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| पॉलिसी संख्या / Policy Number: 366003312519037404   | व्यवसाय स्रोत / Business Source: 910116   |
| जारीकर्ता कार्यालय / Issuing Office<br>कार्यालय कोड / Office Code: 366003<br>कार्यालय का पता / Office Address: Delhi Shahdara Business Office 1/11955,<br>1st floor, Muskaan Building, Naveen Shahdara, - 110032<br>राज्य कोड / State Code: 7, Delhi<br>जीएसटीआईएन / GSTIN: 07AAACN9967E1Z5<br>संपर्क संख्या / Contact Number: 47354151<br>मोबाइल नंबर / Mobile Number: 0 | विक्रय चैनल कोड / Sales Channel Code: 91011600000001<br>नाम / Name: LANDMARK INSURANCE BROKERS PVT LTD - HO<br>संपर्क संख्या / Contact Number: 9687670986<br>UIN: IRDAN058RP0003V01201920<br>Customer Care Toll Free Number: 1800 345 0330<br>email: customer.support@nic.co.in<br>9920501906 |

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|--|---|----------------------------------|
| ग्राहक का नाम / Customer Name: MR.MD SAMEER ALI  | ग्राहक आई.डी. / Customer ID: 7501888812 | पैन / PAN:                       |
| पता / Address: VILL- TURKAHA POST-RAJA BAZAR KHADDA, THANA-<br>KHADDA, KOHARGADDI, शहर / City: KUSHINAGAR - DISTRICT<br>OTHERS, जिला / District: KUSHINAGAR, राज्य / State: UTTAR PRADESH, पिन /<br>PIN: 274802, सेल / Cell: *****78 | फोन / Phone: *****78                    | ई-मेल / E-Mail: *****I2@GMAI.COM |

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|---|----------|--|---|
| पॉलिसी प्रभावी समय घंटे, को / Policy Effective from 00:00 hours, on 04/02/2026 की अर्धरात्रि तक / to midnight of 03/02/2027 |          |  |   |
| प्रीमियम / Premium  | ₹ 569.00 | कवर नोट संख्या और तारीख / Cover Note Number and Date                         | NA                                      |
| सीजीएसटी/CGST   | ₹ 0.00   | प्रस्ताव संख्या और तारीख / Proposal Number and Date                          | MOQ25001084268 Dt.02/02/2026            |
| एसजीएसटी/यूटीजीएसटी/SGST/UT GST   | ₹ 0.00   |  |   |
| आईजीएसटी/IGST   | ₹ 102.00 | रसीद संख्या और तारीख / Receipt Number and Date                               | 366003812510042681 Dt. 02/02/2026       |
| कम: जीएसटी_टीडीएस / Less: GST_TDS   | ₹ 0.00   |  |   |
| वसूली योग्य स्टाम्प ड्यूटी / Recoverable Stamp Duty   | ₹ 0.00   |  |   |
| कुल राशि / Total Amount   | ₹ 671.00 | पिछली पॉलिसी संख्या और समाप्ति तिथि / Previous Policy Number and Expiry Date | 252400/31/2025/82903 और /and 03/02/2026 |
| (रुपय/Rupees Six Hundred Seventy One केवल /Only)  |          |  |   |

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| उसी वाहन को कवर करने वाली टी पी पॉलिसी का विवरण / Details of TP Policy covering same Vehicle<br>(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: The Oriental Insurance Company Ltd  | पॉलिसी क्रमांक / Policy number: 252400/31/2025/82903                  | टी पी पॉलिसी के आरंभ होने की तारीख / TP Policy Start Date: 04/02/2025 |                      |
| शाखा / Branch:  | टी पी पॉलिसी के समाप्त होने की तारीख / TP Policy End Date: 03/02/2030 |   |                      |
| 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   | ₹ 58,000.00   | पंजी. संख्या / Regn. Number   | UP-57-BW-4023        |
| आईडीवी / IDV (साइड कार / Sidecar)   | NA  | इंजन व एम/सी सं. / Engine or M/c No.                                  | HA11E7SHA66883       |
| इलेक्ट्रिकल एक्सेसरी / Electrical Accessories   | NA  | चेसिस संख्या / Chassis Number   | MBLHAW224SHA62574    |
| 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  | वैरिएंट / Variant   | SELF ALLOY I3S BS VI |
| ईंधन का प्रकार / Type of Fuel   | PETROL  | वाहन की श्रेणी / Class of Vehicle                                     | Motor Cycle          |
| पंजीकरण की तारीख / Date of Registration   | 2025-02-05  | ढांचा का प्रकार/रंग / Body Type / Color                               | SOLO/Alice Blue      |



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

|   |      |                                    |            |
|---|------|------------------------------------|------------|
| लाइसेंस सिटिंग/वहन की क्षमता / Licensed Seating / Carrying Capacity | 2    | खरीदने की तारीख / Date of Purchase | 05/02/2025 |
| निर्माण वर्ष / Year of Mfg.   | 2025 |                                    |            |

प्रीमियम की अनुसूची / Schedule of Premium

| स्व-क्षति / Own Damage  | (₹)      |
|---|----------|
| स्व-क्षति आवरण (उचित पूरक प्रीमियम के साथ) / Own Damage Cover Premium | 388.83   |
| Nil Depreciation Premium  | 179.8    |
| कुल / Total   | ₹ 568.63 |

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

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|---|--|--|----|
| 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, HERO FINCORP LIMITED DELHI, KHADDA

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,  
New Town, Kolkata - 700156

National Stand Alone Two Wheeler Own Damage Cover  
UIN: IRDAN058RP0003V01201920



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| जारीकर्ता कार्यालय/ Issuing Office<br>कार्यालय कोड/Office Code: 366003<br>कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955,<br>1st floor, Muskaan Building, Naveen Shahdara, - 110032<br>राज्य कोड/State Code: 7, Delhi<br>जीएसटीआईएन/GSTIN: 07AAACN9967E1Z5<br>संपर्क संख्या/Contact Number: 47354151<br>मोबाइल नंबर/Mobile Number: 0 | विक्रय चैनल कोड/ Sales Channel Code: 91011600000001<br>नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO<br>संपर्क संख्या /Contact Number: 9687670986<br>UIN: IRDAN058RP0003V01201920<br>Customer Care Toll Free Number: 1800 345 0330<br>email:customer.support@nic.co.in<br>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 04/02/2026 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 **04/02/2026**. 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

स्टाम्प ड्यूटी  
/Stamp  
Duty:  
(₹ 0.5)

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

  
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





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| पॉलिसी संख्या / Policy Number: 366003312519037404  | व्यवसाय केंद्र/ Business Source: 910116             |
| जारीकर्ता कार्यालय/ Issuing Office   | विक्रय चैनल कोड/ Sales Channel Code: 91011600000001 |
| कार्यालय कोड/Office Code: 366003   | नाम /Name: LANDMARK INSURANCE BROKERS PVT LTD - HO  |
| कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955, 1st floor, Muskaan Building,Naveen Shahdara, - 110032 | संपर्क संख्या /Contact Number: 9687670986           |
| राज्य कोड/State Code: 7, Delhi   | UIN: IRDAN058RP0003V01201920                        |
| जीएसटीआईएन/GSTIN: 07AAACN9967E1Z5  | Customer Care Toll Free Number: 1800 345 0330       |
| संपर्क संख्या/Contact Number: 47354151   | email:customer.support@nic.co.in                    |
| मोबाइल नंबर/Mobile Number:0  | 9920501906  |

बीमा प्रमाण-पत्र /CERTIFICATE OF INSURANCE

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

|                               |                    |   |
|-------------------------------|--------------------|---|
| प्रमाण-पत्र /Certificate No.: | 366003312519037404 | 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-BW-4023 & Padrauna  | HA11E7SHA66883<br>MBLHAW224SHA62574              | HERO, SPLENDOR PLUS & SELF ALLOY I3S BS VI | 2025                              | SOLO                         | 97                       | 2                               | ₹ 569.00              |

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| पंजीयन अधिकारी का नाम /Name of Registration Authority   | Padrauna   |
| बीमित का नाम व पता /Name & Address of Insured   | MR.MD SAMEER ALI,VILL- TURKAHA POST-RAJA BAZAR KHADDA, THANA-, KHADDA, KOHARGADDI,KUSHINAGAR - DISTRICT OTHERS,KUSHINAGAR,UTTAR PRADESH,274802 |
| 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 00:00 O' Clock on 04/02/2026   |
| बीमा समाप्ति की तिथि /Date of expiry of the insurance   | मध्यरात्रि को /Midnight on: 03/02/2027   |

**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

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


जारी करने की तिथि /Date of issue: 02/02/2026

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



|  |   |
|--|---|
| पॉलिसी संख्या / <b>Policy Number: 366003312519037404</b>   | व्यवसाय केंद्र/ Business Source: 910116   |
| जारीकर्ता कार्यालय/ <b>Issuing Office</b><br>कार्यालय कोड/Office Code: 366003  | विक्रय चैनल कोड/ Sales Channel Code: 91011600000001   |
| कार्यालय का पता /Office Address: Delhi Shahdara Business Office 1/11955,<br>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/ <b>GSTIN</b> : 07AAACN9967E1Z5   | UIN: <b>IRDAN058RP0003V01201920</b>   |
| संपर्क संख्या/Contact Number: 47354151   | Customer Care Toll Free Number: <b>1800 345 0330</b>  |
| मोबाइल नंबर/Mobile Number:0  | email:customer.support@nic.co.in  |
|  |  <b>9920501906</b> |



  
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: 40318A5P0037404

इनवॉयस तिथि/Invoice Date: 02/02/2026

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.MD SAMEER ALI

पता/Address: VILL- TURKAHA POST-RAJA BAZAR KHADDA, THANA-, KHADDA, KOHARGADDI  
शहर/City : KUSHINAGAR - DISTRICT OTHERS,  
जिला/District: KUSHINAGAR,  
राज्य/State: UTTAR PRADESH,  
पिन/PIN: 274802  
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/<br>SAC Code | सेवा का विवरण/Description of Service | कुल/Total (₹) | छूट/Discout | टैक्स योग्य मूल्य/Taxable Value (₹) | सीजीएसटी/CGST |                 | एसजीएसटी/यूटीजीएसटी/SGST/UTGST |                 | आईजीएसटी/IGST |                 | केरला बाढ़ उपकर/<br>Kerala Flood Cess |
|----------------------|--------------------------------------|---------------|-------------|-------------------------------------|---------------|-----------------|--------------------------------|-----------------|---------------|-----------------|---------------------------------------|
|                      |                                      |               |             |                                     | दर/Rate       | राशि/Amount (₹) | दर/Rate                        | राशि/Amount (₹) | दर/Rate       | राशि/Amount (₹) | राशि/Amount (₹)                       |
| 997134               | Motor vehicle insurance services     | 671           | 60%         | 569                                 | 0%            | 0               | 0%                             | 0               | 18%           | 102             | 0                                     |
| कुल /TOTAL           |                                      | 671           |             | 569                                 |               | 0               |                                | 0               |               | 102             | 0                                     |

कुल इनवॉयस मूल्य(अंकों में)/ Total Invoice Value (In figures): ₹ 671


कुल इनवॉयस मूल्य(शब्दों में)/Total Invoice Value (In words) : रूपए /Rupees Six Hundred Seventy One 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



|   |                      |
|---|----------------------|
| <b>National Insurance Company Limited</b> |                      |
| CIN - U10200WB1906GOI001713               | IRDAI Regn. No. - 58 |
| Annexure B                                |                      |
| <b>CUSTOMER INFORMATION SHEET</b>         |                      |

| SI No.                                       | TITLE   | DESCRIPTION  | Policy/ clause no. |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
|--|---|--|--------------------|----------------------------------|------------------------|----|---|-----|--|-----|---|-----|---|-----|---|-----|--|-----|--|-----|--|-----|---|-----|--|-----|--|-----|-----------------------------------|--------------|------------------|
| 1.   | <b>Product Name</b>                                     | National Stand Alone Two Wheeler Own Damage Cover  |                    |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
| 2.   | <b>Unique Id Number (UIN) allotted by IRDAI</b>         | IRDAN058RP0003V01201920  |                    |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
| 3.   | <b>Structure</b>  | <ul style="list-style-type: none"> <li>Section I - Loss of or Damage to the Vehicle Insured: Indemnity basis</li> </ul>  |                    |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
| 4.   | <b>Interests Insured</b>                                | <ul style="list-style-type: none"> <li>Two Wheeler</li> </ul>  |                    |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
| 5.   | <b>Sum Insured / Motor Insured Declared Value Scope</b> | <p><b>Sum Insured, Insured's Declared Value (IDV)</b><br/>The <b>Insured's Declared Value (IDV)</b> 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.<br/>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).<br/>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><b>The Schedule of Depreciation For Fixing IDV of the Vehicle</b></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"> <li>Depreciation scale to be applied on the manufacturer's listed selling price of the vehicle on the date of commencement of policy</li> <li>IDV during renewal should be less than last year IDV, unless MSP has increased at the inception of the policy period.</li> </ul> <p><b>Criteria for Constructive Total Loss</b><br/>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.<br/>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 | <b>Section I</b> |
| 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  |  |                    |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |
| 6.   | <b>Policy Coverage</b>                                  | <p><b>Loss of or Damage to the Vehicle Insured</b><br/>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"> <li>By fire explosion self-ignition or lightning;</li> <li>By burglary housebreaking or theft;</li> <li>By riot and strike;</li> <li>By earthquake (fire and shock damage);</li> <li>By flood typhoon hurricane storm tempest inundation cyclone hailstorm frost;</li> <li>By accidental external means;</li> <li>By malicious act;</li> <li>By terrorist activity;</li> <li>Whilst in transit by road rail inland-waterway lift elevator or air;</li> <li>By landslide rockslide</li> </ol> <p>Subject to a deduction for depreciation at the rates as mentioned in the Policy Terms &amp; Conditions.</p>   | <b>Section II</b>  |                                  |                        |    |   |     |  |     |   |     |   |     |   |     |  |     |  |     |  |     |   |     |  |     |  |     |                                   |              |                  |

|   |   | Sr. No.   | Add-On  | Description   |   |
|---|---|---|---|---|---|
| 7.  | <b>Add-on Cover</b>                                       | 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.  | <b>Loss Participation</b>                                 | <b>Compulsory Deductibles</b> (The amount to be borne by insured for each & every claim)<br>Rs 100/- for Two Wheelers<br>- Separate Excess for Add-on is applicable only if Add-on is opted by the policyholder.<br>- Voluntary Deductible, if opted, as per the slab applicable.   |   |   |   |
| 9.  | <b>Exclusions</b>   | 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.<br>For detailed section wise exclusions, please refer to the relevant section of the Policy wordings.  |   |   |   |
| 10.   | <b>Special Conditions and Warranties (if any)</b>         | 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.   | <b>Admissibility of Claim</b>                             | - Claim shall be admissible subject to policy terms and conditions<br>- 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.   | <b>Policy Servicing – Claim Intimation and Processing</b> | Helpline/ Toll free: 1800 345 0330<br>Website: <a href="https://nationalinsurance.nic.co.in/">https://nationalinsurance.nic.co.in/</a><br>Details of designated company officials to be contacted in time of claim - To contact In-Charge Claim Servicing Office<br>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.<br><b>Link of Cashless garage:</b> <a href="https://nationalinsurance.nic.co.in/info-desk/our-networks/cashless-garages">https://nationalinsurance.nic.co.in/info-desk/our-networks/cashless-garages</a><br><b>Turn Around Time (TAT)</b><br>Surveyor Appointment - Within 24 hours<br>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.                                 | <b>Grievance Redressal and Policyholders Protection</b> | <ul style="list-style-type: none"> <li>State the brief details of Protection of Policyholder's Interest - Circular on Protection of Policyholders' Interests, 2024 as introduced by IRDAI on 5<sup>th</sup> September 2024.</li> <li>Details of Grievance Officer of the Insurer - <a href="https://nationalinsurance.nic.co.in">https://nationalinsurance.nic.co.in</a></li> <li>Bima Bharosa Portal - <a href="https://bimabharosa.irdai.gov.in/">https://bimabharosa.irdai.gov.in/</a></li> <li>Ombudsman - <a href="https://www.cioins.co.in/">https://www.cioins.co.in/</a></li> </ul>       |           |            |             |                                     |                      |                      |  |
| 14.                                 | <b>Obligations of the Policyholder</b>                  | <ul style="list-style-type: none"> <li>To disclose all information correctly as sought by the insurer at time of filling the Proposal form and Claim Form</li> <li>Incorrect or Non-disclosure of material information, including NCB of previous policy may affect the claim settlement.</li> <li>In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately.</li> <li>The vehicular documents and DL of driver of the vehicle at the material time of loss, must be valid and effective.</li> </ul> |           |            |             |                                     |                      |                      |  |

**Declaration by the Policyholder;**

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

Place: \_\_\_\_\_ Signature of the Policyholder

Date: \_\_\_\_\_

**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.