

Ref No.: GEN/WEL/SG/0008.3/2277050602

Date: 30/04/2024

To,  
M/S. SUDEEP LOGISTICS PVT LTD  
SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL CO OP SOCIETY WAIDWADI HADAPS  
Pune - 411013  
District: PUNE  
MAHARASHTRA, India  
Contact Details 7498345679



Policy number: 2277050602  
CKYC ID: 80031420566485

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

Dear M/S. SUDEEP LOGISTICS PVT LTD,

We welcome you to Kotak Mahindra General Insurance Company Limited and thank you for choosing us as your preferred service provider.

This is with reference to your above mentioned Policy issued under Kotak Commercial Vehicle Secure (Passenger Carrying Vehicle).

Enclosed please find the Policy Schedule outlining the details of your policy. Kindly note that the proposal is underwritten and policy is issued based on the information submitted to us by you, as well as acceptance of the terms and conditions. Policy schedule must be read in conjunction with the product brochure and policy wordings. Please visit <https://www.kotakgeneral.com/customer-support/downloads> or scan above QR code for detailed policy wording.

We request you to carefully go through the same once again and in case of any disagreement, discrepancy or clarifications, please call us on our toll free number 1800 266 4545 or write to us at [care@kotak.com](mailto:care@kotak.com) within 15 days from the date of this letter. Alternatively, you can also write to us at 8th Floor, Kotak Infinity, Building No. 21 Infinity Park, Off Western Express Highway General AK Vaidya Marg, Malad (E) Mumbai - 400 097, India.

Please note that the information provided by you will be verified at the time of claim and the captioned Policy shall be treated as void in case of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any form whatsoever made by you or by your agent, on your behalf, at any stage.

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

As a valued customer, we would like to provide regular updates on your policy through email and SMS. We therefore request you to keep us updated of any change in your contact details.

Assuring you of our best services at all times.

Thanking you,

Yours sincerely,

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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

Policy / Certificate No: 2277050602

For any assistance please call 1800 266 4545 or visit [www.kotakgeneral.com](http://www.kotakgeneral.com)



**INSURED DETAILS**

Name: **M/S. SUDEEP LOGISTICS PVT LTD**  
Address: SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL  
CO OP SOCIETY WAIDWADI HADAPS Pune - 411013  
District: PUNE MAHARASHTRA(27), India  
Place of Supply: MAHARASHTRA  
Supply State Code: 27  
Phone: NA  
Mobile: 7498345679  
Email: AMOL12RANSHUR@GMAIL.COM  
GSTIN: 27AATCS2867F1ZS

**POLICY DETAILS**

**Policy Issuing Office:** Mansurali Tower 1St Floor, Plot No.6 Boat Club Road Pune Maharashtra 411001.  
Period of Insurance:  
**From: 19/05/2024 00:00 to: 18/05/2025Midnight**  
Policy issued on: 30/04/2024 Cover Note No: NA  
Hypothecated to: YES 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
MH12RN3039	FORCE MOTORS	TRAVELLER	SCHOOL BUS 17	2018	PUNE	7030892	KP037934	17	17	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	6,48,000	0	0	0	0	6,48,000

Category: **School Bus**

**PREMIUM COMPUTATION TABLE (IN ₹)**

Section I		Section II	
		<b>Liability</b>	
		Basic TP Including TPPD Premium	24,857.00
		Legal Liability to Paid Driver	100.00
		<b>Total Liability Premium (B)</b>	<b>24,957.00</b>
<b>Own Damage</b>		<b>Section III</b>	
Basic Own Damage	865.08	<b>Personal Accident</b>	
Add:			
Cover for Lamps Tyres Tubes Mudguards Bonnet Side parts	129.76		
Less:			
No Claim Bonus Percent 25%	248.71		
<b>Total Own Damage Premium (A)</b>	<b>746.13</b>	<b>Total Personal Accident Premium (C)</b>	<b>0.00</b>
<b>Taxable value of Services (A+B+C)</b>			<b>25,703.13</b>
CGST @ 9%			2,313.28
SGST @ 9%			2,313.28
<b>Total Premium (in ₹)</b>			<b>30,330.00</b>

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	2277050602		

## 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 30 day of April of 2024

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

For Kotak Mahindra General Insurance Company Limited



Authorised Signatory

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

**Transcript of Online Proposal****Guideline**

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

Proposal No : 202404300120369

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		
MH12RN3039	FORCE MOTORS /TRAVELLER/SCHOOL BUS 17	BUS	Diesel		
Year of Manufacture	IDV of Body	IDV of Chassis	Engine Number	Chassis Number	Licensed Carrying Capacity (LCC) (for Passenger Carrying Vehicle)
2018	0	6,48,000	7030892	KP037934	17

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	19/05/2018	Diesel	YES 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	6,48,000	0	0		0	6,48,000

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
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**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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, no of person (2)				
B) Other Employees <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 that the Owner Driver does not require Compulsory Personal Accident Cover as <input type="checkbox"/> Owner Driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of atleast 15 lacs.Tenure__ years  _____  to  _____  <input type="checkbox"/> The Vehicle to be insured is not owned by an individual <input type="checkbox"/> The Owner Driver does not have an effective driving license. (Note: Where the owner driver owns more than one vehicle, compulsory PA cover can be granted for any one vehicle as opted by him/her). Personal Accident cover for owner driver is compulsory for Sum Insured of 15 lacs for Two-wheeler, Private Car and Commercial Vehicles. Compulsory PA Cover for Owner Drivers cannot be granted where the vehicle is owned by a company, a partnership firm or a similar body corporate.				

**PREVIOUS INSURANCE DETAILS**

1. Name and address of 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 : 027525  
 Payment Amount: 6,55,175.00  
 Payment/Transaction Date: 29/04/2024  
 Bank Details: AXIS BANK LTD.,WANAWADI (PUNE),UTIB0000110

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

Intermediary Code: 8179400000



TAX INVOICE



Details of Receiver (Billed To)		Details of Supplier (billed by)	
<b>GSTIN/UIN</b>	27AATCS2867F1ZS	<b>Name :</b>	Kotak Mahindra General Insurance Company Limited
<b>Customer ID</b>	1010725719	<b>GSTIN :</b>	27AAFCK7016C1ZT
<b>Customer Name</b>	M/S. SUDEEP LOGISTICS PVT LTD	<b>Pan Number :</b>	AAFCK7016C
<b>Email ID</b>	AMOL12RANSHUR@GMAIL.COM	<b>CIN:</b>	U66000MH2014PLC260291
<b>Contact No</b>	7498345679	<b>Address:</b>	Mansurali Tower1St Floor, Plot No.6Boat Club RoadPune Maharashtra 411001.
<b>Address</b>	SAFALYA BUNGALOW NO-04 PROGRESSIVE MODEL CO OP SOCIETY WADWADI HADAPS, PUNE, 411013, MAHARASHTRA, India	<b>Date of Invoice</b>	30/04/2024
<b>IMD Code</b>	8179400000	<b>Invoice No</b>	2277050602
<b>Receipt No</b>	1202500162106	<b>Proposal No</b>	202404300120369
		<b>Partner Application No</b>	2277050601
<b>State Code</b>	27	<b>State Code:</b>	27
<b>Place Of Supply Name</b>	MAHARASHTRA - 27	<b>State Name</b>	MAHARASHTRA
		<b>IRN</b>	

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	25703.13	25703.13	9%	2,313.28	9%	2,313.28
<b>Total</b>		25703.13	25703.13		2313.28		2313.28
<b>Total Invoice Value (In Figure)</b>							30,330.00
<b>Total Invoice Value (In Words)</b>							Thirty Thousand Three Hundred Thirty
<b>Whether Tax Payable on a Reverse Basis or Not</b>				No			

For : Kotak Mahindra General Insurance Company Limited



Authorized Signatory

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