



Standalone Compulsory Personal Accident(CPA) for Owner Driver under MOTOR Insurance
UIN Number-IRDAN190RP0058V01201819

Insured Name		RAJA P K	
Insured's Details		Issuing office Details	
Customer ID	PO49667747 (PAN No :NA)	Office Code	DIRECT AGENTS BRANCH,SULUR (721501)
Address	NO 6 EZHIL NAGAR, ONDIPUDUR COIMBATORE COIMBATORE ,TAMIL NADU, 641016	Address	133-D, Trichy road, Sulur, Coimbatore ,641402
Phone No	XXXXXX3746 / / XXXXXX1584	Phone No	04222687071
E-mail/Fax	saviragifts100@gmail.com / NA	E-mail/Fax	
GSTIN/UIN	NA / NA	GSTIN	33AAACN4165C4ZV
		SAC	997134 (Motor vehicle insurance services)

Policy Details			
Policy Number	72150131241600001350	Business Source Code	
Period of Insurance	07/05/2024 03:36:50 PM to 06/05/2025 11:59:59 PM	Dev.Off level./Broker/Corp.Agent/IMF/POS	DI_ DIRECT AGENTS BRANCH,SULUR DI_ DIRECT AGENTS BRANCH,SULUR (DI721501)
Date of Proposal	07-MAY-24	Agent/Bancassurance/CPSC User	Mrs. KAVITHA J (NIAAG00103454)
Prev.Policy no.		Phone No	/ 9994526565 / 9894951100
Client Type	Non-Corporate	E-mail/Fax	starprakashj@gmail.com, / /

Premium:	GST:	Total(₹)	Stamp Duty	Rupees(In words)	Receipt No. & Date:
₹ 275	₹ 50	₹ 325	₹0	RUPEES THREE HUNDRED TWENTY-FIVE ONLY	721501812400000009 28 - 07/05/24

Details Owner Driver covered under the policy								
SI NO.	Name of the Insured(Owner Driver)	Age	Occupation	Relation	Sum Insured	Nominee Details		Physical Defects/Details
						Name	Relation	
1	RAJA P K	59	Business/Traders	SELF	1500000	VIGILLA MARGRET	Spouse	N

Vehicle Details						
SL NO.	Registration No	Class(PC/CV/TW)	Year of Manufacture	Engine No	Chasis No	Make
1	TN37BZ1215	TW	2012	OD1KC1409390	MD621BD13C1K43037	
2	TN37CY6760	TW	2014	BG4HE1245368	MD626BG48E1H48990	
3	TN37DD2817	TW	2018	JF50ET7679499	ME4JF50AMJT679542	
4	TN63U3123	PC	2006	F8DN3258836	MA3EYD81S00664673	MARUTI

Coverage Details for Owner Driver			
SL NO.	Type of Vehicles	Capital Sum Insured(₹)	Cover
1	All Types of vehicles except vehicles covered under Section E, F and G of Tariff for Commercial Vehicles	1500000	i)100% of CSI for Death, Loss of Two Limbs or sight of both eyes or one limb and sight of one eye. ii)50% of CSI for Loss of one Limb or sight of one eye. iii)100% for Permanent Total Disablement from injuries other than named above.

Sl NO.	Special Conditions
1	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 275
SGST	9	25
CGST	9	25
IGST	0	0

The Policy Shall be subject to Standalone CPA - Owner Driver policy clauses attached herewith IN WITNESS WHEREOF the undersigned duly authorized hereinto set his hand.

Policy No. : 72150131241600001350 Document generated by AG_0116184 at 07/05/2024 15:36:53 Hours.
Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.
Give your valuable feedback on <https://www.newindia.co.in/portal/policyFeedbackGen>.

For redressal of your grievance, if any, you may approach any one of the following offices- 1. Policy issuing office 2. Regional office 3. Head office. In case, you are not satisfied with our own grievance redressal mechanism; you may also approach Insurance Ombudsman. For details of our office addresses and addresses of office of Insurance Ombudsman, please visit our website <http://newindia.co.in>.



Place:-
Date:-

For and on behalf of The New India Assurance Company Limited

(Mr. Karthikeyan R)
[BRANCH MANAGER]

Duly Constituted Attorney(s)

Mudrank _____ Dt. _____ consolidated Stamp Fees Paid by Pay Order Number _____ vide receipt number _____ dt. _____ .

Stamp duty under the Policy is ₹ 0

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Tax Invoice No : 72150124P0001889

IRDA Registration Number: 190
NIA PAN NUMBER: AAACN4165C