



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Two Wheeler Package Policy

UIN Number - IRDAN190RP0043V01100001

Policy Number :21270131260100004081

|                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| POLICY ISSUING OFFICE:<br>DEESA B. O. (212701),<br>1ST FLOOR, P. K. PLAZA, NR. ISCON CRYSTAL<br>COMPLEX, OPP. HAWAI PILLAR, PALANPUR<br>HIGHWAY, DEESA, DIST BANASKANTHA, ,<br>GUJARAT, 385535.<br>PHONE NUMBER:0274422288 /<br>02744221247<br>FAX NUMBER:NA / NA<br>Email:nia.212701@newindia.co.in | BUSINESS CHANNEL/CPSC User:<br>NAME: MR. C.G.PANCHAL - (1D6342546)<br>Mrs. Kejalben Jitendrakumar Panchal -<br>(NIAAG00066659),<br>PHONE NUMBER:9825423068 / / 9825423068<br>LAND/FAX NUMBER:/<br>EMAIL:jeetendra.beit@gmail.com /<br>keja.jiten@gmail.com | CLAIM CONTACT:<br>AHMEDABAD CLAIMS HUB (210001)<br>ADDRESS: 4TH FLOOR, , POPULAR HOUSE, , ASHRAM<br>ROAD, NAVRANGPURA, , GUJARAT , 380009.<br>PHONE NUMBER: 07926553236 /<br>MOBILE NUMBER:<br>Email: ch21@newindia.co.in |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

INSURED DETAILS

|                 |                                                                                                                                      |                |                         |
|-----------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------|
| Insured Name    | NAYANKUMAR ARAJANJI PARMAR                                                                                                           | Customer ID    | PO63286413 (PAN No :NA) |
| Insured Address | 38 DHARNIDHAR BUNGLOWS,NR.CHUNIKAKA PARK,TIN<br>HANUMAN MANDIR ROAD,,AT-PO-TA-<br>DEESA,,DIST.BANASKANTHA,<br>DEESA ,GUJARAT, 385535 | Contact Number | / / XXXXXX2003          |
|                 |                                                                                                                                      | Email          | nayanji69@gmail.com     |
|                 |                                                                                                                                      | GSTIN          | NA                      |

POLICY DETAILS

|                  |                                                  |                        |                                    |
|------------------|--------------------------------------------------|------------------------|------------------------------------|
| Period of cover  | 27/09/2026 12:00:01 AM to 26/09/2027 11:59:59 PM | Receipt Number         | 21270181260000008255 -<br>17/09/26 |
| Previous Insurer | THE NEW INDIA ASSURANCE COMPANY LTD.             | Previous Policy Number | 21270131250100004002               |

VEHICLE DETAILS

|                                         |               |                                      |                                     |
|-----------------------------------------|---------------|--------------------------------------|-------------------------------------|
| Registration Number                     | GJ-08-BJ-1919 | Chassis no./Engine Number            | ME4JF21CHH8009670/JF21<br>E82059811 |
| Make / Model                            | HONDA/AVIATOR | Variant:                             | DRUM                                |
| Year of manufacture                     | 2017          | Type of body / Type of Fuel          | Metal/Petrol                        |
| Colour                                  | NA            | Cubic capacity(cc)<br>/Wattage(kW):  | 109cc                               |
| Seating capacity including<br>Driver    | 2             | Name of registration<br>authority    | Banaskantha                         |
| Geographical Area / Zone                | India         | Name of the Financier                |                                     |
| Cover Note No/Cover Note<br>Issue Date: | /             | Automobile Association<br>membership | none                                |

INSURED DECLARED VALUE (in Rs)

| Vehicle | Trailer | Non-Elec Acc | Electrical Acc | Bi-fuel/CNG/LPG kit | Total Value |
|---------|---------|--------------|----------------|---------------------|-------------|
| 15750   | 0       | 0            | 0              |                     | 15750       |

SCHEDULE OF PREMIUM

| Own Damage                                        |             | Liability                                                                                                                                                                                                                                     |                  |
|---------------------------------------------------|-------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Basic OD Premium<br>(-)(#)Total NCB Discount(50%) | 139<br>69.3 | Basic TP Premium<br>(+)Compulsory PA Premium for Owner Driver(Sum<br>Insured Rs 1500000)<br>(+)PA premium for UnNamed/Hirer/Pillion Persons<br>(+)PA premium for UnNamed/Hirer/Pillion Persons<br>(100000 per person) for 1 person (IMT - 16) | 714<br>400<br>70 |
| Calculated OD Premium                             | 70          | Calculated TP Premium                                                                                                                                                                                                                         | 1184             |
| Total OD Premium                                  | 70          | Total TP Premium                                                                                                                                                                                                                              | 1184             |
| Net Premium in Rs                                 |             |                                                                                                                                                                                                                                               | 1,254            |
| GST in Rs                                         |             |                                                                                                                                                                                                                                               | 226              |
| Total Payable in Rs                               |             |                                                                                                                                                                                                                                               | 1,480            |

Signature Not  
Verified  
Digitally signed  
by BHASKAR  
REDDY  
Date: 2026.09.18  
09:33:02 +05'30'

Policy No. : 21270131260100004081 Document generated by AG\_KEJAL59 at 2026/09/18 09:33:03.

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>.



|                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Total Payable in Rs(in words):                                                                                                                                                                                                                                                                                                                                                                                                                         | RUPEES ONE THOUSAND FOUR HUNDRED EIGHTY ONLY |
| GSTIN(Issuing Office)                                                                                                                                                                                                                                                                                                                                                                                                                                  | 24AAACN4165C2ZW                              |
| SAC                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 997134 (Motor vehicle insurance services)    |
| Limitation as to use:The Policy covers use of the vehicle for any purpose other than: a)Hire or Reward b)Carriage of goods (other than samples or personal luggage) c)Organized racing d)Pace making e)Speed testing f) Reliability Trials g)Any purpose in connection with Motor Trade                                                                                                                                                                |                                              |
| 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. 1,00,000                                                                                                                          |                                              |
| For individual covers (OD) in RS:15750                                                                                                                                                                                                                                                                                                                                                                                                                 | Compulsory excess in Rs:100                  |
| 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. |                                              |
| For all vehicles - The policy does not cover liability for death, bodily injury or damage as excluded in section 150 (2) (ii) and (iii); (b) and (c) of the Motor Vehicles Act, 1988.                                                                                                                                                                                                                                                                  |                                              |

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 |
|-----------------|----------------|-------------------------------|-----------------------------------------------|-----------------------------|
| NA              | NA             | NA                            | NA                                            | NA                          |

PA cover for named persons

| Name | CSI Opted(Rs.) | Nominee | Relationship |
|------|----------------|---------|--------------|
| none | 0              | NA      | NA           |

Premium and GST Details

|         | Rate of Tax | Amount in INR |
|---------|-------------|---------------|
| Premium |             | Rs 1,254      |
| SGST    | 9           | 113           |
| CGST    | 9           | 113           |
| IGST    | 0           | 0             |

In witness where of this policy has been signed at DEESA B. O. on this 18-SEP-26WARRANTED 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 16,18,22.

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.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 18/09/2026



(Mr. Anoop Mohan Maurya)  
[Business 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 : 21270126E0011689

|                                                                           |
|---------------------------------------------------------------------------|
| <b>IRDA Registration Number: 190</b><br><b>NIA PAN NUMBER: AAACN4165C</b> |
|---------------------------------------------------------------------------|