

Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Commercial Vehicle - Class D Package Policy

Dear BOXCO LOGISTICS INDIA PVT LTD

We wish to inform you that the contract under policy number 'OG-20-1919-1811-00000453' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

A. Proposer details

1. Proposer Name : BOXCO LOGISTICS INDIA PVT LTD
2. Proposer Address : 201 CHETNA CHAMBERS PLOT NO 38 SECTOR 9 GANDHIDHAM, GANDHIN-AGAR, , GANDHIDHAM,, KACHCHH - 370201
3. Proposer Mobile Number : 0-9870781418
4. Proposer Residential Number : NA
5. Proposer e-mail id : VRUSHALIP@ICT.IN
6. Proposer Profession : NA

B. Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	CC/KW	Year Of Manufacturing	Vehicle Seating Capacity	Vehicle/Trailer Chassis Number	Vehicle Engine Number
GJ12AN0252	ESCORTS	HY-DRAULIC MOBILE CRANE	HYDRA 12	0	2007	1	1956031713	S433090009

Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	Trailer	Trailer Registration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum Insured
372600	0	0			0	372600

C. Coverage opted

1. Period of Insurance : From 05-Oct-2019 00:01(Hrs)
To 31-Jul-2020 Midnight
2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.
5. Is Voluntary Excess opted : No.
Amount of voluntary excess opted : Rs.NA.
6. Whether PA cover is opted for owner-driver : No.
PA cover is exempted for owner-driver with Reason :Institute
7. Is any additional compulsory deductible imposed and agreed upon : No.
Amount of additional compulsory deductible imposed : NA.
8. Whether geographical area extension is opted : No.
Details of Countries to which geographical area extension cover is given : NA.
9. Is LL to person for Paid driver/Operation/Maintenance opted : Yes.
10. Whether PA cover is opted for paid driver other than owner driver : No.
Number Of Paid Driver(s) : : NA
Sum Insured Per Paid Driver : : Rs.NA.
11. Whether PA cover is opted for passengers : No.
Number Of Passengers : : NA
Sum Insured per Passenger : : Rs.NA
12. Is TPPD restricted to statutory limit of Rs.6000? : No.
13. Pre Existing damages in the vehicle : NA.
14. Premium for Liability coverage, quoted and agreed upon is : Rs.6897.
15. Premium for OD coverage, quoted and agreed upon is : Rs.734.
16. Do you have valid PUC certificate of the vehicle : NA
17. Do you have valid Fitness certificate of the vehicle : NA
18. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :Rs.7631
19. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy :-50%.
20. About the last insurance company

Previous Insurer - Future Generali India Insurance Company Limited.Previous Policy No -2018-V5864615-FCV
Expiry On - 04-OCT-19
21. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us:
HYPOTHECATED WITH : INDUSIND BANK- DELHI 110001
22. Add on Cover(s) opted : No.Plan name:NA

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-22-5858,1800-102-5858,1800-209-5858
Email address : Bagichelp@bajajallianz.co.in
Website : www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co Ltd, 952/954 Appasaheb Marathe Marg,, Next to Saraswat Bhavan,, Prabhadevi , Mumbai, MUMBAI-400025 Phone No :02266628666.



Bajaj Allianz General Insurance Company Ltd.

GE Plaza, Airport Road, Yerwada, Pune - 411006(India)

CERTIFICATE CUM POLICY SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; Bajaj Allianz General Insurance Co Ltd, 952/954 Appasaheb Marathe Marg,, Next to Saraswat Bhavan,, Prabhadevi , Mumbai, MUMBAI-400025 Phone No :02266628666

Policy Number	OG-20-1919-1811-00000453	Product	Commercial Vehicle - Class D
Vehicle Type	Miscellaneous & Special Types Of Vehicles		
Period Of Insurance	From: 05-Oct-2019 00:01	Policy issued on	09-Oct-2019 -
	To: 31-Jul-2020 Midnight	Cover Note No	/
Application No		Scrutiny No	132124735
Insured Name	BOXCO LOGISTICS INDIA PVT LTD	Zone	C
Insured Address	201 CHETNA CHAMBERS PLOT NO 38 SEC-TOR 9 GANDHIDHAM, GANDHINAGAR, , GANDHIDHAM,, KACHCHH - 370201		
Customer ID	163668081	Premium Payer ID	157237335
		Transaction Id	
HYPOTHECATED WITH :	INDUSIND BANK- DELHI 110001	Policy Status	ISSUED
GSTIN / UIN	24AAECB5987E1ZL	STATE CODE / NAME	24 - Gujarat
Invoice No.	131773349/2		
Company GST No	27AABCB5730G1ZX		
Company PAN No	AABCB5730G		

Registration No.	Make	SubType	Model	CC/KW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
GJ12AN0252	ESCORTS	HYDRAULIC MOBILE CRANE	HYDRA 12	0	2007	1	1956031713	S433090009

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
372600	0	0			0	372600

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	734	Basic Third Party Liability	6847
		LL For Operation/Maintenance For 1 Person	50
		Total Liability Premium:	6897
Total premium	7631		
Special Discount	0		
Net Premium	6285		
Integrated GST (18%)	1131		
Final Premium Rs.	7416	***All premium Figures are in Rupees	

Geographical Area : 000 **No Claim Bonus :** -50% **Voluntary Excess :** Nil

Compulsory Deductible : Rs.2000**Additional Compulsory Deductible :** Rs.0

Previous Insurer - Future Generali India Insurance Company Limited.Previous Policy No - 2018-V5864615-FCV Expiry On - 04-OCT-19

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tutition, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act,1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.750000/-

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing

DRIVER : "Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989."

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".

Subject To IMT Endorsement Nos : 21,7,,47 (Risk is covered),23,46,39 & Policy wordings attached herewith

Broker Code 10000561	Channel Name : BR
Broker Name : Pioneer Insurance and Reinsurance Brokers Pvt Ltd	
Contact No : 66188500/0	
Email -	

Endorsement issued on this Policy are: OG-20-1919-1811-00000453-EN02

Damage Details as per Annexure I

*** If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

It is hereby understood and agreed that for the purpose of application of Endorsement IMT-21 attached to and forming part of the above policy, the towing vehicle and trailer(s) while attached thereto shall be treated as a single unit.

Damage Details Annexure : - NA

Remarks

In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

132124735/-/10000561/NA/-

This is a one page Policy Document [without enclosing the Terms and Conditions (T&C) of the Policy] issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.com) that enables access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.

Kindly contact our nearest / local office(s) for No Claim Bonus Confirmations.



For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory
Printed , Signed and Executed at Pune

Stamp
Duty Rs.
0.5

This document is digitally signed, hence counter signature / stamp is not required



Regd Office : Bajaj Allianz House,Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH00375352201920M Defaced No. 0002277216201920 ORDER NO.CSD/93/2019/3587/19 ORDER DATED 24.07.2019DEFACED DATE dated 23-JUL-19 timing 15:54:05 of General Stamp Office,Mumbai,India.

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