Depreciation 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 Intermedia	ry Name BHAGYA	ASHRI 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	3142830602			

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

duresh Shaka

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		Descr (Please refer to applicable Policy)	iption / Clause Number in next	column)	Policy Clause Number
1	Product Name	Commercial Ve	ehicle Secure (Passenger Carrying Ve	hicle)		
2	Unique Identification Number (UIN) allotted by IRDAI	IRDAN152RPC	009V04201516			
3	Structure	 State basis Indemnity Fixed Bene 	s of Sum/Limit Insured			
4	Interests Insured		ehicle Secure (Passenger Carrying V rrying Commercial Vehicles	/ehicle) is designed to pro	ovide insurance cover to	
5	Sum Insured / Motor Insured Declared Value Scope	purpose of this The IDV of the manufacturer's	Declared Value (IDV) of the vehicle will policy which is fixed at the commence vehicle (and accessories if any fitted to listed selling price of the brand and n newal and adjusted for depreciation.	ement of each policy perio	od for the insured vehicle. d on the basis of the	
		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 8,00,001	
		Non - Electric	cal Accessories fitted to the vehicle (IN	R)	INR 0	
		Electrical & E	Electronic Accessories fitted to the vehi	cle (INR)	INR 0	
		Trailer (INR)			INR 0	
		CNG / LPG K	(it (INR)		INR 0	
		Total Value o	f the Vehicle (INR)		INR 8,00,001	
		The Compare accessories shall not exc a. For total loss the vehicle (b. For partial lo actual and r depreciation c. If a damage 'write-off' the loss' settlerr procured by d. In the event effective the Liability insu and submit of Motor Third The insured vehicle, subj	s / constructive total loss/cash-loss of t including accessories thereon) as spe bases, i.e. losses other than Total Loss easonable costs of repair and/or repla as per limits specified. d motor vehicle is assessed as being a Company shall grant the Policyholder ent (being the IDV less the assessed the Company including any submitted of a 'cash-loss' settlement, the Compa date of damage. Additionally, the Com- rrance policy after requiring the insured documentary evidence in original there Party liability insurance policy covering vehicle shall be treated as a CTL if the iect to terms and conditions of the policy	loss of damage and the the vehicle - the Insured's scified in the Schedule less s/Constructive Total Loss incoment of parts lost/dam unrepairable and hence a r the option to retain the w value of Salvage based of by or through the insured any is entitled to cancel the pany can cancel the statu d to either cancel the road the wreck effective the da a aggregate cost of retriever cy, exceeds 75% of the ID e less depreciation depen	liability of the Company a Declared Value (IDV) of as the value of the wreck. Scash-loss of the vehicle - laged subject to a wreck i.e. a 'total loss' or wreck and accept a 'cash on competitive quotes d). The Own Damage insurance tory Motor Third Party d registration of the wreck ce in original a statutory ate of damage. val and / or repair of the V of the vehicle.	
		Ago of yokin			<u> </u>	
		Age of vehic	le 1 Year	2 Years	3 Years	



C	Depreciation %	15%	20%	30%
1	IDV	INR 8,50,000	INR 8,00,000	INR 7,00,000
No	ote: The above Illustration i	is as per the depreciatior	n slabs mentioned in the p	policy wording for the age

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 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 III, Section IV
		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.	

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	Policy Wordings - General Exclusions
		 Any accidental loss or damage and/or liability caused sustained or incurred outside the geographical area; 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 	(Applicable to all Sections of the Policy)
		a. Being used otherwise than in accordance with the 'Limitations as to Use'. Orb. 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. 	
		 Any accidental loss or damage or liability directly or indirectly caused by or contributed to by or arising from nuclear weapons material. 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. 	



0	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 restension of the damage or any further damage to the vehicle and the vehicle of the damage or any further damage to the vehicle of the vehicle of the damage of the damage to the vehicle of the vehi	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				
		•The due observance and fulfillment of the terms, conditions a they relate to anything to be done or complied with by the insur answers in the said proposal shall be conditions precedent to payment under this Policy.	red and the truth of the statements and				
11 Admissibility of Clair		 Notice shall be given in writing to the Company immediately loss or damage in the event of any claim and thereafter the i assistance as the Company shall require. No admission offer promise payment or indemnity shall be m insured without the written consent of the Company which sh and conduct in the name of the insured the defence or settle name of the insured for its own benefit any claim for indemni discretion in the conduct of any proceedings or in the settlen give all such information and assistance as the Company m In the event of the death of the sole insured, this policy will n for a period of three months from the date of the death of insu (whichever is earlier). 	insured shall give all such information and nade or given by or on behalf of the nall be entitled if it so desires to take over ment of any claim or to prosecute in the ty or otherwise and shall have full nent of any claim and the insured shall ay require. not immediately lapse but will remain valid	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	ulated as below:				
		Details	Amount (INR)				
		Vehicle Repair Cost Amount assessed by surveyor	50,000 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				
		** The above claim calculation is subject to change as per Ado 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.cc Details of designated company officials to be contacted in time 	om				
		zkgi.motorclaimservices@zurichkotak.com Details of procedure to be followed for cashless service (In	case of Motor Insurance) as well as for				
		reimbursement of claim					
		 Call our 12 hours helpline with details of accident and policy/ 					
		Once the claim is registered, the customer support executive Number.					
		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				



			nin 7 days of completion of documentation. The detailed ims form which can be downloaded from our website	
		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 respon Company at grievanceofficer@zurichkotak.com. Ir Grievance Officer has provided, Insured can write chiefgrievanceofficer@zurichkotak.com. However, if the resolution provided by us is not sat Development Authority of India (IRDAI) through the You may also approach Insurance Ombudsman, s grievance.The details of the Insurance Ombudsman The details of the Insurance Ombudsman/ comple Company's website: www.zurichkotak.com	ise, Insured may contact the Grievance Officer of the in case 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 Redressal
		Insurance Ombudsmen:www.cioins.co.in/Ombud		
14	Obligations of the Policyholder/	 To disclose all information correctly sought by the In case of any change / modification / addition to brought to the notice of the insurer immediately. Non-disclosure of material information may affee Disclosure of other material information during the ("Material Information" for the purpose of this polic company in the proposal form and other connected to the proposal form and other connected to the purpose of the pur	he insurer at time of filling the proposal form to the already declared information the same shall be the claim settlement. the policy period. Exp shall mean all relevant information sought by the ed documents to enable it to take informed decision in se 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 : 202503110041331

Proposal for : Renewal Policy

41,170.00 Premium Amount (Inclusive of all applicable taxes)

Type of cover: Comprehensive Policy

Registration No.		Vehicle Ma	ake/Model/Variant	Type of body	F	Fuel Type			
MH12QG0342		EICHER /10.75	H/STARLINE SCHOOL BUS	BUS		Diesel			
Year of Manufacture IDV of Body 2018 0		DV of Body	IDV of Chassis	Engine Number Chassis Number		Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)			
		0	8,00,001	189099	394220	30			
Special conditions :					·				

PROPOSER / OWNER'S DETAILS

1. Title and Name of the In	nsured: Sudeep	Logistics Pvt Ltd		
2. Insured Permanent Add	dress* 314 PR	DGRESIVE MODEL COLON	IY VAIDUWADI HADA	APS District: PUNE 411013 MAHARASHTRA(27), India
If Correspondence Addres Permanent Address,pleas	1 314 PR	OGRESIVE MODEL COLON	IY VAIDUWADI HADA	APS Pune - 411013 District: PUNE MAHARASHTRA, India
-	·			
3.Phone	4.Mobile *	7218232277	5.Email ID*	AMOL12RANSHUR@GMAIL.COM
6.Gender	7.Date Of B	irth *	8.Nationality	
0.Gender			0.Nationality	
Proposal Date & Time:	11/03/2025 14:23			
riopodal Dato a Timo.	11/00/2020 11:20			
Policy Start Date:	26/03/2025 00:00			
Policy End Date:	05/02/2020 at midnigh			
(Comprehensive)	25/03/2026 at midnigh	11		
· · · · · · ·				
Policy End Date:	25/03/2026 at midnigh	nt		
(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.

Commercial Vehicle Secure (Passenger Carrying Vehicle) UINIRDAN152RP0009V04201516



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 Au	Date of Registration		G/LPG/Bi Fuel		Hire / Hypothecation dress of concerned (•	Color of Vehicle	No of Wheels		
PUNE		23/03/2018		Diesel	esel KOTAK MAHINDRA BANK LTD.			4		
IDV of Body (in INR)	-		es Ie	Elect Acces fitted	rical & tronic sories to the (in INR)	*Trailer (in INR)		/ LPG Kit INR)	*Total Value (in INR)	
0	8,00,001	0			0			0	8,00,001	

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	4. □ Consumable Cover	Deductible? No
5. Road Side Assistance	 Key Replacement Sum Insured 	
7. Tyre Cover	8. INCB Protect	
9. ☐ Additional PA Cover for Owner Driver Sum Insured 11. ☐ Hospital Cash Benefit Max No. of days Select Per day benefit Select	10. ☐ Additional PA Cover for Passengers Sum Insured 12. ☐ EMI Protect Monthly Amount 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 nominee is a mino						
2. Do you wish to include Personal Accident cover for the Named passenger?	Name	CSI Opted (Rs)	*Nominee Name	Relationship					
No									
Please give details mentioned aside:	Please give details mentioned aside:								
3. Do you wish to include Personal Accident cover for the Un-named Passengers / hirer / pillion passenger? No Please give details mentioned aside: C. S. I. (Per Person)									
# The maximum CSI available per person is	₹ 2 00 000 each in multiple	s of ₹ 10 000							
4. Do you wish to restrict Third Party Proper	ty Damage of ₹ 7.5 Lakh to t	he statutory TPPD liability lim	nit of ₹ 6,000/- only? No						
5. Legal liability against Third Party Risks: Do no of person (2)	o you wish to cover legal liab	ility? A) Paid Driver and/or Co	onductor and/or Cleaner	(IMT 28) ✓Yes No If Yes,					
B) Legal Liability to Employee (IMT 29)	es 🗹 No If Yes, no. of Persor	n: C) Unnamed Passengers	Yes 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 : [] 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	KOTAK-MANSURALI TO	WER,1ST FLOOR, PLOT NO	0.6						
2. Previous Policy Type Comprehensive 3	. Previous Policy Number	3142830601	4. Existing bonu	s 20 %					
5. Period of Insurance 26/03/2024 T	o 25/03/2025								
6. Details of Claims made: No									
Whether you are entitled to No Claim Bonus?	✓ Yes □NO								
	DETAI	LS OF DEPRECIATION							
Table 1:Schedule of depreciation for arriv	ving at IDV:								
The Insured's declared value (IDV) of the vehi insured vehicle	cle will be deemed to be the	'Sum insured' and it will be fix	ed at commencement of	f each policy period for each					
Age of The Vehicle Not exceeding 6 Months	% of Depreciation for fixin 5%	Exceeding 2 years	e Vehicle % but not exceeding 3 ars	6 of Depreciation for fixing IDV 30%					
Exceeding 6 months but not exceeding 1 year	15%	Exceeding 3 years	but not exceeding 4 ars	40%					
Exceeding 1 year but not exceeding 2 years	20%		but not exceeding 5	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: 41,170.00 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 I 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 (Bille	ed 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.6Boar 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	3142830602		
Receipt No	1202502131761	Proposal No	202503110041331		
	·	Partner Application No	3142830601		
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	34889.71	34889.71	9%	3,140.07	9%	3,140.07
Total		34889.71	34889.71		3140.07		3140.07
Total Invoice Value (In Figure)	41 1/()						41,170.00
Total Invoice Value (In Words)	Forty One Thousand One Hundred Seven						red Seventy
Whether Tax Payable or	Whether Tax Payable on a Reverse Basis or Not						No

For : Zurich Kotak General Insurance Company (India) Limited

west S

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."