

DATE OF INSURANCE CUM POLICY SCHEDULE

Car Package Policy

...where Grade 1999-2000 BREAKDOWN OF VOTING BY CANDIDATE



Insured Name:	ZAHID MOHAMMAD KHURAM KHAN	Policy No.:	30012008-144120/000000
Address:	6, SOA WORSHIPSAROOP SINGH PUNJABIA MARG, RAJENDRA NAGAR, NEW DELHI, ANDHRA PRADESH, INDIA PINCODE-523001	Period of Insurance:	01/10/2008-30/09/2010
Telephone No.:		E-Policy No.:	
Email Address:	zahid123@rediffmail.com	Policy Issued On:	
Nominee Name:	Mohammed Ghulam	Carriage No.:	148120
Relationship:	Wife	RTO Location:	MANJLI, PUNJAB, 144120/000000 SUBDIVISION-ANDHRA PRADESH PINCODE-523001
Age:	41	Hospitalized To:	PPHS HOSPITAL & REHABILITATION, BANGLA, 10- 18, KALPANA NAGAR, DELHI, 110034
GSTIN Number (Customer):		Insuree Number:	Ground-Floor, Second and Third Floor Lambat House, Vile Parle (East), Mumbai, Maharashtra-400026
Serving Branch Name:	PHOTOMAX	Service Branch:	
Address:		Address:	

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Current Status Date: 2023-03-26 01:54:18 | Event Left Date: 2023-03-26 01:54:18 | Start Room Type: 0000-00-00-0000-0000-0000 | Head Left Type: 0000-00-00-0000-0000-0000

Premium Details			
Own Damage(A)	(A)	Liability(B)	(B)
Total Own Damage Premium:	87863	Basic Third Party Liability Legal Liability to Paid Driver PA Cover for Owner Driver Uninsured PA Cover for 5 Persons	1557 59 479 294 8672
The Above Total OD premium is inclusive of all applicable loading factors viz. Automobile Association Membership, Anti-theft, Handicapped Person, Driver Fulton, Fire glass, ONGC PGI and Geographical Extension, Imported Vehicles, Voluntary Failure, etc. wherever applicable. Special Condition: SPC		Total Liability Premium(B)	
		Total Package Premium(A+B)	66575
		GST	5591.75
		SURT	5591.75
		Total Tax Payable in ₹	
		Total Premium Payable in ₹	72559

Unique Identification Number (UIN) Details

74800-0000000000000000

湘D4N1198H0017X01300182/A035LV91200918

Unique Identification Number (UIN) Details			
Consumables	Engine Protect Plus	Key Protect	Tire Protect
IRDAINT15RP0017V012001Q2A0019V0 1201210	IRDAINT15RP0017V012001Q2A0019V0 1201212	IRDAINT15RP0017V012001Q2A0019V0 1201213	IRDAINT15RP0017V012001Q2A0019V0 1201219
Geographical Area: India			Applicable IMT Clauses: 7.22

Compulsory Deduction: * 2000		Voluntary Deduction: *				
Premium Collector's No.	Premium Amount	T 75000	Receipt Date			
HSN/SAC code	9511 / GENERAL INSURANCE SERVICES					
Limits of Liability: (a) Under Section 4(1) of the policy, Death or bodily injury & (b) Under Section 4(2) of the policy, Damage to Third Party Property. Such amount as is necessary to meet the requirements of the Motor Vehicles (Amendment) Act, 2019 T 750000. PA Cover for Owner-Driver under Section 11-C of T 150000.						
Limitations as to Use: The Policy covers use of the vehicle for any purpose other than Hire or Reward, Carriage of goods (other than samples of personal luggage) or Organised racing, Race making, Reliability trials or Speed testing, any purpose in Connection with Motor Trade. Driver's Clause: 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 requirements of Rule 3 of the Central Motor Vehicles Rules, 1988. 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 Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For Legal Interpretation English version will hold good. Disclaimer: Please refer to our website www.accommodate.com for the policy wordings. For complete details see terms and conditions governing the coverage and NCB. This document is to be read with the policy wordings. The policy is valid subject to ratification of scheme. We accept premium only via legally recognized modes. In case of dishonour of premium, the company shall not be liable under the policy and the policy shall be void ab initio. In case of any discrepancy with respect to the policy, please revert within 15 days from the policy start date. This policy is underwritten on the basis of the information provided by you and as detailed in the Risk Assumption Letter shared with you along with the policy. On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change. Grievance Redressal: For resolution of any query or grievance you may contact us on our toll free no. 1800 2069 or visit any of our branch offices. You can also write to us at customer_support@accommodate.com . For detailed grievance redressal mechanism please visit the "Grievance Redressal" section on our website.						

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A copy of the most recent Annual Financial Statement for the City of New Haven, CT is available at the City Clerk's Office, 100 Church Street, New Haven, CT 06510.

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