

8499316

24/3/2012

AMBULANCE F-10



FORM 23 (See Rule 48) FORM OF CERTIFICATE OF REGISTRATION

Registration No. TN43 D 2472- F-10
Owner's Name THE HEAD MASTER LAWRENCE SCHOOL
Per. Address THE LAWRENCE SCHOOL
Temp. Address LOVEDALE PIN 643003
Signature / Seal of Dealer THE NILGIRIS MAHALINGAM CO.
Thumb Impression.

Date 12-May-2012
Life Time Tax Paid Rs. 2000/-
Quarter Ending from 12-May-2011 Up To 31-Mar-2012
Tax Card No. Yearly

Previous Registration Details
Previous Regn. No.
R.T.O. Office
Date

- 1. Class of Vehicle: AMBULANCE
2. Maker's Name: FORCE MOTORS
3. Type of Body: SEDAN
4. Month & Year: 4/2011
5. No. of Cylinders: 4
6. Chassis Number: MICHELEBADA1008172
7. Engine Number: D370079377
8. Fuel Used: DIESEL
9. B.H.P.: 76
10. Cubic Capacity: 2536
11. Maker's Class: TEMPO TRACTORS
12. Wheel-Base: 3350
13. Seating Capacity: 9
14. Unladen Weight: 2200
15. Colour: S-WHITE
16. G.V.W. (G): 3510
17. Number Description and Size of Tyres: F.A.: R/A: T.A.
18. Registered Axle Weight: R.A.W: T.A.W.
19. Type of Body: T.A.W.
20. Unladen Weight:
21. Number, Description and Size of Tyres:
22. Registered Axle Weight:
23. Motor Vehicle under with

Date This Certificate is Valid from 12-May-2011 to 12-May-2012
Asst. Registrar of Motor Vehicles, Nilgiris District, Mahalingam.
Certificate of Fitness
Certified as complying with the Provisions of the motor Vehicles Act, 1988 and the Rules made thereunder. It will expire on 12-May-2012.
M. Jaya Srinath, Inspecting Authority, Regional Transport Office, Nilgiris District, Mahalingam.

FORM 38 [SEE RULE 62(1)]
This certificate of fitness is hereby renewed by M. JAYA SRINATH, Inspecting Authority, Regional Transport Office, Nilgiris District, Mahalingam.



R. Dis. Application No.: Permit Granted in Proceedings R. No.
Change of Address/Transferred to
R. No. Name Address
Date Motor Vehicle under with
Registering Authority

ENDORSEMENTS
Change of Address/Transferred to
R. No. Name Address
Date Motor Vehicle under with
Registering Authority

Change of Address/Transferred to
R. No. Name Address
Date Motor Vehicle under with
Registering Authority

Change of Address/Transferred to
R. No. Name Address
Date Motor Vehicle under with
Registering Authority

OFFICE DETAILS
R. No. Fees Paid Challan No. Date

Raw.
for a. ph. of 21/12/12



तमिलनाडु सरकार के बि ओ (आर टी) सं 193  
दिनांक 21-06-2021 के अनुसार कोयंबतूर क्षेत्र का  
द्वारा प्रगलान किया गया सम्बन्धित स्टाम्प कर शुल्क  
Consolidated Stamp Duty Paid as  
Per Tamilnadu Govt GO (Rt) No.193  
Dt.21-06-2021 Paid by Coimbatore RO



**THE NEW INDIA ASSURANCE CO. LTD.**  
(Government of India Undertaking)



**POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE**  
Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number : 72100031210100001424

**POLICY ISSUING OFFICE:**  
OOTY DIVISIONAL OFFICE (721000),  
II FLOOR, MOOSA SAIT COMPLEX,  
COMMERCIAL ROAD, OOTY, THE NILGIRIS,  
TAMIL NADU, 643001.  
PHONE NUMBER: 04232443156 /  
04232444124  
FAX NUMBER: 04232443157 / NA  
Email: nia.721000@newindia.co.in

**BUSINESS CHANNEL/CPSC User:**  
NAME: DIRECT BUSINESS - (2D5602839)  
Mr. Mohamed Sali A - (NIA2D5597747);  
PHONE NUMBER: / / 9443077611  
LAND/FAX NUMBER: /  
EMAIL: saliooty@gmail.com /

**CLAIM CONTACT:**  
COIMBATORE (720001)

OR

OOTY DIVISIONAL OFFICE (721000)  
ADDRESS: 594, Obli Towers, 1st floor, D.B. Road,  
R.S. Puram, Coimbatore-641 002, , , TAMIL NADU,  
641002.  
PHONE NUMBER: 04222546006 /  
MOBILE NUMBER:  
Email: ch72@newindia.co.in

**INSURED DETAILS**

Insured's Name	THE HEAD MASTER LAWRENCE SCHOOL	Customer ID	PO48341550 (PAN No :NA)
Insured's Address	THE LAWRENCE SCHOOL, LOVEDALE, OOTY, THE NILGIRIS, LOVEDALE, TAMIL NADU, 643003	Contact Number	/ /
		Email	
		GSTIN	NA

**POLICY DETAILS**

Period of cover	25/03/2022 12:00:01 AM to 24/03/2023 11:59:59 PM	Receipt Number	72100081210000001483 - 14/03/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	72100031200100001624

**VEHICLE DETAILS**

Geographical Area / Zone:	India/C	Year of manufacture:	2011
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	AMBULANCE
Name of the Financier:		Chassis no./Engine no.:	MCIW4CBA2EP008172/D3 7007037
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Ambulance	Gross Vehicle Weight (GVW):	0
Make/Model:	FORCE MOTO/Traveller Ambulance (3050/BS3)	Registration no.:	TN-43-D-2472
Seating capacity including Driver:	9	Variant:	Traveller Ambulance
Automobile Association membership:		Colour:	S WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Uthagamandalam

**INSURED DECLARED VALUE (Rs)**

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
250000	0	0	0	0	250000

**SCHEDULE OF PREMIUM**

Own Damage		Liability	
Basic OD Premium	31	Basic TP Premium	6847
(-) Calculated NCB Discount(50%)	15.63	(+) LL to paid driver conductor cleaner employed for oprn	50
		(+) Additional Premium for Ambulances Hearses	54
Calculated OD Premium	16	Calculated TP Premium	

Divisional Office - 721000, II Floor, Moosa Sait Complex, Commercial Road, OOTY - 643 001  
Phone: 0423 - 2444124, 2443156 Fax : 0423 - 2443157 E-mail : nia.721000@newindia.co.in

Digitally signed





**THE NEW INDIA ASSURANCE CO. LTD.**  
(Government of India Undertaking)



Total OD Premium (Rs)	16	Total TP Premium (Rs)	7437
Net Premium (Rs)			7453
GST (Rs)			1342
Total Payable (Rs)			8795
Total Payable in Rs(in words):	RUPEES EIGHT THOUSAND SEVEN HUNDRED NINETY-FIVE ONLY		

GSTIN(Issuing Office)	33AAACN4165C4ZV
SAC	997134 (Motor vehicle insurance services)
Limitation as to use:The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988.The Policy does not cover use FOR a)Organised racing b) Pace Making c) Reliability Trials d) Speed Testing	
Limits of Liability:Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000	
For individual covers (OD) in RS:250000	Compulsory excess in Rs:2000
Imposed excess in Rs:0	Voluntary excess in Rs:0
Persons or classes 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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.	

PA cover for Owner Driver				
Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
none	0	none	none	none

PA cover for named persons			
Name	CSI.Opted(Rs.)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		Rs 7453.00
SGST	9	671
CGST	9	671
IGST	0	0

इसका प्रतिलिपि के समान बिल के साथे उभरी प्रतिलिपि को मिले, अन्ततः प्रतिलिपि नष्ट होना ग्राहक को मिलेगा और इसकी प्रतिलिपि के साथ ही दिया जाएगा  
Please renew the Policy before its expiry date otherwise the coverage will cease. Renewal will be subject to introduction of the policy and verification / production of the R.O.

In witness where of this policy has been signed at OOTY DIVISIONAL OFFICE on this 14/03/2022  
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO  
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 21,40.

**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 Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

**Anti Money Laundering Clause:** In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

I/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 X and XI of M.V. Act, 1988.

For and on behalf of The New India Assurance Company Limited

Date of Issue: 14/03/2022





A1876708

15/03/2023

TATA ACE ZIP



FORM 23  
(See Rule 48)

FORM OF CERTIFICATE OF REGISTRATION

TN43 F 3774

Registration No.

Owner's Name

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

Address

MS THE LAWRENCE SCHOOL

N/A

LOVEDALE

OOTY

THE NILGIRIS

LOVEDALE

OOTY

THE NILGIRIS

L G BALAKRISHNAN AND BROS LTD

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643001

1. Class of Vehicle : LIGHT GOODS VEHICLE

2. Maker's Name : TATA MOTORS LTD

3. Type of Body : LOADBODY

4. Month & Year : 1/2015

5. No. of Cylinders : 1

6. Chassis Number : MAT491005F6A01433

7. Engine Number : G 600 WHISSA8380152

8. Fuel Used : DIESEL

9. B.H.P. : 45

10. Cubic Capacity : 611

11. Maker's Class : TATA ACE ZIP

12. Wheel-Base : 0

13. Seating Capacity : 2

14. Unladen Weight : 685

15. Colour : WHITE

16. G.V.W. (C) : 1285

17. Number Description and Size of Tyres

F.A. : R.A. :

O.A. : T.A. :

F.A.W. : R.A.W. :

O.A.W. : T.A.W. :

19. Type of Body

20. Unladen Weight

21. Number, Description and Size of Tyres

22. Registered Axle Weight :

23. Motor Vehicle under

with

Certificate of Fitness

the motor

vehicles made thereunder. It will expire on

08-Apr-2017

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Application No. : 8088/B3/15

Permit Granted in Proceedings

R. No. :

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

Name :

Address :

Date :

Motor Vehicle under

with

Registering Authority

Change of Address/Transferred to

R. No. :

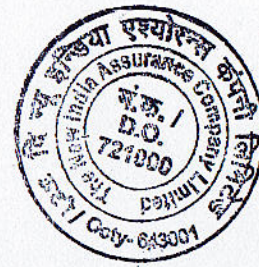
Name :

Address :

Ram. for a ph. 21/2/23



तमिलनाडु सरकार के पि ओ (आर टी) सं 193  
दिनांक 21-06-2021 के अनुसार कोयंबतूर क्षेत्र का  
द्वारा भुगतान किया गया सम्बन्धित स्टॉप कर शुल्क  
Consolidated Stamp Duty Paid as  
Per Tamilnadu Govt GO (Rt) No.193  
Dt.21-06-2021 Paid by Coimbatore RO



THE NEW INDIA ASSURANCE CO. LTD.  
(Government of India Undertaking)



POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE  
Commercial Vehicle Package Policy

UIN Number - IRDAN190RP0044V01100001

Policy Number : 72100031210100001423

POLICY ISSUING OFFICE:  
OOTY DIVISIONAL OFFICE (721000),  
II FLOOR, MOOSA SAIT COMPLEX,  
COMMERCIAL ROAD, OOTY, THE NILGIRIS , ,  
TAMIL NADU , 643001.  
PHONE NUMBER:04232443156 /  
04232444124  
FAX NUMBER:04232443157 / NA  
Email:nia.721000@newindia.co.in

BUSINESS CHANNEL/CPSC User:  
NAME: DIRECT BUSINESS - (2D5602839)  
Mr.Mohamed Sali A - (NIA2D5597747),  
PHONE NUMBER: / / 9443077611  
LAND/FAX NUMBER: /  
EMAIL:saliooty@gmail.com /

CLAIM CONTACT:  
COIMBATORE (720001)  
  
OR  
OOTY DIVISIONAL OFFICE (721000)  
ADDRESS: 594,Obli Towers,1st floor, D.B.Road,  
R.S.Puram,Coimbatore-641 002 , , , TAMIL NADU ,  
641002.  
PHONE NUMBER: 04222546006 /  
MOBILE NUMBER:  
Email: ch72@newindia.co.in

INSURED DETAILS

Insured's Name	THE HEADMISTRESS	Customer ID	PO48343007 (PAN No :NA)
Insured's Address	THE LAWRENCE SCHOOL,LOVEDALE,OOTY, THE NILGIRIS, LOVEDALE ,TAMIL NADU, 643003	Contact Number	/ /
		Email	
		GSTIN	NA

POLICY DETAILS

Period of cover	16/03/2022 12:00:01 AM to 15/03/2023 11:59:59 PM	Receipt Number	72100081210000001482 - 14/03/22
Previous Insurer	THE NEW INDIA ASSURANCE COMPANY LTD.	Previous Policy Number	72100031200100001625

VEHICLE DETAILS

Geographical Area / Zone:	India/C	Year of manufacture:	2015
Type of Commercial Vehicles:	A - Goods Carrying	Sub Type:	Other than 3 wheeler - Public Carrier
Name of the Financier:		Chassis no./Engine no.:	MAT491005F6A01433/G60 0WIIIS5A8380152
Type of fuel:	Diesel	Cubic capacity ( cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	1285
Make/Model:	TATA MOTOR/ACE ZIP	Registration no.	TN-43-F-3774
Seating capacity including Driver:	2	Variant:	
Automobile Association membership:		Colour:	A WHITE
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Uthagamandalam

INSURED DECLARED VALUE (Rs)

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
131250	0	0	0	0	131250

SCHEDULE OF PREMIUM

Own Damage		Liability	
Basic OD Premium	23	Basic TP Premium	15746
(-)Calculated NCB Discount(50%)	11.62	(+)LL to paid driver conductor cleaner employed for oprn	100
Calculated OD Premium	12	Calculated TP Premium	15846
Total OD Premium (Rs)	12	Total TP Premium (Rs)	15846

Divisional Office - 721000, II Floor, Moosa Sait Complex, Commercial Road, OOTY - 643 001  
Phone: 0423 - 2444124, 2443156 Fax : 0423 - 2443157 E-mail : nia.721000@newindia.co.in





**THE NEW INDIA ASSURANCE CO. LTD.**  
(Government of India Undertaking)



Net Premium (Rs)	15858
GST (Rs)	1910
<b>Total Payable (Rs)</b>	<b>17768</b>
<b>Total Payable in Rs(In words):</b>	<b>RUPEES SEVENTEEN THOUSAND SEVEN HUNDRED SIXTY-EIGHT ONLY</b>

GSTIN(Issuing Office)	33AAACN4165C4ZV
SAC	997134 (Motor vehicle insurance services)

Limitation as to use: The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicles Act, 1988. The Policy does not cover use FOR a) Organised racing b) Pace Making c) Reliability Trials d) Speed Testing

Limits of Liability: Limit of the amount the Company's Liability Under Section II 1(i) in respect of any one accident: as per the Motor Vehicles Act, 1988. Limit of the amount of the Company's Liability Under Section II 1(ii) in respect of any one claim or series of claims arising out of one event: Up to Rs. 7,50,000

For individual covers (OD) in RS:131250	Compulsory excess in Rs:500
Imposed excess in Rs:0	Voluntary excess in Rs:0

Persons or classes 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 requirement of Rule 3 of the Central Motor Vehicles Rules, 1989.

PA cover for Owner Driver				
Name of Nominee	Age of Nominee	Relationship with the Insured	Name of the Appointee (if Nominee is a minor)	Relationship to the Nominee
none	0	none	none	none

PA cover for named persons			
Name	CSI Opted (Rs.)	Nominee	Relationship
NA	NA	NA	NA

**Premium and GST Details**

	Rate of Tax	Amount in INR
Premium		Rs 112
SGST	9	10
CGST	9	10
IGST	0	0
Premium		Rs 15746
SGST	6	945
CGST	6	945
IGST	0	0

पॉलिसी के समाप्त दिनांक के पहले उक्त नवीकरण फीस, 945 रुपये का अंश देना नवीकरण कार्य के निष्पन्न और उक्त फीस के समाप्त के बाद ही किया जाय।  
You are to renew the Policy before its expiry date otherwise the coverage will cease. Renewal will be subject to inspection of the vehicle and production of the RC.

In witness where of this policy has been signed at OOTY DIVISIONAL OFFICE on this 14/03/2022  
WARRANTED THAT IN CASE OF DISHONOUR OF THE PREMIUM CHEQUE, THIS DOCUMENT STANDS AUTOMATICALLY CANCELLED ABINITIO  
This policy is subject to the Terms, conditions and exceptions applicable to Package/Liability policy attached/available on the web site <http://newindia.co.in>; IMT Endorsement Number(s) printed herewith attached 21,40.

**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 Vehicles Act, 1988 is recoverable from the insured: see clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHTS OF RECOVERY". It is clarified that in case the declaration regarding the ncb or other previous policy details made by the insured, is found to be incorrect, all the benefits (including claim) under section-1 of this policy, will stand forfeited.

**Anti Money Laundering Clause:** In the event of a claim under the policy exceeding Rs 1lakh or a claim for refund of premium exceeding Rs 1 lakh, the insured will comply with the provisions of AML policy of the company. The AML policy is available in all our operating offices as well as Company website.

