



Please scan the  
code to view the  
policy details

QR code for mobile download app:

Name : Mr. NILESH CHANDRASEN TAKAWALE  
Address : AP HARAGUDE, TAL PURANDAR , DIST.  
PUNE MAHARSHTRA 7350789005, , Pune, ,  
Maharashtra, 412311 India.  
Contact No : 8421257858  
Email Id : SPARKPOLICY@GMAIL.COM

## SCHEDULE CUM CERTIFICATE COMMERCIAL VEHICLE INSURANCE POLICY-PACKAGE (MISCELLANEOUS VEHICLES)

Policy / Certificate No : POCMVM10100264896

Alternate Policy No :

Customer ID :

Policy Servicing Branch : Pune II

Intermediary Name : SPARKSHIELD INSURANCE BROKER  
PRIVATE LIMITED

Intermediary Code : 504828

Intermediary Contact : +91-8421887858  
No

Period of Insurance : From:16/09/2025 15:47:00  
To:15/09/2026 23:59:59

Dear Mr. NILESH CHANDRASEN TAKAWALE,

Welcome to the SBI General Family. With SBI General's **Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles)** you can be in control & enjoy the journey no matter what roadblocks life throws at you.

### About Your Policy



Policy /  
Certificate No.

POCMVM10100264896



Policy Issue  
Date

16/09/2025 15:59:22



Period of  
Insurance

From:16/09/2025 15:47:00  
To:15/09/2026 23:59:59



Policy  
Type

Package



Geographical Area

India

## About Your Vehicle



Vehicle Make  
Model & Variant

New Holland 3600 & 47 HP



Registration  
Number

NEW



Manufacturing  
Year

2025



Horse Power

47



Trailer  
Details

..



Fuel

Diesel



Engine & Chassis  
Number

431904DX &  
NHN36000ZRA680681



RTO  
Location

Pune

## About Vehicle Insured Declared Value (IDV)

| Vehicle IDV (Rs.) | Trailer Details (Rs.) | Non Electrical<br>Accessory (Rs.) | Electrical Accessory<br>(Rs.) | Bi-Fuel Kit (Rs.) | Total IDV (Rs.) |
|-------------------|-----------------------|-----------------------------------|-------------------------------|-------------------|-----------------|
| 674500            | 0.0                   | 0.0                               | 0.0                           | 0                 | 674500          |

## Coverage Details

Your Policy provides protection such as :

| Own Damage                                          | Third Party                                  |
|-----------------------------------------------------|----------------------------------------------|
| Protection to Vehicle                               | Protection towards Third Party Liability     |
| Damage due to external means                        | Death or Injury to any Third Party           |
| Fire due to self ignition or explosion or lightning | Personal Accident to Owner Driver (if opted) |
| Theft, Burglary                                     | Damage to Third Party Property               |
| Damage due to man made or natural calamities        |                                              |

## We Cover You For

| Own Damage Premium                                                                 |                                                  | Third Party Premium                |          |
|------------------------------------------------------------------------------------|--------------------------------------------------|------------------------------------|----------|
| Own Damage Basic                                                                   | 802.66                                           | Basic TP                           | 7,267.00 |
| Cover for Lamps / Tyres / Tubes<br>Mudguards/ Bonnet / Highlights<br>and Paintwork | 120.40                                           | Legal Liability to<br>Paid Drivers | 50.00    |
| <b>Total Own Damage Premium (A)</b>                                                | 923.05                                           | PA for Owner<br>Driver             | 325.00   |
| <b>NET PREMIUM (A+B)</b>                                                           | 8,565.05                                         | <b>Total TP Premium<br/>(B)</b>    | 7,642.00 |
| <b>GST</b>                                                                         | 1,541.70                                         |                                    |          |
| <b>FINAL PREMIUM</b>                                                               | 10,107.00                                        |                                    |          |
| <b>Subject to I.M.T Endorsement<br/>Nos.(IMT Nos):</b>                             | IMT_7, IMT_52, IMT_21, IMT_49,<br>IMT_23, IMT_28 |                                    |          |

Add-on Details

Sum Insured

Opted/ Non-Opted

### What Your Policy Does Not Cover



Depreciation, Wear & Tear, Mechanical or Electrical Breakdown



Non Accidental Damage to Tyre and Tubes



Driving under influence of intoxicating Liquor / Drugs



Accident outside India unless opted for



Liability arising out of Contractual Liability



Driving outside purview of Limitation of use or Vehicle driven for purpose not allowed

### How To File Your Claims Without Any Stress

FOR NETWORK GARAGE



Take your Vehicle to a network garage\*

\*Service at 1500 + Network Garages



Avail the ease of our cashless facility

FOR NON-NETWORK GARAGE



Reimburse your expenses post-repair in case of a non-network garage



Fill in the claim form and submit necessary documents at the nearest SBI General Branch

In the event of loss and / or damage arising out of the use of the insured vehicle giving rise to a probable claim being filed by a Third Party towards bodily injury / death / property damage, please inform the Company at 1800 22 1111 or SMS 'CLAIM' to 561612 or email your details on [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)

### Renewal

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, Insurer shall not be bound to give notice that such renewal premium is due

| Toll Free Number     | Website                                                         | SMS to 56161           | Mobile App                                                      |
|----------------------|-----------------------------------------------------------------|------------------------|-----------------------------------------------------------------|
| <b>1800-102-1111</b> | <b><a href="http://www.sbigeneral.in">www.sbigeneral.in</a></b> | <b>Renew Policy No</b> | <b>Download SBI General Mobile App on Playstore or Appstore</b> |

## Grievance Redressal Procedure

1

If you are dissatisfied with the resolution provided, you may write to [head.customercare@sbigeneral.in](mailto:head.customercare@sbigeneral.in). We will look into the matter and decide the same expeditiously within 14 days from the date of receipt of your complaint.  
For Senior Citizens: Senior Citizens can reach us at [seniorcitizengrievances@sbigeneral.in](mailto:seniorcitizengrievances@sbigeneral.in); Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm).

2

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may send your Appeal addressed to the Chairman of the Grievance Redressal Committee at : [gro@sbigeneral.in](mailto:gro@sbigeneral.in) or contact at: 022-42412070

Address: Grievance Redressal Officer, 9th Floor, A & B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099

List of Grievance Redressal Officers at Branch:

<https://content.sbigeneral.in/uploads/0449cac1bcd144bbb160d3f6b714fbbd.pdf/>

3

In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link <https://bimabharosa.irdai.gov.in/Home/Home>

4

If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at <https://www.cioins.co.in/Ombudsman>

If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255 or You can register an online complaint on the website <http://igms.irda.gov.in>

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For Insurance Ombudsman Offices, kindly visit our website

<https://www.sbigeneral.in/portal/buy-online/quick-assist/Locate us/Ombudsman Office List>

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## Terms And Conditions

### Limitation As To Use

#### 1). Agricultural and Forestry Vehicles IZ-303

Use only for agricultural and forestry purposes.

##### The Policy does not cover

- (1) Use for hire or reward or for racing pace making reliability trial or speed testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a greater number of trailers in all than is permitted by law

#### 2. Ambulances/Hearses IZ-303

\*Use only for ambulance purposes

##### The Policy does not cover

- (1) Use for hire or reward or for racing, pace making, reliability trial or speed testing.
- (2) Use whilst drawing a trailer except the towing (other than for reward) of any one of disabled mechanically propelled vehicle.

\* In the case of Hearses, substitute "Use only as a hearse"

#### 3. Cinema Film Recording and Publicity Vans, Delivery Trucks, Pedestrian Controlled Trolleys and Vehicle used for Driving Tuition IZ - 303

Use in connection with the insured's business.

##### The Policy does not cover :

- (1) Use for hire or reward or for racing pace making reliability trial or speed testing.
- (2) Use for carriage of passengers for hire or reward.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

Note: in case of vehicles used for Driving Tuition, add the words other than for the purpose of driving tuitions after the words hire or reward

#### 4. Cranes - Breakdown Vehicles, Mobile Cranes and Goods Carrying vehicles having a crane as a part of or fixed to the Vehicle or Trailer. IZ-303

Use in connection with the insured's business.

##### The Policy does not cover :

- (1) Use for racing pace making reliability trial or speed testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a greater number of trailers in all than is permitted by law.

#### 5. Dust Carts, Water Carts, Road Sweepers and Tower Wagons Mechanical Navies, Shovels, Grabs, Excavators, Mobile Plant, Road Rollers, Site Clearing and Leveling Plant, and Tar Sprayers IZ-303

Use in connection with the insured's business.

##### The Policy does not cover :

- (1) Use for racing pace making, reliability trial or speed testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

#### 6. Fire Brigade and Salvage Corps Vehicles IZ-303

Use for \*\* \_\_\_\_\_ purposes

##### The Policy does not cover :

- (1) Use for hire or reward or for racing pace making reliability trial or speed testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

\*\* Insert Fire Brigade or Salvage Corps as appropriate.

NOTE : Where premium is paid for use of trailers, amend (2) or (3) as applicable to read "Use whilst drawing a greater number of Trailers in all than is permitted by law".

## Terms And Conditions

|                       |                                                                                                                                                                                                                                                                                                            |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limitations As To Use | <p><b>7. Mobile Shops and Canteen IZ - 303</b><br/>Use in connection with the Insured's business</p> <p><b>The Policy does not cover :</b><br/>(1) Use for hire or reward or for racing pace making reliability trial or speed testing.<br/>(2) Use for the carriage of passengers for hire or reward.</p> |
| Our Recommendation    | Simply do not use vehicle for the purpose it is not allowed.                                                                                                                                                                                                                                               |

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drivers Clause     | <p><b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE:</b> "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 the accident and that such a person satisfies the requirements of Rule 3 of the central motor vehicle rules, 1989".</p> <p><b>NON-TRANSPORT VEHICLES:</b> Provided that the 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.</p> |
| Our Recommendation | Drive only when you hold a Valid Drivers License in India.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## Terms And Conditions

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limits Of Liability | <p>a. Under Section II-1(I) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988.</p> <p>b. Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control or the insured up to the limits specified ₹ 7,500,00/-</p> <p>c. PA Cover for owner-driver under Section-III CSI - ₹1,500,000/- (if opted).</p> |
| Our Recommendation  | Know what your policy covers.                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

|            |                                                                                                                                                                                           |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Deductible | <p>(i) Compulsory Deductible 0.5% of IDV of the vehicle subject to minimum of ₹ 3372.5/-</p> <p>(ii) Voluntary Deductible ₹ 0/-</p> <p>(iii) Additional Compulsory Deductible ₹/- 0/-</p> |
|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                    |                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Special Conditions | <p>Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.</p> <p>The Policy has been issued subject to valid Pollution Under Control (PUC) Certificate disclosed by you as an insured on or before the date of commencement of the Policy. If the PUC Certificate is not found valid at any point of time during the policy period, the Company reserves the right to cancel the policy.</p> |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| No Claim Bonus | <p>The Insured is entitled for a No Claim Bonus (NCB) on the Own Damage section of the Policy, if no claim is made or is pending during the preceding year(s), as follows:</p> <p>The preceding year - 20%; Preceding two consecutive years - 25%; Preceding three consecutive years - 35%; Preceding four consecutive years - 45%; Preceding five consecutive years - 50%.</p> <p>The No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous Policy.</p> |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Important Details

#### PREVIOUS POLICY DETAILS

| Previous Insurer | Previous Policy NO | Period of Insurance | Previous Policy Type |
|------------------|--------------------|---------------------|----------------------|
|                  |                    | to                  |                      |

| Financier Details | CPA Nominee Details                                                                               | POSP Details                                                                                                             |
|-------------------|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| YES BANK LTD,PUNE | Nominee Name: NILESH CHANDRASEN TAKAWALE<br>Nominee DOB: 1991-09-10<br>Nominee Relationship: Self | Name : SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED<br>Code : 504828<br>Mobile No : +91-8421887858<br>Landline No : null |

### Premium Receipt

This is to confirm and certify that we have received premium(s) from the below named Policy Holder

|                    |                                                                                                 |
|--------------------|-------------------------------------------------------------------------------------------------|
| Policy Number      | POCMVMI0100264896                                                                               |
| Policy Holder Name | NILESH CHANDRASEN TAKAWALE                                                                      |
| Intermediary Name  | SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED                                                    |
| Receipt Number     |                                                                                                 |
| Product Name       | SCHEDULE CUM CERTIFICATE COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE (MISCELLANEOUS VEHICLES) |
| Receipt Date       | 16/09/2025 15:59:22                                                                             |
| Policy Start Date  | 16/09/2025 15:47:00                                                                             |
| Policy End Date    | 15/09/2026 23:59:59                                                                             |
| Premium Paid by    | NILESH CHANDRASEN TAKAWALE                                                                      |

\*Cheque dishonor - If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque.



**Authorized Signatory**

For SBI General Insurance Company Limited



To Verify your Policy details click/visit <https://www.sbigeneral.in/policyprint/motor>

**GST INVOICE** : You may download GST invoice from [www.sbigeneral.in/download/](https://www.sbigeneral.in/download/)

The information provided herein above is for the purpose of illustration only. For more details on risk factors, terms, conditions and exclusions, please read the Policy wordings <https://www.sbigeneral.in/portal/downloads/business/motorinsurance/Commercial Motor Insurance carefully>.

Declaration



As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

## Proposal Details

|                         |                                                                                                 |
|-------------------------|-------------------------------------------------------------------------------------------------|
| Proposal Transcript For | Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles)                          |
| Proposer Name           | NILESH CHANDRASEN TAKAWALE                                                                      |
| Proposer Address        | AP HARAGUDE, TAL PURANDAR , DIST. PUNE MAHARSHTRA<br>7350789005, , Pune, , Maharashtra, 412311. |
| Proposer Contact Number | 8421257858                                                                                      |
| Proposer Email Address  | SPARKPOLICY@GMAIL.COM                                                                           |

Policy POCMVM10100264896 is issued based on the correct information given by you. In case any information is incorrect or require changes we request you to revert within a period of 15 days from receipt of this document failing which it will be deemed that you are agreeing to correctness of the information mentioned in this document.

|                                        |                            |
|----------------------------------------|----------------------------|
| <b>Insured Name</b>                    | NILESH CHANDRASEN TAKAWALE |
| <b>Nominee details</b>                 |                            |
| <b>Name of the Nominee*</b>            |                            |
| <b>% Share of Claim Amount</b>         |                            |
| <b>Date of Birth*</b>                  |                            |
| <b>Age*</b>                            |                            |
| <b>Gender (M/F/O)</b>                  |                            |
| <b>Relationship with Policyholder*</b> |                            |
| <b>Mobile No. of the Nominee*</b>      |                            |
| <b>Address of the Nominee</b>          |                            |
| <b>Nominee Email ID</b>                |                            |
| <b>Account Number</b>                  |                            |
| <b>IFSC Code</b>                       |                            |
| <b>Bank Name</b>                       |                            |
| <b>Branch Name</b>                     |                            |

|                                                               |                            |
|---------------------------------------------------------------|----------------------------|
| <b>* If Nominee is a minor, give the details of Appointee</b> |                            |
| <b>Insured Name</b>                                           | NILESH CHANDRASEN TAKAWALE |
| <b>Name of Appointee*</b>                                     |                            |
| <b>DOB*</b>                                                   |                            |
| <b>Gender</b>                                                 |                            |
| <b>Relationship with Nominee*</b>                             |                            |
| <b>Address of the Appointee</b>                               |                            |
| <b>Appointee Mobile no*</b>                                   |                            |
| <b>Account Number</b>                                         |                            |
| <b>IFSC Code</b>                                              |                            |
| <b>Bank Name</b>                                              |                            |
| <b>Branch Name</b>                                            |                            |

Details as shared by you with us is as below.

## Your Vehicle Details

|                                    |                   |
|------------------------------------|-------------------|
| Registration Number                | NEW               |
| RTO Location                       | Pune              |
| Engine Number                      | 431904DX          |
| Chassis Number                     | NHN36000ZRA680681 |
| First Purchase / Registration Date | 16/09/2025        |
| Year of Manufacture                | 2025              |
| Vehicle Make                       | New Holland       |
| Vehicle Model                      | 3600              |
| Vehicle Variant                    | 47 HP             |
| Cubic Capacity / Kilo Watt / Gross | 1                 |
| Vehicle Weight / Horsepower        | 47                |

|                                    |        |
|------------------------------------|--------|
| Fuel                               | Diesel |
| Seating Capacity including Driver  | 1      |
| Carrying Capacity excluding Driver | 0      |

Expiring Policy Details

|                   |                         |
|-------------------|-------------------------|
| Details           | Expiring Policy Details |
| Insurer Name      |                         |
| Policy Number     |                         |
| Policy Start Date | 16/09/2025 15:47:00     |
| Policy End Date   | 15/09/2026 23:59:59     |
| Policy Type       |                         |
| No Claim Bonus %  | 0%                      |
| Claim Made        | No                      |

Coverage & Terms Opted

|                                              |                                                    |
|----------------------------------------------|----------------------------------------------------|
| Period of Insurance Own Damage               | From:16/09/2025 15:47:00<br>To:15/09/2026 23:59:59 |
| Period of Insurance Third Party              | From:16/09/2025 15:47:00<br>To:15/09/2026 23:59:59 |
| Period of Insurance PA cover to Owner Driver | From:16/09/2025 15:47:00<br>To:15/09/2026 23:59:59 |

### Insured Declared Value (IDV)

| Vehicle IDV (Rs.) | Electrical Accessories (Rs.) | Non - Electrical Accessories (Rs.) | CNG / LPG Kit (Rs.) | Body Value (Rs.) | Trailer (Rs.) | Total (Rs.) |
|-------------------|------------------------------|------------------------------------|---------------------|------------------|---------------|-------------|
| 674500            | 0                            | 0                                  | 0                   | 0                | NA            | 674500      |

### Additional Covers

|                                                  |     |                                 |
|--------------------------------------------------|-----|---------------------------------|
| Voluntary Excess Opted                           |     | NA                              |
| PA Cover to Owner Driver of Rs. 15 Lakhs         | Yes | 325                             |
| PA Cover to Unnamed Passenger / Pillion Rider    |     | NA                              |
| PA cover to Paid Driver                          | No  |                                 |
| Legal Liability to Paid Driver / Employees       |     | 1,1                             |
| Third Party Property Damage Restriction Limit    |     | 750000                          |
| Add on covers - Kindly refer Policy Schedule     |     |                                 |
| Hypothecation / Lease / Hire Purchaser Name      | Yes | Hypothecation,YES BANK LTD,PUNE |
| Valid PUC certificate will be carried in vehicle | Yes |                                 |
| Policy premium including Tax                     |     | 10107                           |

I/We agree to receive policy document on registered mobile number / email address as given in this document.

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.

I/We confirm that premium is paid from bonafide sources of income.

|                                         |                                                                                                                                                                    |                         |             |        |               |                                                                                                               |                     |                     |      |        |
|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------|--------|---------------|---------------------------------------------------------------------------------------------------------------|---------------------|---------------------|------|--------|
| GST INVOICE                             |                                                                                                                                                                    |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| GST Invoice No:                         | 815316870367                                                                                                                                                       |                         |             |        |               | GST Invoice Date:                                                                                             |                     | 16/09/2025T00:00:00 |      |        |
| GST No. (SBI General)                   | 27AAMCS8857L1ZC                                                                                                                                                    |                         |             |        |               | SBI General State                                                                                             |                     | Maharashtra         |      |        |
| SBI General Branch Address:             | SBI General Insurance Company Limited,<br>Registered Office: & Corporate Office: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099. |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| Details of Policy Holder:               |                                                                                                                                                                    |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| Name:                                   | Mr. NILESH CHANDRASEN TAKAWALE                                                                                                                                     |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| Address:                                | AP HARAGUDE, TAL PURANDAR , DIST. PUNE MAHARSHTRA 7350789005, , , Maharashtra - 412311, India.                                                                     |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| Policy Holder State:                    | Maharashtra                                                                                                                                                        |                         |             |        |               | Place of Supply:                                                                                              |                     | Maharashtra         |      |        |
|                                         |                                                                                                                                                                    |                         |             |        |               | Whether invoice under Reverse Charge:                                                                         |                     | No                  |      |        |
| GST No./ISD No.                         |                                                                                                                                                                    |                         |             |        |               | Policy Number                                                                                                 |                     | POCMVMI0100264896   |      |        |
| Insurance Product Name                  | HSN Code                                                                                                                                                           | Premium (without Taxes) | Kerala Cess |        | CGST          |                                                                                                               | SGST/ UTGST         |                     | IGST |        |
|                                         |                                                                                                                                                                    |                         | Rate        | Amount | Rate          | Amount                                                                                                        | Rate                | Amount              | Rate | Amount |
| Commercial Motor Miscellaneous Vehicles | 997134                                                                                                                                                             | 8,565.05                | 1%          | 0.0    | 9%            | 770.85                                                                                                        | 9%                  | 770.85              | 18%  | 0.00   |
|                                         |                                                                                                                                                                    |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| Total Invoice Value (In Figures)        | 10,107.00                                                                                                                                                          |                         |             |        |               | <br>Authorized signatory |                     |                     |      |        |
| Taxes Applicable                        | 1,541.70                                                                                                                                                           |                         |             |        |               |                                                                                                               |                     |                     |      |        |
|                                         |                                                                                                                                                                    |                         |             |        |               |                                                                                                               |                     |                     |      |        |
| SBI General Receipt No:                 |                                                                                                                                                                    |                         |             |        | Receipt Date: |                                                                                                               | 16/09/2025T00:00:00 |                     |      |        |

## CUSTOMER INFORMATION SHEET

**This document provides key information about your policy. Please refer to the policy document for detail terms and conditions.**

| SL NO                      | TITLE                                              | DESCRIPTION<br>(Please refer to applicable policy clause number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POLICY CLAUSE NUMBER                                                                                                                                                        |                    |                            |                         |                   |                           |                                                                                                                          |
|----------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|-------------------------|-------------------|---------------------------|--------------------------------------------------------------------------------------------------------------------------|
| 1                          | Name of Insurance Product                          | Commercial Vehicle Insurance Policy - Package (Miscellaneous Vehicles)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |
| 2                          | Unique Identification Number allotted by IRDAI     | IRDAN144RP0003V02201112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |
| 3                          | Structure                                          | Basis of Sum Insured -Indemnity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2.Coverage, section 2a                                                                                                                                                      |                    |                            |                         |                   |                           |                                                                                                                          |
| 4                          | Interests Insured                                  | Interest insured is Damage to vehicle & Third Party liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2.Coverage                                                                                                                                                                  |                    |                            |                         |                   |                           |                                                                                                                          |
| 5                          | Sum Insured / Motor Insured Declared Value         | Total IDV of the vehicle insured- 674,500.00<br><br>IDV is insured declared value derived basis your invoice price after applying depreciation as per rules mentioned in CIS point number 15. SBIG's liability will be capped at this value.                                                                                                                                                                                                                                                                                                                                                                         | Sum insured - insured's declared value (idv)                                                                                                                                |                    |                            |                         |                   |                           |                                                                                                                          |
| 6                          | Policy Coverage (What the policy covers?)          | Policy covers the following<br><br>1. Loss or damage to insured vehicle due to fire, self-ignition, accidental damage, explosion, natural disasters like lightning, earthquake, hurricanes, cyclones, landslides, etc.<br><br>2. Third party liability in case of injury/death of the person, or any damage caused to the property of the third party<br><br>3. Personal accident covers up to Rs 15 lakh for individual owners while driving.<br><br>For complete details on the coverage, limits, exclusions, terms & conditions, refer policy wording on <a href="http://www.sbigeneral.in">www.sbigeneral.in</a> | 2a. Section i - loss of or damage to the vehicle insured<br><br>2b.Section ii - liability to third parties<br><br>2d. Section iv - personal accident cover for owner-driver |                    |                            |                         |                   |                           |                                                                                                                          |
| 7                          | Add on Cover                                       | <table><tr><th>Add On Cover Name</th><th>Sum Insured/Limits</th></tr><tr><td>Depreciation Reimbursement</td><td>Maximum upto 674,500.00</td></tr><tr><td>Return to invoice</td><td>Upto to the invoice value</td></tr></table>                                                                                                                                                                                                                                                                                                                                                                                       | Add On Cover Name                                                                                                                                                           | Sum Insured/Limits | Depreciation Reimbursement | Maximum upto 674,500.00 | Return to invoice | Upto to the invoice value | 11. Add on covers : Refer the Annexure III<br><br>(Refer the add ons as opted by you and mention in the policy schedule) |
| Add On Cover Name          | Sum Insured/Limits                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |
| Depreciation Reimbursement | Maximum upto 674,500.00                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |
| Return to invoice          | Upto to the invoice value                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |
| 8                          | Loss participation                                 | Compulsory deductible is a mandatory deductible that must be paid by you at the time of claim.<br><br>Compulsory Deductible applicable under this policy is - Rs.0.5% of IDV subject to minimum of Rs.2000/-                                                                                                                                                                                                                                                                                                                                                                                                         | 8. Endorsements, IMT 22                                                                                                                                                     |                    |                            |                         |                   |                           |                                                                                                                          |
| 9                          | Exclusions<br><br>(what the policy does not cover) | The Insurer shall not be liable with respect to<br><br>1. Damage, theft or loss due to incidents related to the war, invasion, foreign enemy acts, mutiny, rebellion, etc.<br><br>2. Driving without a valid licence<br><br>3. Driving under the influence of drugs and alcohol<br><br>4. Electrical/Mechanical Breakdowns<br><br>For complete details on the exclusions, refer policy wording                                                                                                                                                                                                                       | 5.General Exceptions                                                                                                                                                        |                    |                            |                         |                   |                           |                                                                                                                          |
| 10                         | Special Conditions and Warranties (if any)         | Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                             |                    |                            |                         |                   |                           |                                                                                                                          |



|    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
|----|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|    |                                                    | <p><b>5. Escalation matrix when TAT is not satisfied</b></p> <p>For Queries, Service Request and Non -Health claims Registration Call SBI General Insurance on Toll Free - 18001021111<br/>Email us at : <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |
| 13 | Grievance Redressal and Policyholders Protection   | <p>Details of protection of policyholder's interest-The Company has adopted Grievance Redressal Policy, wherein the Grievance Redressal Procedure, details of GRO, Ombudsman details and link to Bima Bharosa Portal is mentioned below.</p> <p>Stage 1</p> <p>To raise the query, you may write to <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a><br/>Toll Free - 1800 102 1111 Customer Care Toll-free number is available 24/7</p> <p>Stage 2</p> <p>If you are not satisfied with the decision communicated by the above office, or have not received any response within 14 days, send your appeal at : <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a> or contact at: 022-42412070<br/>Address: Grievance Redressal Officer, 9th Floor, A &amp; B Wing, Fulcrum Building, Sahar Road, Andheri (East), Mumbai 400 099</p> <p>List of Grievance Redressal Officers at Branch:<br/><a href="https://content.sbigeneral.in/uploads/Q449cac1bcd144bbb160d3f6b714fbbd.pdf/">https://content.sbigeneral.in/uploads/Q449cac1bcd144bbb160d3f6b714fbbd.pdf/</a></p> <p>Stage 3</p> <p>In case, you are not satisfied with the decision/resolution communicated by the above office, or have not received any response within 14 days, you may Register your complaint with IRDAI on the below given link<br/><a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p>Stage 4</p> <p>If your grievance remains unresolved from the date of filing your first complaint or is partially resolved, you may approach the Insurance Ombudsman falling in your jurisdiction for Redressal of your Grievance. The details of the Insurance Ombudsman can be accessed at <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> <p>If Your issue remains unresolved You may approach IRDAI by calling on the Toll-Free no. 155255<br/>List of Ombudsman offices with contact details are attached as an Annexure-1. For updated status, please refer to website <a href="http://www.irdaindia.gov.in">www.irdaindia.gov.in</a></p> | 11. Grievance Redressal Process |
| 14 | Obligations of prospective Policyholder / Customer | <p>The Policy shall be void and all premium paid hereon shall be forfeited to the Insurer, in the event of misrepresentation, misdescription or non disclosure of any material fact by the policyholder pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy by the Insured.</p> <p>Disclosure of other material information during the policy period:</p> <ol style="list-style-type: none"> <li>1. Change in insured name</li> <li>2. Change in the vehicle details i.e make, model, cc, extra fitments, engine &amp; chassis no, class of vehicle. In fact all (In fact, all relevant details are in the RC book/card and a copy of same may be handed over) Tax paid details; Certificate of fitness, license validity etc.</li> <li>3. Previous policy details (ie. Disclosure of NCB, previous claim details)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |

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|----|------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15 | Criteria for arriving at IDV & Illustration                            | <p>The idv calculation is done on below criteria<br/>Insured Declared Value (IDV) = (Company's exshowroom price - the depreciation value) + (Cost of car accessories - the depreciation value of these parts)</p> <p>Let us understand how the depreciation rates are used to calculate your car's IDV with the help of the following example.</p> <p>Suppose, you're buying a car for ₹1000000. The moment you drive it out of the showroom, its IDV starts decreasing. The depreciation rate for the first six months is 5%. That means the IDV of your car for the first six months is ₹950000. Similarly, the IDV of your car after six months of buying will be ₹850000, and it'll remain the same till twelve months or one year from the purchasing date. And if your car's age is between four and five years, its IDV will be half of its price.</p> |  |
| 16 | Criteria for considering vehicle as Total loss/Constructive Total loss | In the event of an accident leading to total loss or constructive total loss settlement of claim will be based on what is mentioned in the policy schedule and / or agreed by policyholder either 75% or 60% based on geography and model.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail