



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Private Car Liability Policy

UIN Number - IRDAN190RP0001V01200203

Policy Number :17090131250200000309

POLICY ISSUING OFFICE: KHED BRANCH OFFICE (170901), OFFICE NO.04, 1ST FLOOR, , MUKADAM LANDMARK BLDG. NO.1, NR.TINBATTI NAKA, , OPP. JIJAMATA DYAN, KHED, DIST RATNAGIRI , MAHARASHTRA , 415709. PHONE NUMBER:02356263569 FAX NUMBER:NA / NA Email:nia.170901@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: MR. HANIF A. GHANSAR - (1D7805759) Mr. Mahesh Chandrakant Kondhalkar - (NIAAG00184759), PHONE NUMBER: / / 9673370349 LAND/FAX NUMBER:/ EMAIL:rock89mahesh@gmail.com / rock89mahesh@gmail.com	CLAIM CONTACT: Ratnagiri Non Suit Claim Hub (179001) ADDRESS: Naik Complex Shivaji Nagar Ratnagiri 415612 , , MAHARASHTRA , 415612. PHONE NUMBER: 1234567890 / MOBILE NUMBER: Email: ch179001@newindia.co.in
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INSURED DETAILS

Insured Name	TUSHAR AVINASH DONGARE	Customer ID	POC2324680 (PAN No :NA)
Insured Address	AT SANT TUKDOJI WARD NEAR BANGADE WELDING WORKSHOP SATEFAL ROAD HINGANGHAT ,,, HINGANGHAT ,MAHARASHTRA, 442301	Contact Number	/ / XXXXXX7858
		Email	SPARKPOLICY@GMAIL.CO M
		GSTIN	NA

POLICY DETAILS

Period of cover	06/05/2025 04:18:58 PM to 05/05/2026 11:59:59 PM	Receipt Number	10000089250500190317 - 06/05/25
Previous Insurer	Not available	Previous Policy Number	NA

VEHICLE DETAILS

Registration Number	MH-39-J-2795	Chassis no./Engine Number	WVWA12609CT025812/CF W201581
Make / Model	VOLKSWAGEN/CROSS POLO	Variant:	1.2 TDI
Year of manufacture	2012	Type of body / Type of Fuel	Saloon/Diesel
Colour	WHITE	Cubic capacity(cc) /Wattage(kW):	1199cc
Seating capacity including Driver	5	Name of registration authority	Nandurbar
Geographical Area / Zone	India	Name of the Financier	
Cover Note No/Cover Note Issue Date:	/	Automobile Association membership	none
FASTag ID:			

INSURED DECLARED VALUE (in Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
0	0	N/A	N/A		0

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	0	Basic TP Premium (+)PA premium for Paid Drivers And Others(100000 per person) for 1 person (IMT - 17)	3416 50
Calculated OD Premium	0	Calculated TP Premium	3466
Total OD Premium	0	Total TP Premium	3466
Net Premium in Rs			3,466
GST in Rs			624

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Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For redressal of your grievance, if any you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <https://newindia.co.in>.



Total Payable in Rs	4,090
Total Payable in Rs(in words):	RUPEES FOUR THOUSAND NINETY ONLY
GSTIN(Issuing Office)	27AAACN4165C3ZP
SAC	997134 (Motor vehicle insurance services)
Limitation as to use:The policy covers use for any purpose other than: a)Hire or reward b)Organized racing, OR c)Speed testing	
Limits of Liability:Limit of the amount the Company's Liability Under Section 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000	
For individual covers (OD) in RS:0	Compulsory excess in Rs:NA
Imposed excess in Rs:0	Voluntary excess in Rs:0
Persons or classes of persons entitled to drive:Any person including the 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 and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.	

PA cover for Owner Driver

Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
NONE	0	NONE	NA	NA

PA cover for named persons

Name	CSI Opted(Rs.)	Nominee	Relationship
none	0	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 3,466
SGST	9	312
CGST	9	312
IGST	0	0

In witness where of this policy has been signed at KHED BRANCH OFFICE on this 06-MAY-25WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO This policy is subject to the Terms, conditions and exceptions applicable to Liability Only policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 17,22,25.

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 certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

Anti Money Laundering Clause: In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

I/We hereby certify that the policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and XI of M.V. Act, 1988.

Date of Issue: 06/05/2025

For and on behalf of The New India Assurance Company Limited



(MANDAR KALE)
[BRANCH MANAGER]
Duly Constituted Attorney(s)

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.

Tax Invoice No : 17090125P0000512

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C