

**ROYAL SUNDARAM INSURANCE**

Sundaram Finance Group

**Royal Sundaram General Insurance Co. Limited**

(Formerly known as Royal Sundaram Alliance Insurance Company Limited)

**Corporate Office:** Vishranti Melaram Towers, No.2/319,

Rajiv Gandhi Salai (OMR), Karapakkam, Chennai - 600097.

**Registered Office:** 21, Patullos Road, Chennai - 600 002

Royal Sundaram IRDA Registration No.102 | CIN-U67200TN2000PLC045611

**Service Branch Address:** Office no.311,S No-307,Shanti Nagar,,W3-Hadapsar,PUNE - 411013.

Jul 30, 2025

Mr. VALMEEK SOPAN ADHAV  
A/P SHIKRAPUR BHUJBAL MALA  
TAL SHIRUR DIST PUNE 7719882020PIMPRICHINCHWAD,MAHARASHTRA  
412208

Telephone :

Mobile: 77xxxxxx20

**Intermediary Code:** OA512096  
**Intermediary Name:** Moseem Iliyas Shaikh .  
**Contact:** 8421887858**CERTIFICATE OF INSURANCE & POLICY SCHEDULE**

(See Form 51 of The Central Motor Vehicles Rules, 1989) Motor Vehicles Act, 1988

**Goods Carrying Vehicle Policy – Liability only [Reprint]**

|                                                                                                                                                                                                                                                                                                                                                                                                         |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------|
| <b>Certificate of Insurance and Policy No.</b><br>VGT0564588000100                                                                                                                                                                                                                                                                                                                                      |                       | <b>Policy Period:Period of insurance</b><br>From 17:47 hours on 31/07/2025 To Midnight of 30/07/2026 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>INSURED DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| Name of Insured                                                                                                                                                                                                                                                                                                                                                                                         | Insured Date of Birth | Geographical Area                                                                                    | Business/Profession                                                                                                                                                                                                                                                                                                                                                                                                                                             | Registration Authority              | Registration Date |
| Mr.VALMEEK SOPAN ADHAV                                                                                                                                                                                                                                                                                                                                                                                  | 12/08/1975            | India                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | PIMPRICHINCHWAD                     | 08/03/2002        |
| <b>VEHICLE DETAILS</b>                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| Registration Number                                                                                                                                                                                                                                                                                                                                                                                     | MH14V1942             | Model Description                                                                                    | TATA LPT 407 /31 Cab                                                                                                                                                                                                                                                                                                                                                                                                                                            | Gross Vehicle Weight(Kgs)           | 5,300             |
| Engine Number                                                                                                                                                                                                                                                                                                                                                                                           | 497SPTC31BXZ860692    | Type of Body                                                                                         | Open                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Seating Capacity (including Driver) | 2                 |
| Chassis Number                                                                                                                                                                                                                                                                                                                                                                                          | 357124BXZ803550       | Public Carrier/Private Carrier                                                                       | Public Carrier                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Fuel Type                           | Diesel            |
| Make of the Vehicle                                                                                                                                                                                                                                                                                                                                                                                     | Tata Motors Ltd.      | Year of Manufacture                                                                                  | 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Total Premium (in Rs.)              | 18,465            |
| <b>LIMITATIONS AS TO USE:</b> As per Motor Vehicles Rules, 1989 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) Organised racing b) Pace Making c) Speed testing d) Reliability Trials                                  |                       |                                                                                                      | <b>DRIVER:</b> Persons or class of persons permitted to drive public/private carrier - 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 requirements of Rule 3 of The Central Motor Vehicles Rules, 1989. |                                     |                   |
| <b>LIMITS OF LIABILITY:</b><br>Under Section II-1 (i) of the Policy - Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.<br>Under Section II-1 (ii) of the Policy -Damage to Third Party Property - Rs750,000. In respect of any one claim or series of claims arising out of one event.                                                 |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>Nominee Name : LEGAL HEIR</b>                                                                                                                                                                                                                                                                                                                                                                        |                       | <b>Nominee Age : 40</b>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Relationship with : SPOUSE</b>   |                   |
| <b>Guardian Name :</b>                                                                                                                                                                                                                                                                                                                                                                                  |                       | <b>Guardian Age : 0</b>                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>Guardian Relation :</b>          |                   |
| Personal Accident Cover for Owner - Driver under Section IV Capital Sum Insured : Rs. 1,500,000/-                                                                                                                                                                                                                                                                                                       |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>B - LIABILITY</b>                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 1. Basic premium including premium for TPPD                                                                                                                                                                                                                                                                                                                                                             |                       | 16,049.00                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 2. Less: For restricted TPPD cover for Rs.6000/-(IMT 20)                                                                                                                                                                                                                                                                                                                                                |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 3. Trailers                                                                                                                                                                                                                                                                                                                                                                                             |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 4. Bi-fuel kit (CNG)                                                                                                                                                                                                                                                                                                                                                                                    |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>Add:Personal Accident Benefits</b>                                                                                                                                                                                                                                                                                                                                                                   |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 5. Geographical Area Extn.Endt.IMT-1                                                                                                                                                                                                                                                                                                                                                                    |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 6. Under Section IV (Owner Driver), CSI Rs.1,500,000                                                                                                                                                                                                                                                                                                                                                    |                       | 315.00                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 7. P.A Cover to Paid Driver, CSI Rs. 0(IMT 17)                                                                                                                                                                                                                                                                                                                                                          |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>Legal Liability</b>                                                                                                                                                                                                                                                                                                                                                                                  |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 8. To Paid Driver/Cleaner (IMT 28)                                                                                                                                                                                                                                                                                                                                                                      |                       | 50.00                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ADD: SGST</b> 1,000.29           |                   |
| 9. To Coolies (IMT 39)                                                                                                                                                                                                                                                                                                                                                                                  |                       | 50.00                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>ADD: CGST</b> 1,000.29           |                   |
| 10.NFPP to employees (IMT 37)                                                                                                                                                                                                                                                                                                                                                                           |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 11. NFPP to non - employees (IMT 37-A)                                                                                                                                                                                                                                                                                                                                                                  |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 12. Usage of Commercial and Private Purpose - IMT 34                                                                                                                                                                                                                                                                                                                                                    |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| 13. Indemnity to Hirer_Liability- IMT - 45                                                                                                                                                                                                                                                                                                                                                              |                       | 0.00                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>TOTAL LIABILITY PREMIUM (B)</b>                                                                                                                                                                                                                                                                                                                                                                      |                       | <b>16,464.00</b>                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>TOTAL PREMIUM</b> 18,464.58      |                   |
| In Witness whereof this Policy has been signed at Chennai on 30/07/2025 in lieu of Cover note No. dated Receipt No. CBCEAP3469788.Subject to IMT Endt. Nos & Memorandum 39,28. 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 Chapter XI of the Motor Vehicles Act, 1988. |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>IMPORTANT NOTICE:</b> The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.                                                                                                                                                                                                                                                               |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| <b>For Royal Sundaram General Insurance Co. Limited</b>                                                                                                                                                                                                                                                                                                                                                 |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| Consolidated Stamp Duty Paid to Govt of TamilNadu                                                                                                                                                                                                                                                                                                                                                       |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| This document is digitally signed, hence counter signature / stamp is not required.                                                                                                                                                                                                                                                                                                                     |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |
| Authorised Signatory                                                                                                                                                                                                                                                                                                                                                                                    |                       |                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                   |

For Legal interpretation, English version will hold good.

GSTIN :27AABCR7106G1ZJ

PAN Number:AABCR7106G

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You can reach us through the details given below Mon - Sat 8.00am to 9.00pm and Sunday up to 5.00pm



Call:1860 425 0000,1860 258 0000



SMS:type &lt;MOTORCLAIMS&gt; and send to 567675



E-Mail:customer.services@royalsundaram.in



www.royalsundaram.in

## GST Invoice

Royal Sundaram General Insurance Co. Limited  
W3:W3-Hadapsar  
Address: Office no.311,S No-307,Shanti Nagar,,W3-Hadapsar,PUNE - 411013.  
GSTIN: 27AABCR7106G1ZJ

Policy Number : VGT0564588000100  
GST Invoice Number : VGT056458800000  
Invoice Date : 31/07/2025

Address of insured:  
Insured Name: Mr.VALMEEK SOPAN ADHAV  
A/P SHIKRAPUR BHUJBAL MALA  
TAL SHIRUR DIST PUNE 7719882020  
  
PIMPRICHINCHWAD  
State:MAHARASHTRA  
Pincode: 412208

| HSN<br>SAC | Taxable<br>Value | CGST  |        | SGST/UTGST |        | IGST |        | Total<br>Amount |
|------------|------------------|-------|--------|------------|--------|------|--------|-----------------|
|            |                  | Rate  | Amount | Rate       | Amount | Rate | Amount |                 |
| 997134     | 415.00           | 9.00% | 37.35  | 9.00%      | 37.35  |      |        | 490.00          |
| 9971       | 16,049.00        | 6.00% | 962.94 | 6.00%      | 962.94 |      |        | 17,975.00       |

Indication if tax payable under reverse charge - No

"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."

**Note:** "This document is digitally signed"

"This document is electronically generated.This document should be issued along with the Policy document.This document stands invalid,if issued separately"

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