



QR code for mobile download app:



Please scan the
code to view the
policy details

Name : M/S.KALEKAR TOURS AND TRAVELS
Address : A/P BUDHWADI PO TAKVE TQ MAVAL KAMSHET,
MAHARASHTRA 9881154647, ., Pune, Maharashtra -
410405, India.
Contact No : 9881154647
Email Id : sparkpolicy@gmail.com

SCHEDULE CUM CERTIFICATE ACT ONLY INSURANCE POLICY - (PASSENGER CARRYING)

Policy / Certificate No : POCMVPC0100459599
Alternate Policy No :
Customer ID :
Policy Servicing : Pune II
Branch
Intermediary Name : SPARKSHIELD INSURANCE BROKER
PRIVATE LIMITED
Intermediary Code & : 504828 & +91-8421887858
Contact No
Period of Insurance : From : 15/10/2025 11:10:00
To : 14/10/2026 23:59:59

Dear .KALEKAR TOURS AND TRAVELS,
Welcome to the SBI General Family. With SBI General's **Act Only Insurance Policy - (Passenger Carrying)** you can be in control & enjoy the journey no matter what roadblocks life throws at you.

About Your Policy



Policy/
certificate no

POCMVPC0100459599



Policy Issue
Date

14/10/2025 11:47:14



Period of
Insurance

From : 15/10/2025 11:10:00
To : 14/10/2026 23:59:59



Policy
Type

Liability Only



Geographical Area

India

About Your Vehicle



Vehicle Make
Model & Variant

Tata Motors, Zest & XE 75
PS Diesel



Registration
Number

MH14GD5180



Manufacturing
Year

2017



Cubic
Capacity / Kilo Watt

1248



Fuel

Diesel



Engine & Chassis
Number

100A20000676737,
MAT624002HPC10370



Passenger Carrying
Capacity

4



RTO
Location

Pimpri-Chinchwad

Coverage Details

Your Policy provides protection such as :

Protection towards Third Party Liability

Death or Injury to any Third Party

Personal Accident to Owner Driver (if opted)

Damage to Third Party Property

We Cover You For

Third Party Premium

Third Party Basic Premium	11,852.00
Legal Liability to Paid Drivers	50.00
Total TP Premium	11,902.00
NET PREMIUM	11,902.00
GST	2,142.36
TOTAL PREMIUM	14,044.00

Subject to I.M.T Endorsement Nos.(IMT Nos):

IMT_20, IMT_28, IMT_21, IMT_22, IMT_44

WHAT YOUR POLICY DOES NOT COVER



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

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

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 561562	Mobile App
1800-102-1111	www.sbigeneral.in	RENEW POLICYNO	Download SBI General Mobile App on Playstore or Appstore

Grievance Redressal Procedure

1

If you are dissatisfied with the resolution provided, you may write to head.customer.care@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; Toll Free - 1800 22 1111 / 1800 102 1111 (24*7)

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 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/>

Grievance Redressal Procedure

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>

For Insurance Ombudsman Offices, kindly visit our website

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

Terms And Conditions

Limitation As To Use	As per Motor Vehicle Rules, 1989, The Policy covers use only under a permit within the meaning of Motor Vehicles Act, 1988 or such a carriage falling under sub section 3 of section 66 of the Motor Vehicle Act 1988. The Policy does not cover use for a) Organized Racing b) Pace Making c) Reliability Trails d) Speed Testing. Carrying on or engaged in the business or occupation of and no other for the purpose of this insurance.
Our Recommendation	Simply do not use vehicle for the purpose it is not allowed.
Drivers Clause	PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE: 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 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. NON-TRANSPORT VEHICLES: Any person including insured, 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 when not used for the transport of passengers at the time of accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.
Our Recommendation	Drive only when you hold a Valid Drivers License in India.
Limits Of Liability	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. 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/- c. PA Cover for owner-driver under Section-III CSI ₹ 1,500,000/- (if opted).
Our Recommendation	Know what your Policy covers.

Terms And Conditions

Special Conditions

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.

Important Details

PREVIOUS POLICY DETAILS

Previous Insurer	Previous Policy Number	Period of Insurance	Previous Policy Type
		to	

Financier Details	CPA Nominee Details	POSP Details
	NA	Name : SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED Code Mobile No : 504828 Landline No : +91-8421887858 : null

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.

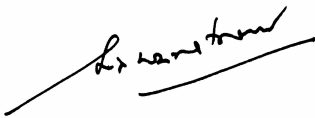
However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

Premium Receipt

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

Policy Number	POCMVPC0100459599
Policy Holder Name	.KALEKAR TOURS AND TRAVELS
Intermediary Name	SPARKSHIELD INSURANCE BROKER PRIVATE LIMITED
Receipt Number	
Product Name	Act Only Insurance Policy - (Passenger Carrying)
Receipt Date	14/10/2025
Policy Start Date	15/10/2025 11:10:00
Policy End Date	14/10/2026 23:59:59
Premium Paid by	.KALEKAR TOURS AND TRAVELS

*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/

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 (www.sbigeneral.in/portal/motor-insurance/act only insurance/Policy wording) carefully.

Proposal Details

Proposal Transcript For	Act Only Insurance Policy - (Passenger Carrying)
Proposer Name	.KALEKAR TOURS AND TRAVELS
Proposer Address	A/P BUDHWADI PO TAKVE TQ MAVAL KAMSHET, MAHARASHTRA 9881154647, , , Pune, Maharashtra - 410405, India.
Proposer Contact Number	9881154647
Proposer Email Address	sparkpolicy@gmail.com

Policy POCMVPC0100459599 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.

Insured Name	KALEKAR TOURS AND TRAVELS
Nominee details	
Name of the Nominee*	
% Share of Claim Amount	
Date of Birth*	
Age*	
Gender (M/F/O)	
Relationship with Policyholder*	
Mobile No. of the Nominee*	
Address of the Nominee	
Nominee Email ID	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

* If Nominee is a minor, give the details of Appointee

Insured Name	KALEKAR TOURS AND TRAVELS
Name of Appointee*	
DOB*	
Gender	
Relationship with Nominee*	
Address of the Appointee	
Appointee Mobile no*	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

Details as shared by you with us is as below.

Your Vehicle Details

Registration Number	MH14GD5180
RTO Location	Pimpri-Chinchwad
Engine Number	100A20000676737
Chassis Number	MAT624002HPC10370
First Purchase / Registration Date	04/10/2017
Year of Manufacture	2017
Vehicle Make	Tata Motors
Vehicle Model	Zest
Vehicle Variant	XE 75 PS Diesel
Cubic Capacity / Kilo Watt / Gross Vehicle Weight / Horsepower	1248
Fuel	Diesel

Seating Capacity including Driver	5
Carrying Capacity excluding Driver	4

Expiring Policy Details

Details	OD Policy Details	TP Policy Details
Insurer Name	NA	
Policy Number	NA	
Policy Start Date	NA	
Policy End Date	NA	
Policy Type	NA	
No Claim Bonus %	NA	NA
Claim Made	No	No

Coverage & Terms Opted

Period of Insurance Own Damage :	From : To :
Period of Insurance Third Party :	From : 15/10/2025 11:10:00 To : 14/10/2026 23:59:59
Period of Insurance PA cover to Owner Driver :	From : 15/10/2025 11:10:00 To : 14/10/2026 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.)
NA	NA	NA	NA	NA	NA	NA

Additional Covers

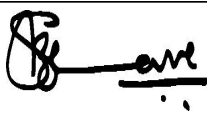
Voluntary Excess Opted	No	NA
PA Cover to Owner Driver of Rs. 15 Lakhs	No	
PA Cover to Unnamed Passenger / Pillion Rider		NA
PA cover to Paid Driver	No	
Legal Liability to Paid Driver / Employees	Yes	1, 1
Third Party Property Damage Restriction Limit		upto 750000
Add on covers - Kindly refer Policy Schedule		
Hypothecation / Lease / Hire Purchaser Name	No	,
Valid PUC certificate will be carried in vehicle	Yes	
Policy premium including Tax		14044.00

PA Cover to owner Driver has been opted out by you in the Policy based on your declaration that you are holding an alternate insurance policy. You will share the copy of same if required by the Company.

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 TAX INVOICE										
GST Invoice No:	817355348151					GST Invoice Date:	14/10/2025			
GSTIN/Unique No: (SBI General)	27AAMCS8857L1ZC					SBI General State	Maharashtra			
SBI General Branch Address:	SBI General Insurance Company Limited Registered and Corporate office: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099.									
Details of Policy Holder:										
Name:	. KALEKAR TOURS AND TRAVELS									
Address:	A/P BUDHWADI PO TAKVE TQ MAVAL KAMSHET, MAHARASHTRA 9881154647, , , , Maharashtra - 410405, India.									
Policy Holder State	Maharashtra					Place of supply				Maharashtra
						Whether invoice under Reverse Charge		No		
GSTIN/Unique No:						Policy Number		POCMVPC0100459599		
Insurance Product Name	HSN Code	Premium (without Taxes)	KFC		CGST		SGST/ UTGST		IGST	
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Commercial Motor Passenger Carrying	997134	11,902.00	1%	0.0	9%	1,071.18	9%	1,071.18	18%	0.00
Total Invoice Value (In Figures)	14044					 Authorized Signatory				
Taxes Applicable	2,142.36									
SBI General Receipt No:					Receipt Date:	14/10/2025				

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	Policy Clause Number
		(Please refer to applicable Policy Clause Number in next column)	
1	Name of Insurance Product	Commercial Vehicle Insurance Policy - Package (Passenger Carrying)	
2	Unique Identification Number allotted by IRDAI	IRDAN144RP0004V03201112	
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- 0.00/- 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.	3.Sum insured - insured's declared value (idv)
6	Policy Coverage (What the policy covers?)	Policy covers the following 1. Loss or damage to insured vehicle due to fire, self-ignition, accidental damage, explosion, natural disasters like lightning, earthquake, hurricanes, cyclones, landslides, etc. 2. Third party liability in case of injury/death of the person, or any damage caused to the property of the third party 3. Personal accident covers up to Rs 15 lakh for individual owners while driving. For complete details on the coverage, limits, exclusions, terms & conditions, refer policy wording on www.sbigeneral.in	2a. Section i - loss of or damage to the vehicle insured 2b.Section ii - liability to third parties 2d. Section iv - personal accident cover for owner-driver
7	Add on Cover	Add On Cover Name	Sum Insured/Limits
		Depreciation Reimbursement	Maximum upto 0.00
		Return to invoice	Upto the invoice value
		Protection of NCB	0%
		Cover for Key Replacement	Maximum upto Rs 65000
		Loss of income	Refer Annexure III for complete list of benefits/limits
		Enhanced PA cover for Insured (Owner driver)	0.00
		Enhanced PA Cover for Unnamed Passengers	
		Enhanced PA Cover for Paid Driver	0.00
		Hospital Cash Cover for Insured (Owner Driver)	0.00
		Hospital Cash Cover for Paid Driver	0.00
		Hospital Cash cover for Unnamed Passengers	
		Engine Guard	Refer Annexure III for complete list of benefits/limits
		EMI Protector	maximum 2 months EMI or sum insured as mentioned in the schedule
11. Add on covers : Refer the Annexure III (Refer the add ons as opted by you and mention in the policy schedule)			
8	Loss participation	Compulsory deductible is a mandatory deductible that must be paid by you at the time of claim. Compulsory Deductible applicable under this policy is - Rs 500	8. Endorsements, IMT 22

9	Exclusions (what the policy does not cover)	The Insurer shall not be liable with respect to 1. Damage, theft or loss due to incidents related to the war, invasion, foreign enemy acts, mutiny, rebellion, etc. 2. Driving without a valid licence 3. Driving under the influence of drugs and alcohol 4. Electrical/Mechanical Breakdowns 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.	
11	Admissibility of Claim	Admissibility: Admissibility of claim depends on the document submitted for the damaged vehicle claimed by the insured in reference to event /peril / term and condition of the policy. · Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy. Submitted the Report to the insurer. The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings. Denial: Denial of claim can be done by us & policy can be cancelled on the ground of mis- representation, mis -declaration, fraud, non-disclosure of material facts. The sample claim calculation process is attach as Annexure II A Gross Assessed Liability Rs.20,000 B Less:Depreciation (if applicable) (Rs.4,000) C Net Assessed Liability (A-B) Rs.16,000 D Less: Compulsory Deductible (Rs.2,000)	7. Conditions
12	Policy Servicing - Claim Intimation and Processing	1. Claim intimation & reaching to our designated officials please contact us at Email: customer.care@sbigeneral.in Toll-Free number 18001021111 Website: www.sbigeneral.in Whatsapp: 7669800345 Mobile app SMS: 561612 2. Procedure to be followed for cashless service A. For accidental damage : Contact us as above mention modes B. You will receive a text message with contact details of the surveyor appointed for your claim. C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions. E. Delivery Order/Vehicle Delivery: On receipt of Pre-Invoice of repaired vehicle delivery order will be provided as per survey report and policy terms and conditions. F. Payment to garage: We will process the claim payment in favour of repairer post receipt of the Final document as per survey report and policy terms and conditions 3. Procedure to be followed for reimbursement service A. For accidental damage : Contact us as above mention modes B. You will receive a text message with contact details of the surveyor appointed for your claim C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions E. Repair invoice submission: You have to submit repair invoice to us	

		F. Payment to insured: We will process the claim payment in favour of Insured post receipt of the Final document as per survey report and policy terms and conditions 4. Turnaround Time (TAT) for claim settlement A. Time limit for appointment of surveyors - 24 hours from date of intimation of claim B. Submission of survey report - 15 days from the date of appointment of surveyor C. Settlement/rejection of Claim -7 days after receiving last document 5. Escalation matrix when TAT is not satisfied For Queries, Service Request and Non -Health claims Registration Call SBI General Insurance on Toll Free - 18001021111 Email us at : customer.care@sbigeneral.in	
13	Grievance Redressal and Policyholders Protection	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. Stage 1 To raise the query, you may write to head.customercare@sbigeneral.in Toll Free - 1800 102 1111 Customer Care Toll-free number is available 24/7 Stage 2 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 : 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/ Stage 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 Stage 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 List of Ombudsman offices with contact details are attached as an Annexure-1. For updated status, please refer to website www.irdaindia.gov.in	11. Grievance Redressal Process
14	Obligations of prospective Policyholder / Customer	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. Disclosure of other material information during the policy period: 1. Change in insured name	

		2. Change in the vehicle details i.e make, model, cc, extra fitments, engine & 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. 3. Previous policy details (ie. Disclosure of NCB, previous claim details)	
15	Criteria for arriving at IDV & Illustration	The idv calculation is done on below criteria Insured Declared Value (IDV) = (Company's exshowroom price - the depreciation value) + (Cost of car accessories - the depreciation value of these parts) Let us understand how the depreciation rates are used to calculate your car's IDV with the help of the following example. 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.	
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