**Issue Office** 

Geographical Area

Insured Address

**Previous Insurer** 

& ECITY

Insured's Code/ Name

NO.U66010RJ2006PLC029979

CIN

## SHRIRAM GENERAL INSURANCE COMPANY LIMITED

E-8, EPIP, RIICO ICHETTHE ATECOMPOLICI STREET LA POLICIA.

POS - PCCV-4 (more) wheeled vehicles-capacity > 6 and 3 wheelers-carrying passengers-capacity (MOTOR COMMERCIAL VEHICLE (PACKAGE POLICY) - UIN No.IRDAN137RP0018V01200809 - SAC Code: 997134

IRDAI Registration Number 137

BE INSURED ... REST ASSURED

| 7847957766 67 With Sanlam group |
|---------------------------------|
| 418007/31/21/009763             |

Unregistered **GSTIN No. Of Insured** 

59204

105146688 / M/S PRINCIPAL BET COMPOSITE PU COLLEGE # BET INSTITUTIONS BISMILLAH NAGAR,, B G ROAD, BANGALORE, BANGALORE, BANGALORE, KARNATAKA

Policy No.

Issue Office Phone No.

| Insured Address    | 560089  |                                      |   |  |
|--------------------|---|--------------------------------------|---|--|
| Insured State Code | 29<br>Mr.SHABUDDIN - NA0000003359                               | NCB Discount (%) Period of Insurance | 45<br>From 15:16 Hrs of 16/09/2020 To<br>Midnight Of 15/09/2021 |  |
| Executive          |   |                                      |   |  |
| Agent Details      | Mr.MOHAMMED HASHIR ADNAN -<br>PS0000000916- Mobile No9341921734 |                                      |   |  |
| PAN No.            | CDYPA5523M  |                                      |   |  |
| Prop No TR No.     | N.A - N.A   | Prop Issue Date                      | N.A   |  |
| Gross Premium      | 50172   | IGST                                 | 0   |  |
| CGST               | 4516  | SGST/UTGST                           | 4516  |  |

Total

418007/31/20/002970 N.A Previous Policy No. Nominee for Owner/Driver N.A N.A **Nominee Relationship** Nominee Age N.A Appointee Relationship N.A Appointee Name

SHRIRAM GENERAL INSURANCE COMPANY

418007-Address-E-8, Sitapura, Jaipur,

KARNATAKA - 560004

India

MB1PAECD9GEBV2830

.....POLICY SERVICING OFFICE : 302,, 1st Floor, 41, A.J. Chambers,, BANGALORE,

REGISTRATION TYPE OF BODY / CUBIC CAPACITY ENGINE NO. & CHASSIS NO. MAKE - MODEL DATE OF YEAR OF MANF. MARK & PLACE **FUEL TYPE** REGN. DELIVERY KA - 51 - D - 4911 GBEZ203014 & ASHOK LEYLAND . BUS / DIESEL 3660 / 2016 25/06/2016

LYNX ALFBV 6/2

SCHOOL (41+D) BENGALURU IDV FOR THE IDV FOR TRAILER NON FLECTRICAL TOTAL VALUE FLECTRICAL CNG/LPG kit SI VEHICLE ACCESSORIES ACCESSORIES 1148175 1148175

**Own Damage Policy Period Liability Policy Period** From Date & Time | 16/09/2020 To Date & Time 15/09/2021 23:59 From Date & Time 16/09/2020 15/09/2021 23:59 To Date & Time Hrs of Midnight Hrs of Midnight 15:16 Hrs 15:16 Hrs SCHEDULE OF PREMIUM

A. OWN DAMAGE B. LIABILITY OD TOTAL 632.00 BASIC TP COVER 49490.00 **TOTAL PREMIUM** 50172.00 ADD :Legal Liability Coverages For Paid Driver 50.00 ADD: SGST/UTGST 9.00% ADD: CGST 9.00% 4516.00 TP TOTAL 49540.00 4516.00 PREMIUM AMOUNT 59204.00

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz ( Automobile Association, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tuition, Fibre Glass, CNG/LPG Unit, Geographical Extn, Imported Vehicle etc. wherever applicable )

CPA Policy number: , CPA Sum Insured: 0.00, CPA Company Name: N.A., CPA Valid From: N.A., CPA Valid To: N.A.

Deductibles under Section-I: Compulsory Deductible Rs. 1500
Subject to IMT Endorsement Printed herein/attached to: IMT-23, IMT-40, IMT-21

Hypothecation Agreement with:

Hire Purchase/Lease Agreement with:

Limit of Liability:

Under Section II-1(i) in respect of any one accident: as per Motor Vehicles Act, 1988. Under Section II-1(ii) in respect of any one claim or series of claims arising out of one event is Rs. 750000

P.A. Cover under Section III for Owner - Driver (CSI): Rs. 0

PreInspection Survey: Dented Part: AS PER THE PI PHOTOS DATED ON 15-09-2020 12:43 PM, Broken Part: AS PER THE PI PHOTOS DATED ON 15-09-2020 12:43 PM, Claim not payable for: N.A. IMPOSED EXCESS DETAILS: If claim is acceptable for then Rs. will be deducted as an imposed excess from final payable claim amount Preinspection Report: Applicable

Driver's Clause

Any person including insured : Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of passengers at the time of accident and that such a personsatisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989 Limitations as to Use:

Use Only In Connection With The Insured'S Business. The Policy Does Not Cover 1) Use For Organised Racing, Pace-Making, Reliability Trial Or Speed Testing. 2) Use Whilst Drawing A Trailer Except The Towing (Other Than For Reward) Of Any One Disabled Mechanically Propelled Vehicle. 3) Use For The Conveyance Of Passengers For Hire Or Reward By Any Person To Whom The Motor Vehicle Is Hired

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 Vehicle's Act 1988 The insurance under this policy is subject to conditions, clauses, warranties, endorsements as per forms attached. Warranted that in case of dishonour of premium cheque(s) the Company shall not be liable under the policy and thepolicy shall be void abinitio (from inception). I/We hereby certify that the policy to which the certificate as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of Motor Vehicles Act, 1988. In witness whereof the undersigned being authorised by and on behalf of the company has/have herein to set his/their hands at BANGALORE - JAYANAGAR

PLACE : BANGALORE -JAYANAGAR

We will contact you through phone,e-mail, letters, registered AD, sms, etc for renewal before/after the expiry date of your policy. If you do not want us to contact you, kindly send an e-mail for the same on

For NEFT/RTGS/IMPS or any other online payment kindly visit our website "www.shriramgi.com".

All the Amounts mentioned in this policy are in Indian Rupees Note :- Claim intimation after 48 hours will be considered as delayed intimation GSTIN No. 29AAKCS2509K1ZZ

Toll Free No.: 1800-300-30000, 1800-103-3009



SEAT CAP.

DRIVER)

(INCL

42 +





For and on behalf of

3115