



Motor Sathi Care Private Limited

Certificate Acknowledgement : CRFT0007089

This is to clarify that Vehicle with the following details is covered under Assistance program as per the details defined under benefits terms & conditions of the program.

Name:	Mr AKASH VERMA	Phone:	9919292430	Email:	NA
Father Name:	MOHAN	DOB:	1990-06-17	Gender:	Male
Adhar No.:	303326220061	Pan No.:	NA	Address Line 1:	S/O MOHAN R/O-DEORIA PO+PS- DEORIA,Deoria,UTTAR PRADESH,274001
Address Line 2:	S/O MOHAN R/O-DEORIA PO+PS- DEORIA,Deoria,UTTAR PRADESH,274001	City:	DEORIA	District:	DEORIA
Pin Code:	274001	State:	Uttar Pradesh	State Code:	A
Country:		Nominee Name:	ABHAY VERMA	Nominee Gender:	Male
Nominee Relation:	BROTHER	Nominee Age:	22	Nominee Adhar:	

Vehicle Details

Vehicle Name:	UP52AF	Vehicle Type:	Petrol 2W	Chassis No.:	MBLJAW263NHF04317
Engine No.:	JA06EАНHF06822	Color:		Battery:	
Charger:		Brand:	HERO	Tyre:	
Light:		Vehicle Code:	VH0006725	Motor:	
Manufacture Year:	2022			OEM:	HERO MOTOCORP

Plan Details

Certificate No.:	CRFT0007089	Start Date:	2022-07-04 00:00:00	End Date:	2023-07-03 11:59:59
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Features Details

Features	Coverage
1. Coverage Area-National Coverage	Y
2. Toll Free No.24x7 Dedicated Toll free No. for customers	Y
3. On the spot service-Wherever Possible	Y
4. Breakdown support-For Mechanical, Electrical & Accidental incidences.	Y
5. Towing assistance	Y
6. Towing Distence-25kms(ITD)	Y
7. Battery Swapping/Replacement(Assistance only)	Y
8. Tyre/Battery/Key Lost support	Y
9. Support at home/Road	Y
10. Hydra/Crane service-To be provided on chargeable basis as and when required.	Y
11. Taxi benefit-on chargeable basis for upto 100KM.	Y
12. Urgent message relay	Y
13. Assistance on phone	Y
14. Arrangement of hotel accomodation on a chargeable basis.	Y
15. Arrangement of ambulance up to 25 kms(Assistance only).	Y
16. Doc consultation in case of accidentence.	Y
17. Personal Accident(15lac Accidental death benefit)+Disability. (Details in annexure)	Y
18. Accidental Hospitilization Daily Cash	Y
19. 90% calls Answer in 30 sec.	Y
20. Calls abandoned rate-5%>30sec.	Y
21. 85% of cases within municipal area should be attended within 60 minutes.	Y

Payment Details

POS	GANPATI MOTORS(DLR00034)	Payment Mode	Cash	Amount (INR)	1416	Purpose	Assistence Plan & Items		
Ack. Ref. No(ARN)	ARN000325202200007089	Transaction Status	Successful	Customer	Mr AKASH VERMA	Date	2022-07-04 19:14:33		
Base Cost	1200	SCGST	108	CGST	108	IGST	0	TOTAL	1416

Selected Plan	PLAN A + PLAN B + PLAN D + PLAN G	TAKSHATH BHARGAVA 2022-07-04 19:14:33
All plan activation are subjected to successful aadhar based authentication. For details please refer to https://motorsathi.com/tnc		
This is a computer-generated document. No signature is required.		

Notes

1. Free and Unlimited phone call technical support, with daily limit of 1 hour.
2. All repairs are temporary in nature and are done to the best ability of the mechanic given the conditions on Road-The problem must be rechecked at a services station of repute.
3. Should your vehicle break down within area of coverage, your subscription plan benefits will ensure that you are provided with the services to get you moving.
4. The cost of any parts and consumables required by us to repair the vehicle, are to be charged separately.
5. If vehicle is irreparable at road side and is inoperable, we would provide transport for you and up to two passengers of the broken-down vehicle to the chosen destination, with a limit of 30km.
6. Absolute peace of mind; in-case of medical emergency, we would provide free services such as arranging ambulance, locating nearby hospital & doctors, informing family members etc, however the actual charges and payment to be borne by the subscribers.
7. Benefits for positive conduct, based on the continuous and intelligent behaviour analysis done by computer based running algorithms, the subscriber would receive multiple benefits.
8. We try our best to make sure that your driving is always hassle free and fun.

RSA

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Accidental Hospitalization Daily Cash

1. Fixed amount AHDC, with a limit of maximum 10 days cumulative in the certificate year, will be provided, if the registered person, traveling as a driver or co-driver / pillion, met with an accident.
2. Multiple claims during the year up to a maximum of 10 days.
3. Entry age min 18 years to 65 years to avail Accidnetal Hospital Daily Cash benefit minimum 24 hours of hospitalisation is mandatory.

Motor Sathi Care Private Limited

CIN: U50100UP2022PTC161301

Corporate Office:

A-140, Sector-63, Noida 201301 India

Tel: +91-7941050643

Website: motorsathi.org

For support please reach us at: info@motorsathi.com. Customer Care Number is: +91 7941050643

Registered Office:

HP Petrol Pump, A512, RASIK TOWER CITY, RAMGHAT ROAD, TALANAGARI, Harduaganj, Aligarh, UP (202125)

Tel: +91-7941050643

Website: motorsathi.org



Rs.15,00,000/- (Accidental Death). Cover is valid only while the insured is driving the vehicle covered under the Assistance plan mentioned above or accompanied the vehicle covered under the Assistance plan mentioned above as a passenger.

Restriction of Coverage

Accidental Death

It is strictly restricted to Accidental Death due to accident Please refer to policy for detail information on Policy coverage Coverage is applicable to persons with age up to 70 years.

Coverage in Brief

If the Insured person meets with an accident and sustains any bodily injury during the policy period which directly and independently of all other causes result in death / permanent total disablement within 12 months from the date of accident resulting solely and directly from accident then the company shall pay to the insured the sum set in the schedule to the insureds persons nominee, beneficiary or legal representative. Accidental Death: 100% of cumulative Sum Insured (CSI) Please refer to policy for detail information on Policy coverage

Exclusions in Brief

1. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection Herewith.
2. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self sustaining process of nuclear fission.
3. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component or nuclear weapons material.
4. Whilst engaging in Aviation or Ballooning whilst mounting into, dismounting from or traveling in any balloon or aircraft.
5. Participation in any kind of motor speed contest (including trial, training and qualifying heats).
6. This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of - Biological or chemical contamination, Missiles, bombs, grenades, explosives.
7. Services on duty with any Armed forces.
8. Intentional self injury, suicide, or attempted suicide.
9. venereal diseases, aids or insanity.
10. Whilst under the influence of Alcohol or intoxicating liquor or drugs.
11. Medical or surgical treatment.
12. Whilst committing any breach of law with criminal intent.
13. Child birth, pregnancy or other physical cause peculiar to the female sex.
14. Terrorism / Terrorist Incident of whatsoever nature directly or indirectly caused by, resulting from or in connection with any act of terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss. Please refer to policy for detail information on exclusions and other terms and conditions.

Claims Process/Documentation

Upon happening of any accident and/or injury which may give rise to a claim under this policy:

1. You shall give the notice to our call center immediately and also intimate in writing at support@globalassure.com. In case of Death, written notice also of Death must, unless reasonable cause is shown, be given before interment/ cremation and in any case, within one calendar month after the Death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.
2. All certificates, information and evidence from a Medical Practitioner or otherwise required by us shall be provided by you.
3. On receipt of intimation from you regarding a claim under the policy, we are entitled to carry out examination and ascertain details and in the event of Death get the post-mortem examination done in respect of deceased person.

Following documents shall be required in the event of a claim For Death:

Policy Copy

1. Duly filled up claims form.
2. Original Death Certificate or Death Certificate-Notarized/Attested by a gazette officer, if applicable.
3. Original F.I.R or F.I.R-Notarized/Attested by a Gazetted officer.
4. Police Final chargesheet/Court Final order - Notarized/attested by a Gazetted Officer-if applicable.
5. Spot Panchnama and Police Inquest report - Notarized/Attested by a gazette officer, if applicable.
6. Post Mortem Report-Notarized/Attested by a Gazetted officer, if concluded.
7. Viscera Analysis Report/Chemical analysis report/Forensic Science Lab report notarized/Attested by gazette officer, if applicable.
8. Other Document as per Case details?Complete medical records including Death Summary; if hospitalized, Website Links/Newspaper cuttings, Other references.
9. If claim amount is more than 1 lakh, AML Documents-Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant.
10. Cancel Cheque with NEFT Mandate form-duly filled in by the claimant and bank.
11. Any other document as required by the Company to investigate the Claim or Our obligation to make payment for:
 - A) In respect of fatal claims, the payment is to be made to the assignee named under the policy. If there is no assignee, the payment is made to the legal representative as identified by Will / Probate / Letter of Administration/Succession Certificate.
 - B) Where the above documents are not available, the following procedure may be followed: -
 - 1) An affidavit from the Claimant(s) that he/she(they) is (are) the legal heir(s) of the deceased.
 - 2) An affidavit from other near family members and relatives of the deceased hat they have no objection if the claim amount is paid to the claimant(s).