

Service Branch Address:

Office no.311,S No-307,Shanti Nagar,,W3-Hadapsar,PUNE - 411013.

Sep 18, 2025

Mr.RAJESH SHIVAJI TILEKAR
229 TILEKAR ALI, DIVE NEAR VITTHAL
RUKHMINI MANDIR DIVE PUNE MAHARASHTRA 7719882020

PUNE - 412301, MAHARASHTRA

Telephone :

Mobile : 77xxxxxx20



**NEXT RENEWAL
IS ON
17/09/2026**

Certificate of Insurance and Policy No.
VGC1413440000100

Policy Period:Period of insurance
From 16:15:27 hours on 18/09/2025 To Midnight of 17/09/2026

Dear Customer,

Thank you for choosing Royal Sundaram as the Insurer of your vehicle. We are delighted to have you as our customer.Please find enclosed Goods Carrying Vehicle Policy No. VGC1413440000100 which has been issued based on the details mentioned below:

Name of the Insured: Mr.RAJESH SHIVAJI TILEKAR	
Mobile No.: 77xxxxxx20	Email ID: jad*****@gmail.com
Make of the Vehicle: Ashok Leyland Ltd.	Model Description: UE 2825 T 16CUM BSVI
Engine No.: RGHZ421695	Chassis No.: MB1H3LHD2RRGY9269
Premium Amount (Rs.) 74,832.36	Add-on Covers Opted : Yes
This policy is issued after pre-inspection on . Any Pre-existing damages observed during the pre-inspection is not covered in this policy.	
Previous Policy No.	OG-25-2001-1803-00001642
Previous Policy Insurance Co.	BAJAJ ALLIANZ GENERAL INSURANCE CO. LTD
Based On your declaration on No claim being made in expiring policy, we have extended next slab of no claim discount in your policy (20 %)	
Does the vehicle have valid Pollution Under Control (PUC) Certificate: Yes	
Pollution Certificate Number (PUC) :	
PUC expiry date :	
*In line with the Central Motor Vehicle Act, 1989 and as per the directive of Hon'ble Supreme Court of India, it is mandated that insured must produce a valid "Pollution Under control" Certificate as and when asked by the insurer and it is the responsibility of the insured to renew the same before expiry of the validity of the PUC certificate. Absence of Valid certificate may lead to cancellation of insurance	
CPA Status	
Opted – Coverage Sum Insured :1,500,000	

The policy is processed based on the information declared by you. While the information regarding the vehicle, insured (yourselves), detail of covers and terms/conditions could be ascertained from the Certificate of Insurance and Policy Schedule (Enclosed), some of the very critical ones like No Claim Bonus extended, KYC Details, status of Compulsory Personal Accident (CPA) Cover and details regarding Vehicle Inspection if any etc. are furnished above.

Coverage of risk is subject to realization of the full premium, post which, insurance coverage under the policy would commence. In-case the premium is not received by us due to cheque dishonor or any other reason or misrepresentation of any information, the insurance cover shall be void ab-initio.

Please check all the information printed in these pages for its correctness and should there be a discrepancy, reach us (Contact details provided below) for suitable rectification. In case there is no response within 15 days of policy inception, it will be deemed that all information provided are correct and all future transactions would be based on such information only.

The above information is to be read in conjunction with the policy certificate of issuance and policy schedule and shall be considered null and void without the same.

To read the "policy" & "add on" terms, conditions, exceptions and applicable endorsement, please log on to our website www.royalsundaram.in. Should you have any queries, please contact our Customer Service helpline number 1860-425-0000,1860-258-0000. You may also write to customer.services@royalsundaram.in

Assuring you of our best services at all times.

Yours sincerely,

Authorized Signatory

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Note: To download the claim form and to know more about Royal Sundaram products please log on to www.royalsundaram.in

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Sep 18, 2025

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229 TILEKAR ALI, DIVE NEAR VITTHAL
RUKHMINI MANDIR DIVE PUNE MAHARASHTRA
7719882020

PUNE MAHARASHTRA
412301
Telephone:
Mobile: 77xxxxxx20

Intermediary Code: BR502761
Intermediary Name: Sparkshield Insurance Broker Private Limited
Contact: -9561617858

CERTIFICATE OF INSURANCE & POLICY SCHEDULE

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

Goods Carrying Vehicle Policy

Certificate of Insurance and Policy No. VGC1413440000100			Policy Period:Period of insurance From 16:15:27 hours on 18/09/2025 To Midnight of 17/09/2026		
INSURED DETAILS					
Name of Insured		Insured Date of Birth	Geographical Area	Business/Profession	Registration Authority
Mr.RAJESH SHIVAJI TILEKAR		15/05/1993	India		PUNE
INSURED'S DECLARED VALUE (IDV) (in Rs.)					
For the Vehicle	For Trailers	Non Electrical Accessories	Electrical / Electronic Accessories	Value of CNG Kit	Total IDV
5,000,000	0	0	0	0	5,000,000
VEHICLE DETAILS					
Registration Number		MH12WX5141		Type of Body	
Engine Number		RGHZ421695		Public Carrier/Private Carrier	
Chassis Number		MB1H3LHD2RRGY9269		Public Carrier	
Make of the Vehicle		Ashok Leyland Ltd.		Year of Manufacture	
Model Description		UE 2825 T 16CUM BSVI		2024	
Fuel Type		Diesel		Gross Vehicle Weight (Kgs)	
				2,80,00	
			Total Premium (in Rs.)		74,832
LIMITATIONS AS TO USE: 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			Persons or Classes of Persons entitled to Drive: <i>Any person including the Insured</i> • Provided that a person driving holds an effective driving licence 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 goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules 1989.		
LIMITS OF LIABILITY: 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. Under Section II-1 (ii) of the Policy - Damage to Third Party Property - Rs 750000 (as per IMT 20) - In respect of any one claim or series of claims arising out of one event. Personal Accident cover for Owner - Driver under section IV: CSI - Rs.1,500,000/-					
Note: Warranted that at no time the gross laden weight of the vehicle exceeds the gross vehicle weight mentioned in the schedule of the policy. <i>Deductible under Section -I : In respect of each and every claim. (Compulsory Deductible [Rs.1,500] and Imposed Deductible [Rs. 0])</i>					

Document Code:

Certificate of insurance & policy schedule continued in Page 2

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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 <MOTORCLAIMS> and send to 567675



E-Mail:customer.services@royalsundaram.in



www.royalsundaram.in

CERTIFICATE OF INSURANCE & POLICY SCHEDULE (CONTINUED)

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

Goods Carrying Vehicle Policy

Policy No. VGC1413440000100

A - OWN DAMAGE	Premium in Rs.	B - LIABILITY	Premium in Rs.
1.a) Basic premium on Vehicle b) Non-Electrical Accessories 2. Additional GVW over 12,000 Kgs 3. Electrical & Electronic Accessories @ 4% (IMT 24) 4. Bi-Fuel Kit (CNG/LPG) @ 4% (IMT 25)	8,630.00 0.00 432.00 0.00 0.00	1. Basic premium including premium for TPPD 2. Reduction in TPPD to Rs.6000/- 3. Trailers Endt. IMT-30 4. Bi – Fuel Kit (CNG/LPG) IMT-25	43,950.00 0.00 0.00 0.00
ADD: 5. Trailer 6. Overturning Risk 7. Geographical Area Extn.Endt.IMT-1 8. Cover for Lamps, Bumpers, etc. Endt. IMT – 23 9. Fibre Glass Tanks 10. Additional Towing Charges. Rs.0 11. 60% on OD Premium for Driving Tuition 12. Usage of Commercial and Private Purpose - IMT 34	0.00 0.00 0.00 1,359.30 0.00 0.00 0.00 0.00	ADD:: Personal Accident Benefits 5. Geographical Area Extn. Endt.IMT-1 6. Under Section IV- Rs.1,500,000/- 7. PA to Paid Driver/ Cleaners Endt. IMT-17 8. Indemnity to Hirer IMT-44 9. Enhanced PA cover , Owner Driver, CSI Rs.0 10. Enhanced PA cover, Paid Driver, CSI Rs.0.00 Legal Liability: 11. To Paid Driver/Cleaner(not exceeding 7 persons) Endt. IMT-28 12. To Paid Driver/Cleaner/Coolies(exceeding 7 persons) Endt. IMT-39A 13. To Coolies Endt. IMT-39 14. NFPP - Employees Endt. IMT-37 15. NFPP Other than Employees Endt. IMT-37A 16. Usage of Commercial and Private Purpose - IMT 34 17. TOTAL LIABILITY PREMIUM (B)	0.00 0.00 315.00 0.00 0.00 0.00 0.00 50.00 0.00 0.00 0.00 0.00 0.00 44,315.00
LESS: 13. 50% Discount for vehicles specially designed/modified for blind, handicapped and mentally challenged persons 14. Discount for Anti-theft Devices Endt. IMT-10 15. Discount for vehicles plying within insured own premises 16. 20% NCB	0.00 0.00 0.00 -2,084.26	18. ADD: Underwriting Loading% 19. Confined to own sites 20. Total Premium (A+B)	0.00 0.00 65,652.00
Add: Additional Cover for Package Policies 18. Depreciation Waiver Clause (A. For Base Own Damage Cover)(IRDAN102RP0005V02201617/A0028V01202526) 19. Windshield Glass (IRDAN102A0002V01201011) 20. EMI Protector Clause (IRDAN102A0003V01202021) Limit. Rs.0.00 21. Loss of Income Cover (IRDAN102A0005V01202021) Limit in Rs.0.00 Duration: 0 months	13,000.00 0.00 0.00 0.00	ADD: SGST ADD: CGST	4,590.18 4,590.18
22. TOTAL OWN DAMAGE PREMIUM (A)	21,337.00	22. TOTAL PREMIUM PAYABLE	74,832.36

No Claim Bonus:

a) No Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous year. b) The insured is entitled for a No Claim Bonus (NCB) on the Own Damage Section of the policy, if no claim is made or pending during the preceding year(s), as per the details given below:

Period of Insurance	% of NCB on OD Premium	Subject to IMT Endt. Nos. & memorandum 23,28,21 & RSMOAC 301 (refer Terms & Conditions for relevant wording) Under Hire Purchase/Lease Agreement /Hypothecated with HDFC BANK LTD																	
The preceding year	20																		
Preceding two consecutive years	25	<table><tr><th>Nominee Name</th><th>Nominee Age</th><th>Relationship with</th></tr><tr><td>LEGAL HEIR</td><td>30</td><td>SPOUSE</td></tr><tr><th>Guardian Name</th><th>Guardian Age</th><th>Guardian Relation</th></tr><tr><td></td><td>0</td><td></td></tr><tr><td colspan="3">Date and Signature of Proposal/Renewal notice 18/09/2025</td></tr></table>			Nominee Name	Nominee Age	Relationship with	LEGAL HEIR	30	SPOUSE	Guardian Name	Guardian Age	Guardian Relation		0		Date and Signature of Proposal/Renewal notice 18/09/2025		
Nominee Name	Nominee Age				Relationship with														
LEGAL HEIR	30				SPOUSE														
Guardian Name	Guardian Age				Guardian Relation														
	0																		
Date and Signature of Proposal/Renewal notice 18/09/2025																			
Preceding three consecutive years	35																		
Preceding four consecutive years	45																		
Preceding five consecutive years	50																		

Date and Signature of Proposal/Renewal notice 18/09/2025

In Witness whereof this Policy has been signed at Chennai on 18/09/2025 in lieu of Cover note No. dated Receipt No. CBCEAP3750648. 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.

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule.

Consolidated Stamp Duty Paid to Govt of TamilNadu

Authorised Signatory

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

GSTIN : 27AABCR7106G1ZJ

Base Product UIN: IRDAN102RP0005V02201617

PAN Number : AABCR7106G

Enhanced PA Cover Clause UIN:
IRDAN102A0017V01201920

For Legal interpretation, English version will hold good.

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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 : VGC1413440000100
GST Invoice Number : VGC141344000000
Invoice Date : 18/09/2025

Address of insured:
Insured Name: Mr.RAJESH SHIVAJI TILEKAR
229 TILEKAR ALI, DIVE NEAR VITTHAL
RUKHMINI MANDIR DIVE PUNE MAHARASHTRA 7719882020

PUNE
State:MAHARASHTRA
Pincode: 412301
GSTIN : 27ASMPT3700E1ZQ

HSN SAC	Taxable Value	CGST		SGST/UTGST		IGST		Total Amount
		Rate	Amount	Rate	Amount	Rate	Amount	
997134	21,702.00	9.00%	1,953.18	9.00%	1,953.18			25,608.00
9971	43,950.00	6.00%	2,637.00	6.00%	2,637.00			49,224.00

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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VEHICLE INSPECTION REPORT

Customer Name: RAJESH TILEKAR
Inspection Case ID: CC20250917000190
Request Date: 2025-09-17 03:17:19 PM
Inspection Date: 2025-09-17 03:56:55 PM
Inspection Requested by: BA517369 / Sparkshield Insurance Broker Private Limited
Inspection Done By: RAJESH TILEKAR
Inspection Place:

VEHICLE & CUSTOMER DETAILS

Vehicle Registration Number: MH-12-WX-5141	Customer Name: RAJESH TILEKAR
Customer Address:	Customer Contact Number: 8797776440
Make: ASHOK LEYLAND	Model: UE 2425/39
Variant: 0	Year of Manufacturing: 2024
Chassis Number: MB1H3LHD2RRGY9269	Engine Number: RGHZ421695
Fuel Type: Diesel	Vehicle Colour:
Odometer Reading:	

DECLARATION

I/We hereby declare, confirm and agree that - The Motor vehicle proposed for insurance after a break in cover has not met with any accident giving rise to any claim by a Third Party for injury or death caused to any person or damages to any property. I have presented the same vehicle for pre-insurance inspection, which I have proposed for insurance. Identification details noted/photographs taken by the inspecting officials are correct. If later on, at any time it is found that inspected vehicle and damaged/accidental vehicles are different then neither any claim nor any indemnity in respect of either own damage or third party death or injury or property damage loss nor any benefit shall be available to me/us. Vehicle has been visually inspected in my/ our presence. No damage or no fact which is material to acceptance of this proposal has been hidden/ undisclosed/ withheld by me/us. Damages of vehicle as noted/photographs taken by the inspecting officials are correct. I/We also agree that damages mentioned/Visible as per inspection photographs/video shall be excluded in the event of any claim being lodged during the policy period.

CUSTOMER SIGNATURE

Digitally verified through OTP on 2025-09-17
03:58:10 PM

AGENT SIGNATURE

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UNDERWRITING STATUS & COMMENTS

STATUS: Approved
COMMENTS: Approved excluding all pre-existing damages using video verification.

ADDITIONAL OBSERVATION:

VEHICLE EXTERIOR IMAGES

FRONT



FRONT RIGHT



RIGHT



REAR RIGHT



REAR



REAR LEFT



LEFT



FRONT LEFT



INSIDE WINDSHIELD



ODOMETER



VIN



ENGINE COMPARTMENT

