

Ambulance MH-20-CT-1269

WASAN AUTOMOTIVE PVT LTD

TATA MOTORS

Commercial Vehicle Dealer

PROFARMA INVOICE

VAT TIN NO. 27080319713 V
CST TIN NO. 27080319713 C

Phone :6642302 / 6642303
Fax : (0240) 6642327

Customer's Name & Address

Bill No:- WAPL/PR/11-12-0003 Date : 08.11.2011

D.K.M.HOMEOPATHIC MEDICAL COLLEGE & HOSPITAL
GURUGANESH NAGAR, PAHADISINGPURA
TAL. & DIST- AURANGABAD

Particulars	Amount
MODEL :- ARCTIC_WHITE-TATA WINGER AMBULANCE-EIII-W/O S	660049.78
VAT 12.5%	82506.2222
VEHICLE COST	742556.00
HANDLING CHARGES	0.00
CRTM CHARGES	0.00
LBT	11190.00
*** TOTAL ***	763694.00

In Words: Seven Lac Fifty Three Thousand Six Hundred Ninty Four Only

Thank You

WE hereby certify that my/our registration certificate under the maharashtra Value Added Tax Act, 2002 is in force on the date of which the sale of goods specified in this bill/cash memorandum is made by me/us and that the transaction of sale covered by this bill/cash memorandum has been effected by me/us and it shall be accounted for in the turnover of sales while filing of return and the due-tax if any payable on the sale has been paid or shall be paid.

R WASAN AUTOMOTIVE PVT.L'



[Signature]
AUTHORISED SIGNATORY



Bajaj General Insurance Limited

(Formerly known as Bajaj Allianz General Insurance Co. Ltd.)

Registered and Head Office: Bajaj Insurance House, Airport Road, Yerwada, Pune - 411006(India)

Transcript of Proposal for Commercial Vehicle Package Policy

Dear DKMM HOMEOPATHY MEDICAL COLLEGE

We wish to inform you that the contract under policy number 'OG-26-2006-1811-00000543' 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

- Proposer Name : DKMM HOMEOPATHY MEDICAL COLLEGE
- Proposer Address : GURUGANESH NAGAR, PAHADSINGHPURA, ,, - 431001
- Proposer Mobile Number : 9999999991
- Proposer Residential Number : NA
- Proposer e-mail id : any@any.com
- 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
MH20CT1269	TATA	AMBULANCE (7+1 STR)	WINGER LUXURY	1948	2011	7	MAT460124B UK06833	483DLTC55K YY719103

Fuel Type	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
DIESEL	2,60,659	0	0			0	2,60,659


PRINCIPAL
D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
MUNGANARAD - 431 001

C. Coverage opted

1. Period of Insurance : From 20-Jan-2026 00:01(Hrs)
To 19-Jan-2027 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. Compulsory Deductible : Rs.2,000
8. Is any additional compulsory deductible imposed and agreed upon : No.
Amount of additional compulsory deductible imposed : Rs.NA.
9. Whether geographical area extension is opted : No.
Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : Yes.
11. 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.
12. Whether PA cover is opted for passengers : No.
Number Of Passengers : NA
Sum Insured per Passenger : Rs.NA
13. Is TPPD restricted to statutory limit of Rs.6,000? : No.
14. Pre Existing damages in the vehicle : NA.
15. Premium for Liability coverage, quoted and agreed upon is : Rs.7,737.00.
16. Premium for OD coverage, quoted and agreed upon is : Rs.2,606.00.
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability
and OD coverages, quoted and agreed upon is :Rs.10,343.00
20. NCB (No Claim Bonus) claimed by you and granted by us based on
your declaration of no claim during your previous policy :NA.
21. About the last insurance company

Previous Insurer - Bajaj Allianz General Insurance Co Ltd.Previous Policy No -OG-25-2006-1811-00000319
Expiry On - 14-OCT-25

22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No.
Name of Pledgee : NA.

23. Add on Cover(s) opted : No.Plan name:NA

24. To support our Go Green initiative, send policy copy link on registered mobile number / email id: NO

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 give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information : Yes

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 : 1800-102-5858,1800-209-5858
Email address : careforyou@bajajgeneral.com
Website : www.bajajgeneralinsurance.com

Contact our policy servicing branch at: ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210 Phone No :0240-2478787/0240-2478747.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH. Bajaj General Insurance Limited



Bajaj General Insurance Limited
 (Formerly known as Bajaj Allianz General Insurance Co. Ltd.)
 Bajaj Insurance House, Airport Road, Yerwada, Pune - 411006(India)
COMMERCIAL VEHICLE PACKAGE POLICY CERTIFICATE CUM POLICY SCHEDULE
 UIN : IRDAN113RP0027V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210 Phone No :0240-2478787/0240-2478747

Policy Number OG-26-2006-1811-00000543 **Product** Commercial Vehicle Package Policy
Vehicle Type Miscellaneous & Special Types Of Vehicles
Period Of Insurance From: 20-Jan-2026 00:01 **Policy issued on** 20-Jan-2026 -
 To: 19-Jan-2027 Midnight **Cover Note No** /
Application No **Scrutiny No** 484316106
Insured Name DKMM HOMEOPATHY MEDICAL COLLEGE **Zone** C
Insured Address GURUGANESH NAGAR, PAHADSSINGHPURA,
 ,, - 431001
Customer ID 187613216 **Premium Payer ID** 187613216
Transaction Id
Policy Status ISSUED
Place of Supply/State 27 - Maharashtra
Code/Name
GSTIN / UIN NA
Invoice No. 200129671/8
Company GST No 27AABC5730G1ZX
Company PAN No AABC5730G

Registration No.	Place of registration	Make	SubType	Model	CC/KW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH20CT1269	AURANGABAD	TATA	AMBULANCE (7+1 STR)	WINGER LUXURY	1948	2011	7	MAT460124BU K06833	483DLTC56KY Y719103

Fuel Type	Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
DIESEL	2,60,659	0	0			0	2,60,659

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	2,606.00	Basic Third Party Liability	7,687.00
		LL For Operation/Maintenance For 1 Person	50.00
		Total Liability Premium:	7,737.00
Total premium	10,343.00		
Special Discount	0		
Net Premium	10,343.00		
State GST (9%)	931		
Central GST (9%)	931		
Final Premium Rs.	12,205.00	***All Premium Figures are in Rupees	

Geographical Area : No Claim Bonus : 0% **Theft Excess:** Rs. 0 **Voluntary Excess :** Nil
Nominee Details Name : NA **Relationship :** NA
Compulsory Deductible : Rs.2,000 **Additional Compulsory Deductible :** Rs.0

Previous Insurer - Bajaj Allianz General Insurance Co Ltd, Previous Policy No -OG-25-2006-1811-00000319
 Expiry On - 14-OCT-25

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

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

I/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.

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.7,50,000.00/-

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, 39, & Policy wordings attached herewith

Warranted that insured named herein or owner of the vehicle insured holds a valid Pollution Under Control (PUC) and / or Fitness Certificate on the date of commencement of the Policy. If the PUC and/or Fitness Certificate is not found to be valid on the date of commencement of the Policy, the Company reserves its right to consider the policy void ab initio.

Agency Code BAG10005415	Channel Name : MAENP
Agency Name : Kapil Ashok Chordiya	
Contact No : 9422210378/0	
Email - chordiyains@gmail.com	
SP/POSP Code :	

Endorsement issued on this Policy are: OG-22-2006-1811-0000223-EN03 OG-25-2006-1811-0000319-EN07

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] 2006-00616411 / 484316108 / Rs. 12,205.00,
*** 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.

Damage Details Annexure :- Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per inspection report reference number 2026-10687563 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.

Remarks

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

It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App (Link), WhatsApp Service (Say Hi on WhatsApp +91 75072 45858), Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS WORRY to 575758, Email careforyou@bajajgeneral.com, website (www.bajajgeneralinsurance.com), contact your agent or nearest branch.

484316106/-10005415/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.bajajgeneralinsurance.com) that enables access to 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 Confirmation.

For & Bajaj General Insurance Limited.



Authorized Signatory

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

Consolidated stamp duty of Rs. 0.25/- paid for Insurance policy stamps Challan No. MH010139001202526M Order No. LOA/ENF-1/CSD/121/2025 Order Dated 10-NOV-25 Defaced Date dated 10-NOV-25 having validity from 10-NOV-25 to 31-OCT-27 of General Stamp Office, Mumbai, India.
Regd Office : Bajaj Insurance 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.

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PRINCIPAL
D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD - 431 004

Bajaj General Insurance Limited

ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210
Contact No: Contact No: 0240-2478787/0240-2478747; Fax No: 0240-2324254

RECEIPT

Receipt Number 2006-00616411
Receipt Date 20/01/2026
Business Channel MAENP

Received with thanks from DKMM HOMEOPATHY MEDICAL COLLEGE
(Customer ID : 187613216) a total sum of Rupees Twelve Thousand Two Hundred Five Only
by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Payment	114154088	20/01/2026	NA	NA	12,205

Total Amount Rs. **12,205.00**

Issuance of this receipt does not amount to acceptance of the risk by Bajaj General Insurance Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of
Bajaj General Insurance Limited



Authorised Signatory


PRINCIPAL
D.K.M.M. HOMOEOPATHIC
MEDICAL COLLEGE
AURANGABAD - 431210

Regd. Office: Bajaj Insurance House, Airport Road, Yerwada, Pune - 411006 (India)