



पॉलिसी संख्या / Policy Number: 366003312519035648	व्यवसाय केंद्र/ Business Source: 910116
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/Office Code: 366003 कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building,Naveen Shahdara, - 110032 राज्य कोड/State Code: 7, Delhi जीएसटीआईएन/ GSTIN: 07AAACN9967E1Z5 संपर्क संख्या/Contact Number: 47354151 मोबाइल नंबर/Mobile Number:0	विक्रय चैनल कोड/ Sales Channel Code: 91011600000001 नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO संपर्क संख्या /Contact Number: 9687670986 UIN: IRDAN058RP0003V01201920 Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in 9920501906

ग्राहक का नाम /Customer Name:MR.KARDABH SHARMA पता/Address: VILL- PAKADI MADARAHA, PO-MATHAULI ,PS- KAPTANGANJ, DIST- , KUSHINAGAR, SINGARI,शहर/City: KUSHINAGAR - DISTRICT OTHERS,जिला/District: KUSHINAGAR,राज्य/State: UTTAR PRADESH,पिन/ PIN: 274301,सेल/Cell: *****78	ग्राहक आई.डी /Customer ID: 7501834728 फोन /Phone: *****78 ई-मेल /E-Mail:*****i2@gmail.com	पैन /PAN:
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पॉलिसी प्रभावी समय घंटे, को /Policy Effective from 22:09 hours, on 27/01/2026की अर्धरात्रि तक /to midnight of 26/01/2027			
प्रीमियम/ Premium	₹ 555.00	कवर नोट संख्या. और तारीख/ Cover Note Number and Date	NA
सीजीएसटी/CGST	₹ 0.00	प्रस्ताव संख्या और तारीख/ Proposal Number and Date	MOQ25001040666 Dt.27/01/2026
एसजीएसटी/यूटीजीएसटी/SGST/UT GST	₹ 0.00		
आईजीएसटी/IGST	₹ 100.00	रसीद संख्या और तारीख/ Receipt Number and Date	EASI2026012723901409 Dt. 27/01/2026
कम:जीएसटी_टीडीएस /Less:GST_TDS	₹ 0.00		
वसूली योग्य स्टॉप ड्यूटी/Recoverable Stamp Duty	₹ 0.00		
कुल राशि/ Total Amount	₹ 655.00	पिछली पॉलिसी संख्या और समाप्ति तिथि/ Previous Policy Number and Expiry Date	3005/53643093/21941/000 और/and 31/05/2024
(रुपय/Rupees Six Hundred Fifty Five केवल /Only)			

उसी वाहन को कवर करनेवाली टी पी पॉलिसी का विवरण/ Details of TP Policy covering same Vehicle (Please note that, having a valid TP Policy for the same vehicle is a pre requisite for Stand Alone Own Damage cover to be issued)			
बीमाकर्ता का नाम/Name of Insurer: ICICI Lombard General Insurance Co. Ltd.	पॉलिसी क्रमांक /Policy number: 3005/53643093/21941/000		
शाखा/Branch:	टी पी पॉलिसी के आरंभ होने की तारीख/TP Policy Start Date:02/06/2023		
टी पी पॉलिसी के समाप्त होने की तारीख/TP Policy End Date:01/06/2028			
स्टैंड अलोन ओन डैमेज पॉलिसी के तहत बीमित वाहन का विवरण / Details of Vehicle Insured under Stand Alone Own Damage Policy (Please note that, this policy covers Own Damage only and no other liability in connection with the vehicle)			
वाहन का आई.डी.वी/Vehicle IDV	₹ 49,500.00	पंजी. संख्या / Regn. Number	UP-57-BL-9957
आईडीवी / IDV (साइड कार /Sidecar)	NA	इंजन व एम/सी सं. / Engine or M/c No.	HA11E8PHE79189
इलेक्ट्रिकल एक्सेसरी / Electrical Accessories	NA	चैसिस संख्या/Chassis Number	MBLHAW230PHEA5859
गैर इलेक्ट्रिकल उपकरण/Non Electrical Accessories	NA	पंजीकरण अधि. /Regn. Authority	Padrauna
फाइबर ग्लास टैंक /Fiber Glass Tank	NA	भौगोलिक क्षेत्र /Geographical Area	India
सीएनजी/एलपीजी यूनिट/CNG/LPG Unit	NA	बनावट /Make	HERO
अति. टाविंग शुल्क/Addl. Towing Charges	NA	मॉडल/ Model	SPLENDOR PLUS
सी.सी - किलोवाट/ CC / KW	97	वेरिएंट /Variant	DRUM SELF ALLOY I3S MATT SHIELD GOLD
ईंधन का प्रकार / Type of Fuel	PETROL	वाहन की श्रेणी/Class of Vehicle	Motor Cycle
पंजीकरण की तारीख / Date of Registration	2023-06-02	ढाचा का प्रकार/रंग /Body Type / Color	SOLO/Alice Blue

National Insurance Co. Ltd.
Regd. & Head Office: Premises No.
18-0374, Plot no. CBD-81,
New Town, Kolkata - 700156

National Stand Alone Two Wheeler Own Damage Cover
UIN: IRDAN058RP0003V01201920



पॉलिसी संख्या / Policy Number: 366003312519035648	व्यवसाय केंद्र/ Business Source: 910116
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/Office Code: 366003 कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building,Naveen Shahdara, - 110032 राज्य कोड/State Code: 7, Delhi जीएसटीआईएन/GSTIN: 07AAACN9967E1Z5 संपर्क संख्या/Contact Number: 47354151 मोबाइल नंबर/Mobile Number:0	विक्रय चैनल कोड/ Sales Channel Code: 91011600000001 नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO संपर्क संख्या /Contact Number: 9687670986 UIN: IRDAN058RP0003V01201920 Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in 9920501906

लाइसेंस सिटिंग/वहन की क्षमता /Licensed Seating / Carrying Capacity	2	खरीदने की तारीख / Date of Purchase	02/06/2023
निर्माण वर्ष /Year of Mfg.	2023		

प्रीमियम की अनुसूची / Schedule of Premium

स्व-क्षति / Own Damage	(₹)
स्व-क्षति आवरण (उचित पूरक प्रीमियम के साथ) /Own Damage Cover Premium	331.85
Nil Depreciation Premium	222.75
कुल /Total	₹ 554.60

वाहन स्व-क्षति बीमा विवरण / Vehicle Own Damage Insurance Details

नो क्लेम बोनस % /No Claim Bonus%	0	सीएनजी एनपीजी किट/ CNG/LPG Kit	No
कंपलसरी एक्सेस /Compulsory Excess	₹ 100.00	सहायक उपकरण के नुकसान को कवर/ Loss of Accessories Covered	No
इंपोज्ड एक्सेस /Imposed Excess	₹ 0.00		
शून्य मूल्यहास उईन /Nil Depreciation UIN	IRDAN058RP0003V01201920/A0008V01201920		
शून्य मूल्यहास/Nil Depreciation	Yes		
शून्य मूल्यहास के लिए एक्सेस/ Excess for Nil Depreciation Clause	5% of the depreciation, minimum of Rs 500 and maximum of Rs 2500		

पूँजी लगानेवाले का नाम व पता /
Financier Name and
Address:

Hypothecation, SHRIRAM FINANCE LIMITED, KUSHINAGAR

प्रासंगिक अनुच्छेद, पृष्ठांकन और गारंटी /Clauses, Endorsements and Warranties Applicable: IMT24,15,29,17,22,1,10,12,13

आईआरडीएआई परिपत्र संदर्भ के अनुसार: IRDAI/NL/CIR/MISC/188/10/2023, दिनांक: 27/10/2023, मध्यस्थता खंड को पॉलिसी से हटा दिया गया माना जाएगा/ As per IRDAI Circular Ref: IRDAI/NL/CIR/MISC/188/10/2023, Dated: 27/10/2023, Arbitration Clause shall be deemed deleted from the policy

उपयोग की सीमाएं/Limitations as to Use:

Use only for social, domestic and pleasure purposes and for the insured's business or profession. 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) Use in connection with Motor Trade

National Insurance Co. Ltd.
Regd. & Head Office: Premises No.
18-0374, Plot no. CBD-81,
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National Stand Alone Two Wheeler Own Damage Cover
UIN: IRDAN058RP0003V01201920



पॉलिसी संख्या / Policy Number: 366003312519035648	व्यवसाय केंद्र/ Business Source: 910116
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/Office Code: 366003 कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building, Naveen Shahdara, - 110032 राज्य कोड/State Code: 7, Delhi जीएसटीआईएन/GSTIN: 07AAACN9967E1Z5 संपर्क संख्या/Contact Number: 47354151 मोबाइल नंबर/Mobile Number: 0	विक्रय चैनल कोड/ Sales Channel Code: 91011600000001 नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO संपर्क संख्या /Contact Number: 9687670986 UIN: IRDAN058RP0003V01201920 Customer Care Toll Free Number: 1800 345 0330 email:customer.support@nic.co.in 9920501906

ड्राइव करने का हकदार व्यक्ति या व्यक्तियों का वर्ग/Persons or Class 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 requirements of Rule 3 of the Central Motor Vehicles Rules, 1989 as amended from time to time.

The policy does not cover liability for death, bodily injury or damage as excluded in section 150(2) (a)(ii) and (iii);(b) and (c) of the Motor Vehicle Act, 1988"

मोटर वाहन अधिनियम, 1988 की धारा 150(2) (क) (ii) और (iii) (ख) और (ग) के अनुसार पॉलिसी मृत्यु, शारीरिक चोट या क्षति के लिए देयता को कवर नहीं करती है।

महत्वपूर्ण सूचना /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 the reason of wider terms appearing in the certificate in order to comply with the Motor Vehicle Act, 1988 as amended from time to time is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY"

उपरोक्त उल्लिखित कार्यालय पते पर विधिवत रूप से प्राधिकृत अधोहस्ताक्षरी को साक्षी मानकर दिनांक 27/01/2026 को हस्ताक्षर किया जा रहा है। वेबसाइट <https://nationalinsurance.nic.co.in> में उपलब्ध इस अनुसूची, संलग्न पॉलिसी, खण्ड, पृष्ठांकन और पॉलिसी शब्दों को एक अनुबंध के रूप में एक साथ पढ़ा जाएगा और पॉलिसी के किसी भी हिस्से या अनुसूची में संलग्न कोई भी शब्द या अभिव्यक्ति, जो विशेष अर्थ प्रकट करता हो, जहां भी प्रकट हो समान अर्थ वहन करेगा। यह वारंटी दी जाती है कि प्रीमियम चेक की अस्वीकृति की स्थिति में, यह पॉलिसी आरंभ होने की तारीख से ही स्वतः निरस्त माना जाएगा।

IN WITNESS WHEREOF, the undersigned being duly authorized hereunto set his/ her hand at the office address mentioned above, this 27/01/2026. This schedule, the attached policy, the clauses, the endorsements and policy wordings as available in the website <https://nationalinsurance.nic.co.in> shall be read together as one contract and any word or expression to which the specific meaning has been attached in any part of this policy or of the schedule shall bear the same meaning wherever it may appear. It is warranted that **IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED 'AB-INITIO'**

लोकपाल विवरण/Ombudsman Details: Office of the Insurance Ombudsman,
2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002.
Tel.: 011 - 23232481/23213504
Email: bimalokpal.delhi@cioins .co.in

कृते नेशनल इन्श्योरेन्स कंपनी लिमिटेड
/For and on behalf of
National Insurance Company Limited

स्टाम्प ड्यूटी
/Stamp
Duty:
(₹ 0.5)

प्रवीण कुमार गुप्ता / Praveen Kumar Gupta
मुख्य प्रबंधक / Chief Manager
नेशनल इन्श्योरेन्स कंपनी लिमिटेड
National Insurance Co. Ltd
प्रधान कार्यालय / HEAD OFFICE

प्राधिकृत हस्ताक्षरकर्ता/ Authorized Signatory





पॉलिसी संख्या / Policy Number: 366003312519035648	व्यवसाय स्रोत / Business Source: 910116
जारीकर्ता कार्यालय / Issuing Office कार्यालय कोड / Office Code: 366003 कार्यालय का पता / Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building, Naveen Shahdara, - 110032 राज्य कोड / State Code: 7, Delhi जीएसटीआईएन / GSTIN: 07AAACN9967E1Z5 संपर्क संख्या / Contact Number: 47354151 मोबाइल नंबर / Mobile Number: 0	विक्रय चैनल कोड / Sales Channel Code: 91011600000001 नाम / Name: LANDMARK INSURANCE BROKERS PVT LTD - HO संपर्क संख्या / Contact Number: 9687670986 UIN: IRDAN058RP0003V01201920 Customer Care Toll Free Number: 1800 345 0330 email: customer.support@nic.co.in 9920501906

बीमा प्रमाण-पत्र / CERTIFICATE OF INSURANCE

केन्द्रीय मोटर वाहन नियम 1989 के फॉर्म 51 / **Form 51 of the Central Motor Vehicle Rules, 1989 as amended from time to time**

प्रमाण-पत्र / Certificate No.:	366003312519035648	I
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बीमित वाहन का विवरण / Particulars of vehicle insured							
रजि. पंजीकरण का निशान संख्या और स्थान / Reg. Mark, No. & Place of Registration	इंजन नंबर और चैसिस नंबर / Engine No. & Chassis No	बनावट, मॉडल प्रकार / Make, Model & Variant	निर्माण वर्ष / Year of Manufacture	बॉडी का प्रकार / Type of Body	सी.सी - किलोवाट / CC / KW	यात्री क्षमता / Seating capacity	प्रीमियम / Premium (₹)
UP-57-BL-9957 & Padrauna	HA11E8PHE79189 MBLHAW230PHEA5859	HERO, SPLENDOR PLUS & DRUM SELF ALLOY I3S MATT SHIELD GOLD	2023	SOLO	97	2	₹ 555.00

पंजीयन अधिकारी का नाम / Name of Registration Authority	Padrauna
बीमित का नाम व पता / Name & Address of Insured	MR.KARDABH SHARMA,VILL- PAKADI MADARAHA, PO-MATHAULI ,PS- KAPTANGANJ, DIST- KUSHINAGAR, SINGARI,KUSHINAGAR - DISTRICT OTHERS,KUSHINAGAR,UTTAR PRADESH,274301
वाहन मालिक का मान्य मोबाइल नंबर / Validated Mobile number of the vehicle owner	*****78
भौगोलिक क्षेत्र / Geographical Area	India
व्यवसाय या पेशा / Business or Profession	Other Employees
बीमा के प्रारंभ होने की प्रभावी तिथि / Effective date of commencement of Insurance for the purpose of Act.	बजे दिनांक से मध्य रात्रि दिनांक तक / From 22:09 O' Clock on 27/01/2026
बीमा समाप्ति की तिथि / Date of expiry of the insurance	मध्यरात्रि को / Midnight on: 26/01/2027

ड्राइविंग क्लब/गाड़ी चलाने के अधिकृत व्यक्ति या व्यक्तियों का समूह / DRIVER'S CLAUSE: PERSONS OR CLASS OF PERSONS ENTITLED TO DRIVE
बीमित सहित कोई भी व्यक्ति, बशर्ते कि दुर्घटना के समय ड्राइव करने वाले व्यक्ति के पास प्रभावी ड्राइविंग लाइसेंस हो तथा उसे इस तरह के लाइसेंस प्राप्त करने या धारण करने से अयोग्य घोषित नहीं किया गया हो। बशर्ते यह भी कि यदि व्यक्ति के पास प्रभावी लर्नर लाइसेंस हो तो वह वाहन चला सकता है तथा ऐसा व्यक्ति केन्द्रीय मोटर वाहन नियम, 1989 के नियम 3 की आवश्यकताओं की पूर्ति करता है। / 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, 1989 as amended from time to time.

प्रयोगार्थ सीमाएं / LIMITATIONS AS TO USE
सामाजिक, घरेलू और आनंदपूर्ण उद्देश्यों तथा बीमाधारक के बीमा व्यवसाय या पेशा हेतु केवल उपयोग करें। पॉलिसी मोटर व्यवसाय के संबंध में किसी भी उद्देश्य हेतु उपयोग या किसी व्यवसाय या किसी व्यापार के साथ भाड़ा या रिवाइड, ट्यूशन, रेसिंग, पेस मेकिंग, विश्वसनीयता परीक्षण, गति परीक्षण, माल वहन (नमूना या व्यक्तिगत सामान के अलावा) के उपयोग को आवरित नहीं करती है। / Use only for social, domestic and pleasure purposes and for the insured's business or profession. The Policy does not cover use for hire or reward, tuition, racing, pace making, reliability trial, speed testing, carriage of goods (other than samples or personal luggage) in connection with any trade or business or use for any purpose in connection with Motor Trade.

The policy does not cover liability for death, bodily injury or damage as excluded in section 150(2) (a)(ii) and (iii); (b) and (c) of the Motor Vehicle Act, 1988, as amended from time to time मोटर वाहन अधिनियम, 1988 की धारा 150(2) (क) (ii) और (iii) (ख) और (ग) के अनुसार पॉलिसी मृत्यु, शारीरिक चोट या क्षति के लिए देयता को कवर नहीं करती है।

मैं/हम एतद्वारा प्रमाणित करते हैं कि पॉलिसी जिससे यह प्रमाण-पत्र संबंधित है एवं यह बीमा प्रमाण-पत्र मोटर वाहन अधिनियम, 1988 के अध्याय XI के प्रावधानों के अनुसार जारी किये गए हैं। / 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 XI of M.V. Act, 1988 as amended from time to time.

जारीकर्ता कार्यालय का पूरा पता / **Full address of Issuing Office: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building, Naveen Shahdara, 110032, Delhi**
जारी करने की तिथि / **Date of issue: 27/01/2026**

कृते नेशनल इन्श्योरेंस कम्पनी लिमिटेड
/For and on behalf of National Insurance Company Limited

पॉलिसी अनुसूची / Policy Schedule-Motor - Two Wheelers - Standalone OD



पॉलिसी संख्या / Policy Number: 366003312519035648	व्यवसाय केंद्र/ Business Source: 910116
जारीकर्ता कार्यालय/ Issuing Office कार्यालय कोड/Office Code: 366003	विक्रय चैनल कोड/ Sales Channel Code: 91011600000001
कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building, Naveen Shahdara, - 110032	नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO
राज्य कोड/State Code: 7, Delhi	संपर्क संख्या /Contact Number: 9687670986
जीएसटीआईएन/ GSTIN : 07AAACN9967E1Z5	UIN: IRDAN058RP0003V01201920
संपर्क संख्या/Contact Number: 47354151	Customer Care Toll Free Number: 1800 345 0330
मोबाइल नंबर/Mobile Number:0	email:customer.support@nic.co.in
	 9920501906




प्रवीण कुमार गुप्ता / Praveen Kumar Gupta
मुख्य प्रबंधक / Chief Manager
नेशनल इन्शुरेन्स कंपनी लिमिटेड
National Insurance Co. Ltd
प्रधान कार्यालय / HEAD OFFICE

विधिवत गठित अटॉर्नी (ओं) /Duly Constituted Attorney(s)

टैक्स इनवॉयस/TAX INVOICE

इनवॉयस क्र.सं./Invoice Serial No: 40318A5P0035648

इनवॉयस तिथि/Invoice Date: 27/01/2026

आपूर्तिकर्ता का विवरण/Details of Supplier:

नेशनल इन्श्योरेंस कंपनी लिमिटेड/National Insurance Company Limited.,
Delhi Shahdara Business Office, 1/11955, 1st floor, Muskaan Building, Naveen Shahdara, - 110032
राज्य/State : 7, Delhi
जीएसटीआईएन नंबर/GSTIN No : 07AAACN9967E1Z5

आदाता का विवरण /Details Of Receiver : MR.KARDABH SHARMA

पता/Address: VILL- PAKADI MADARAHA, PO-MATHAULI ,PS- KAPTANGANJ, DIST- , KUSHINAGAR, SINGARI
शहर/City : KUSHINAGAR - DISTRICT OTHERS,
जिला/District: KUSHINAGAR,
राज्य/State: UTTAR PRADESH,
पिन/PIN: 274301
आपूर्ति राज्य का स्थान/ Place Of Supply State : UTTAR PRADESH
राज्य कोड/State Code : 16
जीएसटीआईएन नं./GSTIN No :
यूआईएन नंबर/UIN No : IRDAN058RP0003V01201920

सैक कोड/ SAC Code	सेवा का विवरण/Description of Service	कुल/Total (₹)	छूट/Disc amount	टैक्स योग्य मूल्य/Taxable Value (₹)	सीजीएसटी/CGST		एसजीएसटी/यूटीजीएसटी/SGST/UTGST		आईजीएसटी/IGST		केरला बाढ़ उपकर/ Kerala Flood Cess
					दर/Rate	राशि/Amount (₹)	दर/Rate	राशि/Amount (₹)	दर/Rate	राशि/Amount (₹)	राशि/Amount (₹)
997134	Motor vehicle insurance services	655	60%	555	0%	0	0%	0	18%	100	0
कुल /TOTAL		655		555		0		0		100	0

कुल इनवॉयस मूल्य(अंकों में)/ Total Invoice Value (In figures): ₹ 655

कुल इनवॉयस मूल्य(शब्दों में)/Total Invoice Value (In words) : रूपए /Rupees Six Hundred Fifty Five Only.

रिवर्स चार्ज के अधीन टैक्स की राशि /Amount of Tax Subject to Reverse Charge : No

E.&O.E

कृते नेशनल इन्श्योरेंस कंपनी लिमिटेड/

For and on behalf of National Insurance Company Limited


प्रवीण कुमार गुप्ता / Praveen Kumar Gupta
मुख्य प्रबंधक / Chief Manager
नेशनल इन्श्योरेंस कंपनी लिमिटेड
National Insurance Co. Ltd
प्रधान कार्यालय / HEAD OFFICE

प्राधिकृत हस्ताक्षरकर्ता/ Authorized Signatory

National Stand Alone Two Wheeler Own
Damage Cover
UIN: IRDAN058RP0003V01201920



National Insurance Company Limited

CIN - U10200WB1906GOI001713

IRDAI Regn. No. - 58

Annexure B

CUSTOMER INFORMATION SHEET

SI No.	TITLE	DESCRIPTION	Policy/ clause no.																												
1.	Product Name	National Stand Alone Two Wheeler Own Damage Cover																													
2.	Unique Id Number (UIN) allotted by IRDAI	IRDAN058RP0003V01201920																													
3.	Structure	<ul style="list-style-type: none"> Section I - Loss of or Damage to the Vehicle Insured: Indemnity basis 																													
4.	Interests Insured	<ul style="list-style-type: none"> Two Wheeler 																													
5.	Sum Insured / Motor Insured Declared Value Scope	<p>Sum Insured, Insured's Declared Value (IDV) The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this policy which is fixed at the commencement of each policy period for the insured vehicle. The IDV of the vehicle (and side car/accessories if any fitted to the vehicle) is to be fixed on the basis of the manufacturer's listed selling price of the brand and model as the vehicle insured at the commencement of insurance/renewal and adjusted for depreciation (as per schedule below). The schedule of age-wise depreciation as shown below is applicable for the purpose of Total Loss/Constructive Total Loss (TL/CTL) claims only.</p> <p>The Schedule of Depreciation For Fixing IDV of the Vehicle</p> <table border="1"> <thead> <tr> <th>AGE OF THE VEHICLE</th> <th>% OF DEPRECIATION FOR FIXING IDV</th> </tr> </thead> <tbody> <tr> <td>Not exceeding 6 months</td> <td>5%</td> </tr> <tr> <td>Exceeding 6 months but not exceeding 1 year</td> <td>15%</td> </tr> <tr> <td>Exceeding 1 year but not exceeding 2 years</td> <td>20%</td> </tr> <tr> <td>Exceeding 2 years but not exceeding 3 years</td> <td>30%</td> </tr> <tr> <td>Exceeding 3 years but not exceeding 4 years</td> <td>40%</td> </tr> <tr> <td>Exceeding 4 years but not exceeding 5 years</td> <td>50%</td> </tr> <tr> <td>Exceeding 5 year but not exceeding 7 years</td> <td>55%</td> </tr> <tr> <td>Exceeding 7 year but not exceeding 8 years</td> <td>60%</td> </tr> <tr> <td>Exceeding 8 year but not exceeding 9 years</td> <td>65%</td> </tr> <tr> <td>Exceeding 9 year but not exceeding 10 years</td> <td>70%</td> </tr> <tr> <td>Exceeding 10 year but not exceeding 12 years</td> <td>75%</td> </tr> <tr> <td>Exceeding 12 year but not exceeding 14 years</td> <td>80%</td> </tr> <tr> <td>Exceeding 14 years, if acceptable</td> <td>Market Value</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Depreciation scale to be applied on the manufacturer's listed selling price of the vehicle on the date of commencement of policy IDV during renewal should be less than last year IDV, unless MSP has increased at the inception of the policy period. <p>Criteria for Constructive Total Loss A vehicle will be considered to be a CTL where the aggregate cost of retrieval and / or repair of the vehicle (without Taxes), subject to terms and conditions of the policy, exceeds 75% of the IDV. However, if the cost of repair of the vehicle (without Taxes) lies within 70% to 75% of the IDV (borderline case), the insured may opt for Constructive Total Basis settlement, in which case, company's liability shall be IDV less Wreck Value of the Vehicle less applicable Excess(es) or Repair Liability assessed (without Taxes), whichever is less.</p>	AGE OF THE VEHICLE	% OF DEPRECIATION FOR FIXING IDV	Not exceeding 6 months	5%	Exceeding 6 months but not exceeding 1 year	15%	Exceeding 1 year but not exceeding 2 years	20%	Exceeding 2 years but not exceeding 3 years	30%	Exceeding 3 years but not exceeding 4 years	40%	Exceeding 4 years but not exceeding 5 years	50%	Exceeding 5 year but not exceeding 7 years	55%	Exceeding 7 year but not exceeding 8 years	60%	Exceeding 8 year but not exceeding 9 years	65%	Exceeding 9 year but not exceeding 10 years	70%	Exceeding 10 year but not exceeding 12 years	75%	Exceeding 12 year but not exceeding 14 years	80%	Exceeding 14 years, if acceptable	Market Value	Section I
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Exceeding 14 years, if acceptable	Market Value																														
6.	Policy Coverage	<p>Loss of or Damage to the Vehicle Insured The Company will indemnify the insured against loss or damage to the vehicle insured hereunder and / or its accessories whilst thereon</p> <ol style="list-style-type: none"> By fire explosion self-ignition or lightning; By burglary housebreaking or theft; By riot and strike; By earthquake (fire and shock damage); By flood typhoon hurricane storm tempest inundation cyclone hailstorm frost; By accidental external means; By malicious act; By terrorist activity; Whilst in transit by road rail inland-waterway lift elevator or air; By landslide rockslide <p>Subject to a deduction for depreciation at the rates as mentioned in the Policy Terms & Conditions.</p>	Section II																												

		Sr. No.	Add-On	Description	
7.	Add-on Cover	1	Invoice Protect	Pays the difference between the Current Invoice Price (Price of vehicle at the time of policy inception) of the Insured Vehicle and IDV along with First time Registration charges, Motor OD Premium paid and Road Tax, subject to a maximum of 10% of Current Invoice Price.	
		2	No Claim Bonus Protect	The percentage of NCB accrued, shall be maintained for up to two claims admissible under Section I	
		3	Engine Protect	Extend the Policy to cover repair of Engine /allied assemblies arising out of water ingress due to flood or failure due to leakage of lubricating oil	
		4	Nil Depreciation	Pays the amount of depreciation deducted on the value of the parts replaced in the event of a partial loss claim	
		5	Nil Depreciation Plus	Pays the amount of depreciation deducted on the value of the parts replaced in the event of a partial loss claim, without payment of any additional excess.	
		6	EMI Protect	Indemnify the Insured up to two Equated Monthly Instalments	
		7	Road Side Assistance	Shall arrange to provide services such as Towing, Battery Jumpstart, Fuel re-filling, Spot repair etc. through third party service provider	
		8	Daily Allowance	Pays a fixed daily allowance to the insured in case the repair claim for accidental loss or damage is admitted	
		9	Loss of Driving License and Vehicular Documents	Indemnify the Insured for cost of replacing/ repairing of Key(s) and/or Lock(s) of the Insured Vehicle including payment of Reasonable Labour Charges	
Note: Above is the list of all Add-ons available with Two Wheeler Standalone Package Policy. The benefit/ coverage for the Add-ons shall be available subject to as opted by the Insured and mentioned in the Schedule.					
8.	Loss Participation	Compulsory Deductibles (The amount to be borne by insured for each & every claim) Rs 100/- for Two Wheelers - Separate Excess for Add-on is applicable only if Add-on is opted by the policyholder. - Voluntary Deductible, if opted, as per the slab applicable.			
9.	Exclusions	Any accidental loss or damage and/or liability incurred shall not be covered if, the insured vehicle is used outside the permitted geographical area, is in violation of the Limitations as to Use or Driver's Clause. Additionally, claims resulting from Consequential loss, wear and tear, contractual liability, liability due to death in the course of employment, or death or injury while entering, riding, or leaving the vehicle are excluded. Any liability arising from war, invasion, foreign enemy actions, or nuclear weapons material shall also not be covered. For detailed section wise exclusions, please refer to the relevant section of the Policy wordings.			
10.	Special Conditions and Warranties (if any)	There are no special conditions and warranties other than the conditions given in the policy			Refer to Policy Schedule for all terms and conditions
11.	Admissibility of Claim	- Claim shall be admissible subject to policy terms and conditions - Company shall disclaim liability to the insured for any claim hereunder and such claim shall not, within twelve calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.			
12.	Policy Servicing – Claim Intimation and Processing	Helpline/ Toll free: 1800 345 0330 Website: https://nationalinsurance.nic.co.in/ Details of designated company officials to be contacted in time of claim - To contact In-Charge Claim Servicing Office Details of procedure to be followed for cashless service as well as for reimbursement of claim: For both cashless and reimbursement claims, the insured needs to contact the concerned claims hub and provide documents as and when required by NICL. Insured shall readily get cashless if he/she approaches the cashless garages having tie ups with us (list of such garages are available on our website). In both cases, the repair invoice should be in the name of National Insurance Company Limited. In case of reimbursement basis, the amount for repair is to be paid by the insured to the garage first and then NICL shall reimburse the insured of the claim amount upon production of a genuine invoice. In case of cashless claims, the payment will be made directly to the garage by NICL. Link of Cashless garage: https://nationalinsurance.nic.co.in/info-desk/our-networks/cashless-garages Turn Around Time (TAT) Surveyor Appointment - Within 24 hours Survey report to the insurer - Within 15 days of appointment			

		<p><u>Claim Decision</u> – 7 days from receipt of Survey report or after expiry of fifteen days from allocation of the claim to the surveyor whichever is earlier.</p> <p>Escalation Matrix when TAT is not satisfied</p> <table border="1"> <thead> <tr> <th>Ist level</th> <th>IInd level</th> <th>IIIRD level</th> </tr> </thead> <tbody> <tr> <td>In-Charge of Claim Servicing Office</td> <td>Grievance Dept at RO</td> <td>Grievance Dept at HO</td> </tr> </tbody> </table>	Ist level	IInd level	IIIRD level	In-Charge of Claim Servicing Office	Grievance Dept at RO	Grievance Dept at HO	
Ist level	IInd level	IIIRD level							
In-Charge of Claim Servicing Office	Grievance Dept at RO	Grievance Dept at HO							
13.	Grievance Redressal and Policyholders Protection	<ul style="list-style-type: none"> State the brief details of Protection of Policyholder's Interest - Circular on Protection of Policyholders' Interests, 2024 as introduced by IRDAI on 5th September 2024. Details of Grievance Officer of the Insurer - https://nationalinsurance.nic.co.in Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ Ombudsman - https://www.cioins.co.in/ 							
14.	Obligations of the Policyholder	<ul style="list-style-type: none"> To disclose all information correctly as sought by the insurer at time of filling the Proposal form and Claim Form Incorrect or Non-disclosure of material information, including NCB of previous policy may affect the claim settlement. In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately. The vehicular documents and DL of driver of the vehicle at the material time of loss, must be valid and effective. 							

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policyholder

Note:

i. Insurer shall provide a web-link where the product related documents including the Customer Information Sheet are available on the website of the Insurer.

ii. In case of any conflict, the terms and conditions mentioned in the Policy document shall prevail.

iii. Insurer to take confirmation of the Policyholder regarding receiving of the Customer Information Sheet.