



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle Package Policy Enhanced Covers

UIN Number - IRDAN190RP0044V01100001

Policy Number :17090131250300000707

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	VAIDYA SANE AYURVED LABORATORIES LTD	Customer ID	POC3876484 (PAN No :AABCV7806M)
Insured's Address	SURVEY NO.2, MAUZA SALAI KHURD KHURSAPAR, KATOL, NAGPUR, AMARAVATI HIGHWAY NAGPUR,,, KONDHALI ,MAHARASHTRA, 441103	Contact Number	/ / XXXXXX7858
		Email	sparkpolicy@gmail.com
		GSTIN	27AABCV7806M1ZV

POLICY DETAILS

Period of cover	27/06/2025 11:51:46 AM to 26/06/2026 11:59:59 PM	Receipt Number	10000089250600982625 - 27/06/25
Previous Insurer	Not applicable	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:		Chassis no./Engine no.:	MC1E4CCA7SP086817/D71 075895
Type of fuel:	Diesel	Cubic capacity (CC):	0
Type of body:	Ambulance	Gross Vehicle Weight (GVW):	3350
Make/Model:	FORCE MOTO/TRAVELLER 3350	Registration no.	MH-06
Seating capacity including Driver:	11	Variant:	T1 AMBL 3350 10+ P
Automobile Association membership:	none	Colour:	WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Pen

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel/CNG/LPG kit	Total Value
2956917.75	0	0	0		2956918

ENHANCED COVER

Cover Description	Cover Opted	Cover Description	Cover Opted
Nil Depreciation Cover	Yes	Consumable Items Cover	No
Battery Protect Cover	No	Wall mounted Charger	No



SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	10018	Basic TP Premium	7267
(+)Loading for Inclusion of IMT 23	1502.67		0
(+)Nil Depreciation Cover Premium	17174.34	(+)PA Cover for Paid Drivers Cleaner Conductor No of	
(+)Premium for enhancement cover	17174.34	Paid Drivers(0 per person) for 1 person (IMT - 17)	50
(+) Additional OD Premium for Bi-Fuel/CNG/LPG	0	(+)Additional Premium for Ambulances Hearses	660
Calculated OD Premium	27193	Calculated TP Premium	7977
Total OD Premium (Rs)	27193	Total TP Premium (Rs)	7977
Net Premium (Rs)			35,170
GST (Rs)			6,330
Total Payable (Rs)			41,500
Total Payable in Rs(in words):		RUPEES FORTY-ONE THOUSAND FIVE HUNDRED 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:2956918	Compulsory excess in Rs:14785
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 35,170
SGST	9	3165
CGST	9	3165
IGST	0	0

In witness where of this policy has been signed at KHED BRANCH OFFICE on this 27-JUN-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 17,21,23,34.

Important notice:

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



policy, will stand forfeited.

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

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

Date of Issue: 27/06/2025

For and on behalf of The New India Assurance Company Limited

(MANDAR KALE)
[BRANCH MANAGER]

Duly Constituted Attorney(s)

NIL DEPRECIATION ADD ON COVER UNDER COMMERCIAL VEHICLE PACKAGE POLICY

(Endorsement Wording for Add on cover - Nil Depreciation)

UIN Number - IRDAN190RP0044V01100001/A0009V01202021

ENDORSEMENT ATTACHED TO AND FORMING PART OF POLICY NO. 17090131250300000707

Additional Premium: Rs.17175

In consideration of payment of an additional premium by the Insured, it is hereby agreed and declared that notwithstanding anything to the contrary contained in the Policy, the Company hereby undertakes to indemnify:

1. Depreciation on replacement of parts including tyres, tubes, rubber / plastic for Partial Loss Claims.
2. Exclusion and depreciation under IMT 21 & IMT 23 respectively (wherever applicable).
3. Midterm inclusion of cover is not permitted.
4. Total Loss and Constructive Total Loss will be settled on the basis of IDV.
5. Depreciation waiver is applicable for two claims only.

The Company shall not be liable to make any payment in respect of:

1. Replacement of accessories, extra fittings and/or any internal improvements in the Insured Vehicle unless specifically covered in IDV.
2. Any damage occurred due to overturning in case of Miscellaneous D vehicle, unless covered under the policy by IMT 47.

Subject otherwise to the terms, exceptions, conditions and limitations of this Policy.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 27/06/2025



(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 : 17090125P0001262

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C