



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :17090131250100000242

POLICY ISSUING OFFICE:  
KHED BRANCH OFFICE (170901),  
OFFICE NO.04, 1ST FLOOR, , MUKADAM  
LANDMARK BLDG. NO.1, NR.TINBATTI NAKA,  
, OPP. JIJAMATA DYAN, KHED, DIST  
RATNAGIRI ,  
MAHARASHTRA , 415709.  
PHONE NUMBER:02356263569  
FAX NUMBER:NA / NA  
Email:nia.170901@newindia.co.in

BUSINESS CHANNEL/CPSC User:  
NAME: MR. HANIF A. GHANSAR - (1D7805759)  
Mr. Mahesh Chandrakant Kondhalkar -  
(NIAAG00184759),  
PHONE NUMBER: / / 9673370349  
LAND/FAX NUMBER:/  
EMAIL:rock89mahesh@gmail.com /  
rock89mahesh@gmail.com

CLAIM CONTACT:  
Ratnagiri Non Suit Claim Hub (179001)  
ADDRESS: Naik Complex Shivaji Nagar Ratnagiri  
415612 , , MAHARASHTRA , 415612.  
PHONE NUMBER: 1234567890 /  
MOBILE NUMBER:  
Email: ch179001@newindia.co.in

INSURED DETAILS

|                   |                                                                                    |                |                         |
|-------------------|------------------------------------------------------------------------------------|----------------|-------------------------|
| Insured's Name    | M/S SANT GAJANAN MAHARAJ RURAL HOSPITAL AND RESEARCH CENTER                        | Customer ID    | POC2006690 (PAN No :NA) |
| Insured's Address | A/P MAHAGAON ,TAL-GADHINGLAJ,KOLHAPUR<br>416503,,<br>KOLHAPUR ,MAHARASHTRA, 416503 | Contact Number | / / XXXXXX7858          |
|                   |                                                                                    | Email          | Sparkpolicy@gmail.com   |
|                   |                                                                                    | GSTIN          | NA                      |

POLICY DETAILS

|                  |                                                  |                        |                                 |
|------------------|--------------------------------------------------|------------------------|---------------------------------|
| Period of cover  | 28/04/2025 02:23:10 PM to 27/04/2026 11:59:59 PM | Receipt Number         | 10000089250400873685 - 28/04/25 |
| Previous Insurer | Not available                                    | Previous Policy Number | NA                              |

VEHICLE DETAILS

|                                      |                                           |                                 |                              |
|--------------------------------------|-------------------------------------------|---------------------------------|------------------------------|
| Geographical Area / Zone:            | India/C                                   | Year of manufacture:            | 2025                         |
| Type of Commercial Vehicles:         | D - Misc-Special Type                     | Sub Type:                       | AMBULANCE                    |
| Name of the Financier:               | FEDRAL BANK LTD                           | Chassis no./Engine no.:         | MC1D4DDA1SP108469/D7 2020120 |
| Type of fuel:                        | Diesel                                    | Cubic capacity ( CC):           | 0                            |
| Type of body:                        | Closed                                    | Gross Vehicle Weight (GVW):     | 3050                         |
| Make/Model:                          | FORCE MOTO/Traveller Ambulance (3050/BS3) | Registration no.                | MH-09                        |
| Seating capacity including Driver:   | 6                                         | Variant:                        | FORCE CRUISER AMBULANCE 6+D  |
| Automobile Association membership:   | none                                      | Colour:                         | WHITE                        |
| Cover Note No/Cover Note Issue Date: | /                                         | Name of registration authority: | Kolhapur                     |

INSURED DECLARED VALUE (Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel/CNG/LPG kit | Total Value |
|---------|---------|--------------|----------------|---------------------|-------------|
| 1567500 | 0       | 0            | 0              |                     | 1567500     |

SCHEDULE OF PREMIUM

| Own Damage                                    |       | Liability                                                                                                  |      |
|-----------------------------------------------|-------|------------------------------------------------------------------------------------------------------------|------|
| Basic OD Premium                              | 2798  | Basic TP Premium                                                                                           | 7267 |
| (+)Loading for Additional Towing Coverage     | 1500  |                                                                                                            | 0    |
| (+)Loading for Inclusion of IMT 23            | 419.7 | (+)LL to Non-fare Paying Passengers (Employee of Insured but not Workmen under WCA) for 5 person(IMT - 37) | 375  |
| (+) Additional OD Premium for Bi-Fuel/CNG/LPG | 0     | (+)PA Cover for Paid Drivers Cleaner Conductor No of                                                       | 50   |

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

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

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



|                                |                                          |                                                                                                    |        |
|--------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------|--------|
|                                |                                          | Paid Drivers(0 per person) for 1 person (IMT - 17)<br>(+)Additional Premium for Ambulances Hearses | 360    |
| Calculated OD Premium          | 4718                                     | Calculated TP Premium                                                                              | 8052   |
| Total OD Premium (Rs)          | 4718                                     | Total TP Premium (Rs)                                                                              | 8052   |
| Net Premium (Rs)               |                                          |                                                                                                    | 12,770 |
| GST (Rs)                       |                                          |                                                                                                    | 2,298  |
| Total Payable (Rs)             |                                          |                                                                                                    | 15,068 |
| Total Payable in Rs(in words): | RUPEES FIFTEEN THOUSAND SIXTY-EIGHT ONLY |                                                                                                    |        |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
| GSTIN(Issuing Office)                                                                                                                                                                                                                                                                                                                                                                                                                                  | 27AAACN4165C3ZP                           |
| SAC                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 997134 (Motor vehicle insurance services) |
| Limitation as to use: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) Reliability Trials d) Speed Testing                                                                                                                              |                                           |
| Limits of Liability:Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000                                                                                                                          |                                           |
| For individual covers (OD) in RS:1567500                                                                                                                                                                                                                                                                                                                                                                                                               | Compulsory excess in Rs:7838              |
| Imposed excess in Rs:0                                                                                                                                                                                                                                                                                                                                                                                                                                 | Voluntary excess in Rs:0                  |
| Persons or classes of persons entitled to drive:Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's License may also drive the vehicle and that such a person satisfies the requirement of Rule 3 of the Central Motor Vehicles Rules, 1989. |                                           |

**PA cover for Owner Driver**

| Name of Nominee | Age of Nominee | Relationship with the Insured | Name of the Appointee (if Nominee is a minor) | Relationship to the Nominee |
|-----------------|----------------|-------------------------------|-----------------------------------------------|-----------------------------|
| none            | 0              | none                          | none                                          | none                        |

**PA cover for named persons**

| Name | CSI Opted(Rs.) | Nominee | Relationship |
|------|----------------|---------|--------------|
| NA   | NA             | NA      | NA           |

**Premium and GST Details**

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | Rs 12,770     |
| SGST    | 9           | 1149          |
| CGST    | 9           | 1149          |
| IGST    | 0           | 0             |

In witness where of this policy has been signed at KHED BRANCH OFFICE on this 28-APR-25  
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO  
This policy is subject to the Terms, conditions and exceptions applicable to Package policy attached/available on the web site  
<http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 17,21,23,40.

**Important notice:**

The insured is not indemnified, if, the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the company by reason of wider terms appearing in the certificate in order to comply with the Motor Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

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

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

For and on behalf of The New India Assurance Company Limited



1988.

Date of Issue: 28/04/2025

( MANDAR KALE)  
[BRANCH MANAGER]

Duly Constituted Attorney(s)

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 17090125P0000413

**IRDA Registration Number: 190**  
**NIA PAN NUMBER: AAACN4165C**

