2024-12-26

Mr./Ms. SURENDRA SHARMA
, Uttar Pradesh,

Dear Mr./Ms. SURENDRA SHARMA,

It is indeed our pleasure to bring you on-board. We value your support and contribution to our business, and we trust that your experience with our business will bring you the utmost satisfaction.

We shall be assisting you with all the necessary contact details and resources needed to effectively communicate with our business. Your transcript of proposal is attached and your policy is getting issued with insurer, please feel free to contact us if you have any comments or queries.

We are committed to delivering responsive and excellent service to all our customers. We are pleased to serve you with the highest quality Services. Our customer's satisfaction is the most important part of our business, and we work hard to ensure our customers feel valued and heard. With the help of our award-winning customer service team, we will ensure you receive real-time solutions and quality products every time.

In case you have to initiate a claim, please contact us at phone no: +91 7941050643 or email: info@motorsathi.com or visit our website at www.motorsathi.org or download Motorsathi app from play store for guidance from Motorsathi.

Mr./Ms. SURENDRA SHARMA, thank you for again for choosing to do business with us. We are grateful for the oppurtunity to assist you and will work tirelessly to provide our services to you.

We can be reached everyday during 9AM to 7PM at:

Phone No: +91 7941050643
Email: info@motorsathi.com
Website: www.motorsathi.org
GSTIN: 09AAPCM5877M1ZD

Please scan the QR for details.

Certificate of Services

Certificate Issuer & Servicing Office:Motor Sathi Care Private Limited, D-27, Shastri Nagar, Meerut, Utttar Pradesh, (250004) Certificate Number: INCP00391415	For Assistance, Please contact us at: Toll Free Number: 7941050643 Email ID: info@mtorosathi.com
Tax Invoice cum Certificate Number: INCP00391415	Period of Coverage(MS): 2024-12-26 - 2025-12-25 MIDNIGHT
Name of Certificate Holder: SURENDRA SHARMA	DOB:
Mobile.: 6364081821	Period of Coverage(I): 2024-12-26 - 2029-12-25 MIDNIGHT
Address: , ,	City / District:
State: Uttar Pradesh	Pincode:
IDV: 69069.75	Manufacturing Year: 2024
Vehicle Registration Number:New	Vehicle Manufacturer: HERO MOTOCORP
Model: SPLENDOR PLUS	Variant: I3S OB
Engine Number: HA11E7RHK60024	Chassis Number: MBLHAW220RHK57367
Acknowledgement No: MS/2025/E391415	Personal Accident Insurance Amount: 15,00,000
Hypothecation: CASH	

Drive Assure

S.No	Featured Benefits	Description	TW
1	Relay of urgent messages	Pass on message to Riders friends, family	Yes
2	Doctor Referral	Giving the contact details of nearest doctor to Rider	Yes
3	Vehicle Breakdown- Phone Support	Guiding the Rider on phone about vehicle related problems	Yes
4	On Site Minor Repair	Arranging for a mechanic to do minor repairs on the spot	Yes
5	Replacement of Keys	Arrange for pick-up and delivery of duplicate keys from Rider residence	Yes
6	Lost Keys	Arrange for a locksmith or a technician to open the lock	Yes
7	Fuel Delivery	Arrange for fuel delivery in case vehicle is out of fuel (Fuel cost on actual basis)	Yes
8	Wrong Fueling	Arrange for tank cleaning or towing in case of wrong fueling	Yes
9	Flat tyre Support	Arrange for technician to change the tyre or get it repaired, Material/spare parts if required to repair theVehicle (including repair of flat spare stepney tyre) will be borne by the Insured. In case the spare tyre is not available in the covered Vehicle, the flat tyre will be taken to the nearest flat tyre repair shop for repairs and re-attached to the Vehicle. All incidental charges for the same shall be borne by the Insured	Yes
10	Battery Jump-Start	A technician to be arranged for battery jumpstart	Yes
11	Taxi Assistance	Arrange for taxi on Rider's / driver's request irrespective of breakdown location	Yes
12	Hotel Assistance	Arrange for Hotel on Rider's / driver's request	Yes
13	Medical Assistance	Arranging for an ambulance/ hospital for Rider	Yes
14	Vehicle Custody Services	Take custody of vehicle in case Rider cannot attend the vehicle	Yes
15	Programme Start Date	For renewal cases, the date of commencement of coverage under the program. The program start date will be after 7 days from the program purchase date	After 7 Days
16	Number of Services	Proposed Number of Service	4

Special Conditions (applicable to all coverages): (a) All additional expenses regarding replacement of a part, additional Fuel and any other service which does not form a part of the standard services provided would be on chargeable basis to the insured. (b) This Certificate is valid subject to realisation of the payment and is effective from the Payment realisation date or certificate issue date, whichever is later

Accidental Hospital Daily Cash

ADHC Benefits: Fixed amount per day of hospitalisation in direct connection with above mentioned vehicle of which he / she is registered owner and whilst driving or whilst travelling in it as a co-driver, caused by violent accidental external and visible means up to a maximum number of 10 days in a policy year. Multiple claims during the policy year up to a maximum of 10 days. Entry Age: Minimum 18 Years to 65 years. To avail "Accidental Hospital Daily Cash" benefit minimum 24 hours hospitalisation is mandatory

Coverage Amount - Rs.1000 per day	Maximum Number of days - 10

For AHDC Support, Please reach out: Motor Sathi Services Private Limited, Website: www.motorsathi.com, Email: care@motorsathi.com, Contact Number: +91 7941050643

Doctor On Call

To get above doctor on call/chat benefits, whatsapp "EXPERIENCE DOC" @ +91-7941050643 from your registered mobile

#	Plan Amount	CGST (9%)	SGST (9%)	IGST (18%)	Total Amount
MS Services	450	40.5	40.5	-	531
Allied Services	1903.94	171.36	171.36	-	2247

Personal Accident Cover Details

Name of Certificate Holder: SURENDRA SHARMA	Period of Insurance: 2024-12-26 (16:04 HRS) - 2025-12-25 MIDNIGHT
Nominee Name: RAHUL SHARMA	Nominee Relationship: SON
Nominee Gender:Male	Nominee Age: 24 Years

Special Conditions: 1) Per individual SI is fixed Rs. 15 Lakh. 2) Age Band - 18 to 70 yrs. 3) Accidental Death (AD) - Covers Death due to Accident only. 4) We shall pay compensation for death, in direct connection with the vehicle cover for above Assistance Certificate and of which he / she is registered owner or whilst driving such registered vehicle or whilst travelling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in Death 100% CSI. 5) No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to - (a) Intentional self injury suicide or attempted suicide physical defect or infirmity or (b) An accident happening whilst such person is under the influence of intoxicating liquor or drugs. B) Such compensation shall be payable directly to his / her legal representatives. 6) This cover is subject to - (a) The Insured is the registered owner of the vehicle and has direct connection with his / her death. (b) The Insured holds a valid and effective driving licence, in accordance with the provisions of Section 3 of Motor Vehicle Act, 1988, at the time of the accident. 7) Any form of Nuclear, Chemical and biological Terrorism is excluded. 8) Scope of Cover - 24 Hrs, Within India only. All disputes arising out of or in connection with this agreement shall be subject to the exclusive jurisdiction of the courts at Meerut.

Business Summary Sheet

Particular	Net Amount	GST	Total
Summary INS	4128.24	743.08	4871.32
Summary MSCPL	450	81	531
Allied Services	1903.94	342.71	2246.65
Total Amount	6482.18	1166.79	7649