



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Commercial Vehicle Package Policy
UIN Number - IRDAN190RP0044V01100001

POLICY STAMP PAID IN CONSOLIDATED
AMOUNT VIDE TREASURY DEPARTMENT,
GOVT. OF M.P. ORDER NO.-440, DTD.
AUGUST, 8, 2017.

Policy Number: 45080031230000021703

POLICY ISSUING OFFICE:
INDORE DIVISIONAL OFFICE - II (450800),
INDORE DO-2, 313-316, 3RD FLOOR,
SHEKHAR CENTRAL, PALASIYA SQUARE,
INDORE,
MADHYA PRADESH, 452001,
PHONE NUMBER: 07314029854 /
07314029855
FAX NUMBER: 07314029857 / NA
Email: nia.450800@newindia.co.in

BUSINESS CHANNEL/CPSC User:
NAME: SHANKAR KAMBLE - (2D10673121)
Mrs. Pradeep Kaur Kumar W/O Ravinder Singh -
(NIAAG00050062),
PHONE NUMBER: / / 9993493792
LAND/FAX NUMBER: /
EMAIL: ravindersingh.kumar@yahoo.co.in /

CLAIM CONTACT:
Indore Non Suit Claim Hub (459001)
ADDRESS: 209-210 SNEH NAGAR MAIN ROAD,
INDORE, 452001, , MADHYA PRADESH, 452001.
PHONE NUMBER: 123456 /
MOBILE NUMBER:
Email: ch459001@newindia.co.in

INSURED DETAILS

Insured's Name	SARANG TOURS & TRAVELS P LTD	Customer ID	PO86984047 (PAN No :NA)
Insured's Address	43 JAORA COMPOUND H Y MAIN GATE,, INDORE ,MADHYA PRADESH, 452001	Contact Number	/ / XXXXXX0001
		Email	rccindore@gmail.com
		GSTIN	NA

POLICY DETAILS

Period of cover	14/09/2023 12:00:01 AM to 13/09/2024 11:59:59 PM	Receipt Number	45080381230000013026 - 13/09/23
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	45080831220100006840

VEHICLE DETAILS

Geographical Area / Zone:	India/C	Year of manufacture:	2020
Type of Commercial Vehicles:	C - Passenger Carrying	Sub Type:	C2-Four Wheeler(Carrying >6)
Name of the Financier:	ICICI BANK LTD	Chassis no./Engine no:	MC2R3RRTOA066168/E62 4CDKL309041
Type of fuel:	Diesel	Cubic capacity (cc):	3956
Type of body:	Closed	Gross Vehicle Weight (GVW):	0
Make/Model:	EICHER MOT/20.15	Registration no:	MP-09-PA-0720
Seating capacity including Driver:	33	Variant:	33 STR
Automobile Association membership:	none	Colour:	WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Indore
FASTag ID:			

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel Kit	Total Value
2700000	0	0	750000	0	3450000

SCHEDULE OF PREMIUM

Own Damage	Liability
Basic OD Premium	Basic TP Premium
(+)Additional Premium for Electrical fitting	(+)Add Legal liability to passangers
(-)Calculated NCB Discount(35%)	(+)LL to paid driver conductor cleaner employed for oprh
(+)Loading for Additional Towing Coverage	
(+)Loading for Inclusion of IMT 23	
6774	14343
4500	26310
5062.91	
1500	150
1691.15	

Signature Not Verified
Digitally signed by JAGAT KUMAR PANIGRAHI
Date: 2023.09.18 15:45:24IST

यह पुरिष्ठाक धे वल्लन का स्थानित्व
परिष्ठाक होने की वशा में 14 दिन की
साधारणतः धे परिष्ठाक धे नाम परिष्ठाक
यह पुरिष्ठाक धे अन्वेषण कम्पनी विनि
यह पुरिष्ठाक धे अन्वेषण कम्पनी विनि



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE
Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number :16060031220100004355

POLICY ISSUING OFFICE: AMARAVATHI DO (160600), DHARMADAYA COTTON FUND ROAD,, WALCUT COMPOUND,, AMRAVATI, MAHARASHTRA, 444501. PHONE NUMBER:07212577538 / 07212576803 FAX NUMBER:07212575756 / NA Email:nia.160600@newindia.co.in	BUSINESS CHANNEL/CPSC User: NAME: DIRECT BUSINESS - (2D10753009) Mr. Amol Prakashrao Parde - (NIAAG00047240), PHONE NUMBER: / / 9766281852 LAND/FAX NUMBER: / EMAIL:amolparde.omsai@gmail.com /	CLAIM CONTACT: AMARAVATHI DO (160600) OR CUSTOMER CARE NUMBER: 1800-209-1415
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INSURED DETAILS

Insured's Name	SARANG TOURS AND TRAVELS	Customer ID	PO60063108 (PAN No :NA)
Insured's Address	PROP. SUNIL B. SAKHARKAR, AT. MAHAVEER NAGAR, NR. GAJANAN MANDIR,, BADNERA RD., AMRAVATI,, AMRAVATI, MAHARASHTRA, 444607	Contact Number	/ /
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	12/03/2023 12:00:01 AM to 11/03/2024 11:59:59 PM	Receipt Number	16060081220000008155 - 10/03/23
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	16060031210100004240

VEHICLE DETAILS

Geographical Area / Zone:	India/B	Year of manufacture:	2016
Type of Commercial Vehicles:	C - Passenger Carrying	Sub Type:	C1-Four Wheeler(Carrying <=6)
Name of the Financier:	VIJAYA BANK	Chassis no./Engine no.:	MA1YA2JJKG2B19652/JJG4 B80465
Type of fuel:	Diesel	Cubic capacity (cc):	2498
Type of body:	Closed	Gross Vehicle Weight (GVW):	0
Make/Model:	MAHINDRA & XYLO	Registration no.	MH-14-FC-3384
Seating capacity including Driver:	7	Variant:	Z STR BS IV TOURIST TAXI
Automobile Association membership:		Colour:	D WHITE
Cover Note No./Cover Note Issue Date:	/	Name of registration authority:	Pimpri-Chinchwad
FASTag ID:			

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
400000	0	0	0	0	400000

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	4318	Basic TP Premium	10523
(-)Calculated NCB Discount(45%)	1942.92	(+)Add Legal liability to passengers	6702
		(+)Compulsory PA Premium for Owner Driver(Sum Insured Rs 1500000)	275
		(+)LL to paid driver conductor cleaner employed for oprn	50

Signature Not Verified

Digitally signed by JAGATRAYEE PANIGRAHI Date: 2023.03.10 16:39:42 IST

Policy No. : 16060031220100004355 Document generated by 39346 at 2023/03/10 16:38:12.

Regd. & Head Office: New India Assurance Bldg., 67 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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