पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर

OW/DCP TRFF/REDR/CRAIN/APPOINT/RABODI/५८५५/2019

पोलीस उप आयुक्त, वाहतूक विभाग, ठाणे शहर
तीन हात नाका, एल.बी.एस.मार्ग, नौपाडा, ठाणे
दिनांक :– 29112019
दुरध्वनी क्रमांक :– 022-25401056

प्रति,

उमानाथ जोगी,
४०२, रिध्दी सिध्दी अपार्टमेंट,
कॅनरा बॅकेच्या वर, चुना भट्टी,
व्ही.एन. पुरव मार्ग, मुंबई ४०००२२.

विषय :– कर्षित वाहनाच्या नियुक्तीबाबत.

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मोटार वाहन कायदा – १९८८ चे कलम १२७ अन्वये आपल्या कर्षित वाहन क्रमांक **MH 04 DT 1547** ची सेवा ठाणे वाहतूक विभागाच्या **राबोडी** उपविभागाकरिता उपलब्ध करून घेण्यात येत असून सदरचे कर्षित वाहन हे **११ महिन्यांकरिता** (२९/१०/२०२० पर्यंत) कार्यरत राहील.

२) कर्षित वाहनांच्या नियुक्ती संदर्भातील अटी व शर्ती खालीलप्रमाणे आहेत.

प्रशासकीय अटी/शर्ती

१. वाहतूक विभाग, ठाणे शहर यांना पुरविण्यात येणारी कर्षित वाहनांचे संपूर्ण कागदपत्र (उदा. रजिस्ट्रेशन, पी. यु. सी., इन्शुरन्स, फिटनेस, एम.व्ही.टॅक्स इ.) वेळोवेळी परीपूर्ण केलेले असावेत.
२. सदर कर्षित वाहनांचे रजिस्ट्रेशन, पी. यु. सी., इन्शुरन्स, फिटनेस, एम.व्ही.टॅक्स इ. कागदपत्रांची मुदत ही ११ महिन्यापुर्वी समाप्त होत असल्यास त्यापुढील कालावधी नमुद असणारी कागदपत्रे नव्याने इकडील कार्यालयास सादर न केल्यास त्या कर्षित वाहनाची सेवा तात्काळ खंडित करण्यात येईल.
३. कर्षित वाहन मालकाने कर्षित वाहनाचे सर्व प्रकारचे कर (उदा. जकात कर, सेवा कर व आयकर, जी. एस. टी. इ.) नियीमत भरावे व कर भरलेबाबतचे विवरणपत्राची प्रत या कार्यालयात सादर करावे.
४. खाजगी कर्षित वाहन मालकाने त्यांच्या वाहनावरील सर्व कर्मचा–यांचे फोटो व चारित्र्याबाबत दाखला कर्मचारी वास्तव्य करीत असलेल्या स्थानिक पोलीस ठाण्यावरून प्राप्त केलेला असावा.
५. कर्षित वाहनावरील कर्तव्यावर असलेले कर्मचारी हे नीटनेटक्या व निळया रंगाच्या स्वच्छ गणवेशात हजर राहतील. सदर गणवेशावर पांढ–या रंगामध्ये 'ON POLICE DUTY' अशी अक्षरे लिहिलेली असावीत. त्यांचे केस व्यवस्थित कापलेले असावेत. त्यांची वयोमर्यादा १८ वर्षे पूर्ण व सुदृढ बांध्याचे असावेत. डयुटीवर कोणीही कर्मचारी व्यसन करणार नाही व नागरिकांशी उध्दट वर्तन करणार नाही याची दक्षता घ्यावी.
६. कर्षित वाहनावरील कर्मचारी रात्रीचे वेळी स्वयंप्रकाशी गणवेश (फ्लुरोसेन्ट जॅकेट इ.) वापरतील. या बाबतची खबरदारी प्रत्येक कर्षित वाहन मालक घेतील. तसेच अशा गणवेशाच्या खर्चाची खबरदारी संबंधित कर्षित वाहन मालकाची राहील.
७. कर्षित वाहन मालकाने कर्षित वाहनावरील कर्मचा–यांना ओळखपत्र पुरविणे आवश्यक आहे. त्यावर प्रभारी पोलीस निरीक्षक, वाहतूक उपविभाग हे प्रतिस्वाक्षरी करतील.
८. प्रत्येक कर्षित वाहनांवर स्वखर्चाने मोठया आकाराची विजेरी (JUMBO TORCH) ठेवणे आवश्यक आहे. जेणेकरून रात्रीचे वेळी वाहन कर्षित करताना गफलत होणार नाही.

९. कर्षित वाहनाच्या चालकास कमीतकमी तीन वर्षे गाडी चालविण्याचा अनुभव असावा. अशा चालकाकडे एल. एम. व्ही. व्यावसायिक/माल वाहतूक (ट्रान्सपोर्ट) वाहनचालक परवाना आवश्यक आहे.

१०. कर्षित वाहनावर HANDY CAM असावा. तसेच HANDY CAM बॅकअप १० दिवसाचा असावा. सदर वाहनावरील कॅमेरेद्वारे करण्यात आलेले चित्रीकरण वाहनमालकाने संग्रहित करून दर महिन्याला संबंधित प्रभारी अधिकारी यांच्याकडे अभिलेखावर ठेवतील.

११. कर्षित वाहनावर घोषणा करण्यासाठी बॅटरीच्या सहाय्याने चालणारी मेगाफोन/PA सिस्टम उपलब्ध करावी.

१२. कर्षित वाहन मालकाने कर्षित रक्कम भरलेबाबत दिल्या जाणा–या पावतीवर तो राहत असलेल्या निवासस्थनाचा पत्ता तसेच त्याचे कार्यालयाचा पत्ता, दुरध्वनी/मोबाईल नंबर ज्यावर तो सहज उपलब्ध होईल असाच दुरध्वनी/मोबाईल नंबर द्यावा. त्याचप्रमाणे कसूरदार वाहन चालक/मालकास पावती देताना त्यावर कर्षित वाहन क्रमांका बरोबरच कसूरदार वाहनचालकांकडून घेण्यात येणारे शुल्काची रक्कम वाहन मालक स्वत: किंवा त्यांचा प्रतिनिधी वाहतूक शाखेने विहीत केलेल्या नमुन्याप्रमाणे पावती अदा करून करतील.

१३. कर्षित वाहनांच्या अंतर्गत वाहतूक विभागीय बदल्या नियमित स्वरूपात होतील. याची नोंद घ्यावी.

१४. कर्षित वाहनामध्ये जर अचानक तांत्रिक बिघाड निर्माण झाला तर सदर कर्षित वाहन मालकाने तात्काळ संबंधित प्रभारी अधिकारी वाहतूक उपविभाग अथवा संबंधित सहाय्यक पोलीस आयुक्त यांचे परवानगी शिवाय मूळ कर्षित वाहनाचे बदली दुस–या कर्षित वाहनाची परस्पर नेमणूक करू नये. जर दुस–या कर्षित वाहनाची नेमणूक करावयाची झाल्यास नेमणूक करावयाच्या गाडींचे सर्व कागदपत्रे अधिकृत हवीत अन्यथा सदर कर्षित वाहनाची सेवा वाहतूक शाखेच्या पटलावरून कायमस्वरूपी खंडीत करण्यात येईल.

१५. पोलीस अधिकारी/कर्मचारी व शासकीय कर्मचारी यांचे नातेवाईकांनी कर्षित वाहन सेवा देणे बाबत अर्ज करू नयेत. अशा अर्जाचा विचार केला जाणार नाही.

१६. वाहन कर्षित करताना वाहनाचे नुकसान झाल्यास त्याची संपूर्ण जबाबदारी संबंधित कर्षित वाहन मालकाची राहील व नुकसाण भरपाई कर्षित वाहन मालकास करावी लागेल.

१७. तात्काळ प्रसंगी रात्रीच्या वेळी कर्षित वाहनास कर्तव्य बजवावे लागल्यास त्यावेळी कर्षित वाहनाच्या पाठीमागे फोकस लाईट/हेड लाईट/टेललाईट सुस्थितीत असाव्यात.

१८. कर्षित वाहनाद्वारे चारचाकी वाहन टो करण्यात येणा–या वाहनाची पुढील दोन्ही चाके अधांतरीत उचलून कोणतेही नुकसान न होता कारवाई करणे अपेक्षित आहे. वाहनांचे नुकसान झाल्यास नुकसान भरपाई कर्षित वाहन मालकांकडून वसूल केले जाईल.

१९. कर्षित वाहनाद्वारे टोईंग करण्यात येणा–या वाहन चालक/मालकांकडून भरून घेण्यात येणारे टोईंग चार्जेस हे मा. पोलीस आयुक्त, ठाणे शहर यांचेकडून निर्गमित करणेत आलेल्या अधिसूचना क्र. ठाआ/पशा/वाहतूक/३८१/८/२०१०, दि. ०४/०३/२०१० नुसार निश्चित करण्यात आलेले आहेत. सदर दर खालीलप्रमाणे आहेत.

अ.क्र.	वाहनांचा प्रकार	टोईंग चार्जेस (रू.)
१	दोनचाकी वाहन	१००/–
२	तीन चाकी (ऑटो रिक्षा)	१००/–
३	कार, जीप	२००/–
४	मोटार टॅक्सी	१५०/–
५	टेम्पो, मिनी बस	४००/–
६	मोठी लॉरी, ट्रक, टॅकर, ट्रेलर व बसेस	६००/–

२०.कर्षित वाहनाच्या नियुक्ती संदर्भातील प्रशासकीय/कार्यकारी अटी व शर्तीचे उल्लंघन आपण केल्यास तसेच कर्षित वाहनाच्या सेवेबाबत अथवा वाहनावर काम करण्या–या कर्मचा–यांच्या वर्तणाबाबत कोणतीही तक्रार प्राप्त झाल्यास कोणतीही पुर्वसूचना न देता आपल्या कर्षित वाहनाची सेवा खंडीत करण्यात येईल, याची कृपया नोंद घ्यावी.

२१.नमूद अटी व शर्ती मध्ये बदल/सुधारणा करण्याचे संपूर्ण अधिकार या कार्यालयाकडे राखीव आहेत.

(अमित का. काळे)
पोलीस उप आयुक्त,
वाहतूक शाखा, ठाणे शहर

कर्षित वाहन मालक या नात्याने वाहतूक विभाग, ठाणे शहर या ठिकाणी कसूरदार वाहन चालक यांच्या वाहनावर कारवाई करताना घालण्यात आलेल्या वरील अटी व शर्ती या मी वाचलेल्या असून त्या मला मान्य आहेत. नमूद अटी व शर्तीचा भंग केल्यामुळे माझी सेवा खंडीत झाल्यास त्यास मी स्वत: जबाबदार असेन.

सही.....
नाव :– उमानाथ जोगी.
दिनांक :–२९/११/२०१९

प्रत माहिती व कार्यवाहीसाठी.

१) सपोआ ठाणे वाहतूक विभाग, ठाणे शहर.
२) प्रभारी अधिकारी राबोडी वाहतूक उपविभाग, ठाणे शहर.

२/– प्रभारी अधिकारी यांनी कर्षित वाहनाचे सर्व अद्यावत कागदपत्रे, कर्षित वाहन चालकाचा अद्यावत वाहन परवाना, वाहनचालकाचे तसेच कर्षित वाहनावर काम करणा–या मुलांचे चारित्र्य पडताळणी अहवाल संबंधित कर्षित वाहन मालकाकडून प्राप्त करून घेवून ते आपले कार्यालयीन अभिलेखावर ठेवावेत. तसेच सदर कर्षित वाहन आपले उपविभागत नियुक्त केले दिनांकापासून दरमहा केलेल्या कारवाईचा आपल्या कार्यालयीन अभिलेखाशी ताळमेळ घ्यावा. सदरचा ताळमेळ बरोबर असलेबाबतचे प्रभारी अधिकारी यांचे प्रमाणपत्र संबंधित सपोआ. वाहतूक विभाग यांना सादर करावे. सपोआ. वाहतूक विभाग, ठाणे शहर यांनी सदरचे प्रमाणपत्र पडताळणी करून त्यांचे अभिलेखावर ठेवावे.

मा. पोलिस उपायुक्त सो
ठाणे वाहतुक विभाग, ठाणे
यांस

विषय : कर्षित वाहनसेवा नुतनीकरण करणेबाबत....

अर्जदार : उमानाथ जोगी
४०२, रिध्दी सिध्दी अपार्टमेंट,
कॅनरा बँकेच्या वर, सायन–चुनाभट्टी,
मुंबई – ४०० ०२२.

महोदय,

आपणांस वरील विषयांस अनुसरून कळवू इच्छितो की, माझ्या मालकीचे वाहन क्र. MH-04-DI-1547, आपल्या पोलिस आयुक्तालय परिसरातील वाहतुक विभाग KANJUR BADDI, युनिट X-B या ठिकाणी दि. ३१.१०.२०१९ पर्यंत आपले आदेशान्वये कार्यरत होते. तरी माझे कर्षित वाहन सेवेची मुदत संपली असून तिचे नव्याने नुतनीकरण करणे गरजेचे आहे. तरी सदर कर्षित पुढील वर्षाकरीता नुतनीकरण करण्याचे आदेश होणेस महोदयांस विनंती.

आपला नम्र,

(उमानाथ जोगी)

Office of The D.C.P.
Traffic, Thane City

D.C.P.	
Reader	
Sr. Clerk	
Inward	७८८९
Date	8 NOV 2019
Branch	

MH-04-DT-1547
LEELA TOWING
Umanath Jogi

Govt. Photozinco Press, Pune - 1

REPUBLIC OF INDIA 1637

MH-04
DT-1547

CERTIFICATE
OF
EGISTRATION
OF
TOR VEHICLE

STATE OF MAHARASHTRA

FORM 23
[See Rule 48]

Certificate of Registration

Registered No. MH04 DT-1547

*Brief description of vehicle.

Name of registered owner Umanath D. Jogi

Son / wife / daughter of ....

Full address (Permanent) Sharon Apt, A1 wing, R.No 102,

Full address (Temporary) 1st floor, Manikpur, Chulna Rd, Vasai (W) Dist. Thane

OFFICE

Signature / Thumb Impression of the Registered Owner (Pasted and attested by Registering Authority)

17

Signature of Registering Authority

*e.g. Fiat / Ambassador / Maruti Car, Tata Goods Vehicle, Ashok Leyland Goods Vehicle, Trailer, Motor Cycle with / without gear, Motor Cycle with side car etc.)

PZ P. Pune - 1

Detailed Description

1. Class of vehicle ~~m

The motor vehicle is—

(a) a new vehicle ....

(b) Ex-army vehicle ....

(c) Imported vehicle ....

(d) Migration from other States ....

2. Maker's Name Tata Motors Ltd

3. Type of body Tanking ..

4. Month and year of manufacture 2010

5. Number of cylinders Four (4)

6. Chasis number ....

7. Engine number ....

8. Fuel used in the engine Diesel

9. Horse power (B.H.P.) 2956 CC

10. Cubic capacity ....

11. Maker's classification ....

12. Wheel-base ....

13. Seating capacity (including driver) 1+2=3

14. Unladen weight 2310 kgs

15. Colour or colours of body, wings and front and additional particulars in the case of all transport vehicles other than motors cabs.

....

16. Gross vehicle weight—

(a) as certified by the manufacturer.......... Kgms.

(b) as registered .... Kgms.

Number, description and size of tyre—

(a) Front axle ....

(b) Rear axle ....

(c) Any other axle ....

(d) Tandem axle ....

Registered axle weight—

(a) Front axle ....Kgms.

(b) Rear axle ....Kgms.

(c) Any other axle ....Kgms.

(d) Tandem axle ....Kgms.

...onal particulars of alternative or additional trailer or semi-trailers ...red with an articulated vehicle—

...pe of body ....

...laden weight ....

Reg + HPA

RS 300 4100 11 92 831/772-135 dt 2/12/2010

21. Number, description and size of tyres on (each) axle ....

....

22. Registered axle weight (in respect of each axle) ....

..........Kgms.

This certificate is valid from 6/12/10 to 5/12/2025

Date 6/12/10 200 Signature of Registering Authority

Note.—The motor vehicle above described is—

(i) Subject to a hire purchase agreement with HPA with Tata Motors

(ii) Subject to a lease agreement with Finance Ltd, Naupada

(iii) Subject to a hypothecation in favour of ....

(iv) is not held under hire-purchase agreement/lease agreement/subject to hypothecation.

....

Date 6/12/10 200 Signature of Registering Authority

This certificate is hereby renewed from ....

to the .... day of ....200.....

the .... day of ....200.....

the .... day of ....200.....

the .... day of ....200.....

Dated ....200 Signature of Registering Authority

Transferred to ....

Address ....

....

Specimen Signature / Thumb Impression of the Registered Owner
(Pasted and attested by Registering Authority)

Signature of Registering Authority

W INDIA ASSURANCE CO. LTD.
rnment of India Undertaking)

[B]

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number -

Insured's Details		Policy Details	
Insured's Name:	MR. UMANATH JOGI	Policy number:	17010031180100008756
Customer ID:	PO05959265 (PAN No :NA)	Period of cover:	04/12/2018 11:49:01 AM to 03/12/2019 11:59:59 PM
Insureds Address:	SHARAN APARTMENT, A-WING,,ROOM NO-102, 1ST FLOOR,MANIKPUR,,CHULNA ROAD, VASAI-W., BASSEIN ROAD(VASAI ROAD) ,MAHARASHTRA, 401202	Registration no.	MH-04-DT-1547
Prev. Policy no.	17010031170100012265	Make/Model:	TATA/SFC 407
Email:		Receipt no.	17010081180000021349 - 04/12/18
Phone Number :	/ / 9820132408	Fax Number :	NA / NA
GSTIN/UIN	NA / NA		

Issuing office		New India Contact	
Address	THANE D.O. - 170100 (170100), B/201, PINAK GALAXY, , OPP. BIG BAZAR, KAPURBAWDI JUNCTION, , MAJIWADE, THANE (W.) , MAHARASHTRA , 400607.	Agent / Corp. Agent / Broker / Banc Assurance / Referral Code - Name / POS/IMF/SPECIFIED PERSON	Mr. Sankkait Girish Gujrathi - (NIAAG00044147)
		Phone no	/ / 9689940093
Phone no	25496403 / 25408770	Fax no.	/
Fax no.	25423121 / NA	Email	/ sankkaitgujrathi@gmail.com
Email	nia.170100@newindia.co.in	Development officer level Name/Code	MR.S.V. DESHMUKH - (2D5612664)
Claim Contact	THANE D.O. - 170100 (170100)	Claim Contact Detail	B/201, PINAK GALAXY,,OPP. BIG BAZAR, KAPURBAWDI JUNCTION,,MAJIWADE, THANE (W.);25496403/25408770/
GSTIN	27AAACN4165C3ZP		
SAC	997139 (Other non-life insurance services excl RI)		

Policy Details

Geographical Area / Zone:	India/A	Year of manufacture:	2010
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	BREAKDOWN VEHICLES
Name of the Financier:	TATA MOTORS FINANCE LTD-BANGALORE	Chassis no./Engine no.:	31352/635112
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Seating capacity including Driver:	2	Variant:	TOWING VAN
Automobile Association membership:		Colour:	OTHER COLOR
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Thane - MH 04

Transit From	NA	Transit To	NA	Distance Covered	NA

IDV(In ₹) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
182871	0	0	0	0	182871

Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
		Compulsory PA cover for Owner Driver (Sum Insured ₹15,00,000), LL to paid driver conductor cleaner employed for oprn	
NCB(50%)			
OD Premium in ₹	580	TP Premium in ₹	6965
Net Premium in ₹:			7545
GST in ₹:			1358
Total Payable in ₹:			8903

एस. व्ही. देशमुख
विकास अधिकारी
मोबाईल नं. 9820502270

Signature Not Verified
Digitally signed by Srinivasan Vaidesuran
Date: 2018.12.04 22:15:37

Policy No. : 17010031180100008756Document generated by 25803 at 04/12/2018 12:01:23 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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.

W INDIA ASSURANCE CO. LTD.
nment of India Undertaking)

Total Payable in ₹(in words):	RUPEES EIGHT THOUSAND NINE HUNDRED THREE ONLY

Limitations as to use	Limits of Liability	
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	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 ₹ 7,50,000	
	For individual covers (OD) in ₹:	182871
	Imposed excess in ₹:	0
	Voluntary excess in ₹:	0
	Compulsory excess in ₹:	2000
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
NA	NA	NA	NM	NM

PA cover for named persons

Name	CSI Opted(₹)	Nominee	Relationship
NA	NA	NA	NA

Premium and GST Details

	Rate of Tax	Amount in INR
Premium		₹ 7545.00
SGST	9	679
CGST	9	679
IGST	0	0

In witness where of this policy has been signed at Mumbai on this 04/12/2018
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 21,40,7.

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.

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. NIA S.T.REGN No: AAACN4165CST178.

Date of Issue: 04/12/2018

For and on behalf of The New India Assurance Company Limited.

Duly Constituted Attorney(s)

Tax Invoice No : 17010018E0005218

IRDA Registration Number: 190

W INDIA ASSURANCE CO. LTD.
rnment of India Undertaking)

COLLECTION RECEIPT CUM ADJUSTMENT VOUCHER

Issuing Office	:	THANE D O - 170100 (170100)
Address	:	B/201, PINAK GALAXY, OPP. BIG BAZAR, KAPURBAWDI JUNCTION, MAJIWADE, THANE (W.),400607 SANDOZBAUG
Phone	:	25496403
Email	:	nia.170100@newindia.co.in
Fax	:	25423121
Collection Number	:	17010081180000021349
Collection Date	:	04/12/2018
Business Source Code	:	2D5612664
PAN No of Payer	:	

Received with thanks from MR. UMANATH JOGI,

The amount received/Adjusted is towards -

Policy No.	A/C Description	Amount₹	A/C Code	Sub A/C Code
17010031180100008756	Bank-170100	8903.00	9100.170100	BA00009856-170100-9100

Total = ₹ 17806.00

Your Payment/Adjustment Details are as under -

Mode	Amount ₹	Cheque No.	Cheque Date	Drawee Bank	Drawee Branch	Reference No.	Scroll/BG/A PD Balance
Cheque	8903.00	202155	04-DEC-18	MUMBAI DISTRICT CENTRAL CO-OP BANK LTD	Sion	1701001810052565	N.A.

Total = ₹ 17806.00

Utilization details of the Collected Amount :

Premium	GST	Stamp Duty	Excess Amount
7545.00	1358.00	0.00	0

Sl no.	Agency Code	Agency Name	Department Code
1	NIAAG00044147	SANKKAIT GIRISH GUJRATHI	31

For The New India Assurance Company Limited

Revenue Stamp

Date of Issue: 04/12/2018

Cashier's Initial

Authorized Signatory

Note -

1.Please note the Policy Number, Collection Number and date in all future correspondence.This Receipt is subject to Realisation of Cheque..

2.NIA shall not be liable for any claim arising out of sales made during the period between the due date and date of payment of the installment if the premium paid has been exhausted by turnover declarations/if there is insufficient premium balance.

Tax Invoice No : 17010018E0005218

IRDA Registration Number: 190

एस. व्ही. देशमुख
विकास अधिकारी
मोबाईल नं. 9820502270

Signature Not Verified
Digitally signed by Sanvarsen Vaidesuwaran
Date: 2018.12.04 12:01:22 IST

Policy No. : 17010031180100008756Document generated by 25803 at 04/12/2018 12:01:23 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

INDIAN INCOME TAX RETURN VERIFICATION FORM

ITR-V

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-2A, ITR-3, ITR-4S (SUGAM), ITR-4, ITR-5, ITR-7 transmitted electronically without digital signature] .

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year **2016.-17.**

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name			PAN
UMANATH JOGI			ACAPJ5711H
Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted: ITR-4
A/4	VIJAY VILAS		
Road/Street/Post Office	Area/Locality		Status: Individual
SAMARTH NAGAR	CHUNABHATI SION		
Town/City/District	State	Pin	Aadhaar Number
MUMBAI	MAHARASHTRA	400022	
Designation of AO (Ward / Circle): WARD 26(3)(5), MUMBAI			Original or Revised: ORIGINAL
E-filing Acknowledgement Number: 737077230310317			Date(DD-MM-YYYY): 31-03-2017

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income			1	402817
2	Deductions under Chapter-VI-A			2	1547
3	Total Income			3	401270
	a Current Year loss, if any			3a	0
4	Net Tax Payable			4	13521
5	Interest Payable			5	3204
6	Total Tax and Interest Payable			6	16725
7	Taxes Paid				
	a Advance Tax	7a	0		
	b TDS	7b	0		
	c TCS	7c	0		
	d Self Assessment Tax	7d	16725		
	e Total Taxes Paid (7a+7b+7c +7d)			7e	16725
8	Tax Payable (6-7e)			8	0
9	Refund (7e-6)			9	0
10	Exempt Income: Agriculture			10	
	Others				

VERIFICATION

I, UMANATH JOGI son/ daughter of DOOMANA JOGI, holding Permanent Account Number ACAPJ5711H solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2016-17. I further declare that I am making this return in my capacity as and I am also competent to make this return and verify it.

Sign here | Date 31-03-2017 | Place MUMBAI

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only
Receipt No

Date

Seal and signature of receiving official

Filed from IP address: 49.248.71.63

ACAPJ5711H04737077230310317 66DE5F8490F5A325DD5C6E7A5A426BE04F323A06

Please send the duly signed Form ITR-V to "Income Tax Department - CPC, Post Bag No - 1, Electronic City Post Office, Bengaluru - 560100, Karnataka", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD CPC will be sent to the e-mail address rva_ca@yahoo.co.in

ITR-V

INDIAN INCOME TAX RETURN VERIFICATION FORM

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature] .

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year **2017-18**

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

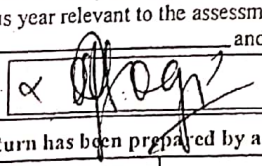
Name			PAN
UMANATH JOGI			ACAPJ5711H
Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted: ITR-3
A/4	VIJAY VILAS		
Road/Street/Post Office	Area/Locality		Status: Individual
SAMARTH NAGAR	CHUNABHATI SION		
Town/City/District	State	Pin/ZipCode	Aadhaar Number/ Enrollment ID
MUMBAI	MAHARASHTRA	400022	XXXX XXXX 6010
Designation of AO (Ward / Circle): WARD 26(3)(5), MUMBAI			Original or Revised: ORIGINAL
E-filing Acknowledgement Number: 554755180300318			Date(DD-MM-YYYY): 30-03-2018

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income			1	412865
2	Deductions under Chapter-VI-A			2	26120
3	Total Income			3	386750
	a Current Year loss, if any			3a	0
4	Net Tax Payable			4	8935
5	Interest Payable			5	0
6	Total Tax and Interest Payable			6	8935
7	Taxes Paid				
	a Advance Tax	7a	0		
	b TDS	7b	0		
	c TCS	7c	0		
	d Self Assessment Tax	7d	8935		
	e Total Taxes Paid (7a+7b+7c+7d)			7e	8935
8	Tax Payable (6-7e)			8	0
9	Refund (7e-6)			9	0
10	Exempt Income: Agriculture			10	
	Others				

VERIFICATION

I, UMANATH JOGI son/ daughter of DOOMANA JOGI, holding Permanent Account Number ACAPJ5711H solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2017-18. I further declare that I am making this return in my capacity as _____ and I am also competent to make this return and verify it.

Sign here:  Date 30-03-2018 Place MUMBAI

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only
Receipt No

Date

Seal and signature of receiving official

Filed from IP address: 114.143.91.90

ACAPJ5711H03554755180300318BFEEF070EE624AD5DF91219BF63C6DDF4947FBDE

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address rva_ca@yahoo.co.in

INDIAN INCOME TAX RETURN VERIFICATION FORM

R-V

[Where the data of the Return of Income in Form ITR-1 (SAHAJ), ITR-2, ITR-3, ITR-4(SUGAM), ITR-5, ITR-7 transmitted electronically without digital signature] .

(Please see Rule 12 of the Income-tax Rules, 1962)

Assessment Year 2018-19

PERSONAL INFORMATION AND THE DATE OF ELECTRONIC TRANSMISSION

Name			PAN
UMANATH JOGI			ACAPJ5711H
Flat/Door/Block No	Name Of Premises/Building/Village		Form No. which has been electronically transmitted: ITR-3
A/4	VIJAY VILAS		
Road/Street/Post Office	Area/Locality		Status: Individual
SAMARTH NAGAR	CHUNABHATI SION		
Town/City/District	State	Pin/ZipCode	Aadhaar Number/ Enrollment ID
MUMBAI	MAHARASHTRA	400022	XXXX XXXX 6010
Designation of AO (Ward / Circle): WARD 26(3)(5), MUMBAI			Original or Revised: ORIGINAL
E-filing Acknowledgement Number: 387635810121218			Date(DD-MM-YYYY): 12-12-2018

COMPUTATION OF INCOME AND TAX THEREON

1	Gross Total Income			1	422607
2	Deductions under Chapter-VI-A			2	26296
3	Total Income			3	396310
	a Current Year loss, if any			3a	0
4	Net Tax Payable			4	7535
5	Interest and Fee Payable			5	1301
6	Total Tax, Interest and Fee Payable			6	8836
7	Taxes Paid				
	a Advance Tax	7a	0		
	b TDS	7b	0		
	c TCS	7c	0		
	d Self Assessment Tax	7d	8836		
	e Total Taxes Paid (7a+7b+7c +7d)			7e	8836
8	Tax Payable (6-7e)			8	0
9	Refund (7e-6)			9	0
10	Exempt Income: Agriculture			10	
	Others				

VERIFICATION

I, UMANATH JOGI son/ daughter of DOOMANNA JOGI, holding Permanent Account Number ACAPJ5711H solemnly declare to the best of my knowledge and belief, the information given in the return and the schedules thereto which have been transmitted electronically by me vide acknowledgement number mentioned above is correct and complete and that the amount of total income and other particulars shown therein are truly stated and are in accordance with the provisions of the Income-tax Act, 1961, in respect of income chargeable to income-tax for the previous year relevant to the assessment year 2018-19. I further declare that I am making this return in my capacity as Self, and I am also competent to make this return and verify it.

Sign here: Date 12-12-2018 Place MUMBAI

If the return has been prepared by a Tax Return Preparer (TRP) give further details as below:

Identification No. of TRP	Name of TRP	Counter Signature of TRP

For Office Use Only
Receipt No

Date

Seal and signature of receiving official

Filed from IP address: 114.143.171.1

ACAPJ5711H033876358101212 18C011DFB916D3000854DC51A7F82E8BE344E06089

Please send the duly signed Form ITR-V to "Centralized Processing Centre, Income Tax Department, Bengaluru 560500", by ORDINARY POST OR SPEED POST ONLY, within 120 days from date of transmitting the data electronically. Form ITR-V shall not be received in any other office of the Income-tax Department or in any other manner. The confirmation of receipt of this Form ITR-V at ITD-CPC will be sent to the e-mail address rva_ca@yahoo.co.in

R. V. ASSOCIATES MUMBAI Chartered Accountants

W INDIA ASSURANCE CO. LTD.
nment of India Undertaking)

सामेकित मुद्रांक शुल्क की आर ए. एस. डी. ई. एफ एफी
क.0007105621201219 दिनांक 06/03/201
सर्टिफिकेट क्र.- CSD / 363 / 2019 / 1070 / 1
दिनांक 11 / 03 / 2019 जारी जरूर किया ग
इस पॉलिसी के लक्ष्य स्टॅम्प शुल्क रु.

POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

Commercial Vehicle PackagePolicy

UIN Number - IRDAN190RP0044V01100001

Insured's Details		Policy Details	
Insured's Name:	MR. UMANATH JOGI	Policy number:	17010031190100006868
Customer ID:	PO05959265 (PAN No :NA)	Period of cover:	04/12/2019 12:00:01 AM to 03/12/2020 11:59:59 PM
Insureds Address:	SHARAN APARTMENT, A-WING,,ROOM NO-102, 1ST FLOOR,MANIKPUR,,CHULNA ROAD, VASAI-W., BASSEIN ROAD(VASAI ROAD) ,MAHARASHTRA, 401202	Registration no.	MH-04-DT-1547
Prev. Policy no.	17010031180100008756	Make/Model:	TATA/SFC 407
Email:		Receipt no.	17010081190000016776 - 07/11/19
Phone Number :	/ / 9820132408	Fax Number :	NA / NA
GSTIN/UIN	NA / NA		

Issuing office		New India Contact	
Address	THE NEW INDIA ASSURANCE CO. LTD. (DO) (170100), B/201, PINAK GALAXY, , OPP. BIG BAZAR, KAPURBAWDI JUNCTION, , MAJIWADE, THANE (W.) , MAHARASHTRA , 400607.	Agent / Corp. Agent / Broker / Banc Assurance / Referral Code - Name / POS/IMF/SPECIFIED PERSON	Mr. Sankkait Girish Gujrathi - (NIAAG00044147)
		Phone no	/ / 9689940093
Phone no	25496403 / 25408770	Fax no.	/
Fax no.	25423121 / NA	Email	/ sankkaitgujrathi@gmail.com
Email	nia.170100@newindia.co.in	Development officer level Name/Code	Mr. MR.S.V. DESHMUKH - (2D5612664)
Claim Contact	THE NEW INDIA ASSURANCE CO. LTD. (DO) (170100)	Claim Contact Detail	B/201, PINAK GALAXY,,OPP. BIG BAZAR, KAPURBAWDI JUNCTION,,MAJIWADE, THANE (W.)-25496403/25408770/
GSTIN	27AAACN4165C3ZP		
SAC	997139 (Other non-life insurance services excl RI)		

Policy Details			
Geographical Area / Zone:	India/A	Year of manufacture:	2010
Type of Commercial Vehicles:	D - Misc-Special Type	Sub Type:	BREAKDOWN VEHICLES
Name of the Financier:	TATA MOTORS FINANCE LTD-BANGALORE	Chassis no./Engine no.:	31352/635112
Type of fuel:	Diesel	Cubic capacity (cc):	0
Type of body:	Open	Gross Vehicle Weight (GVW):	0
Seating capacity including Driver:	2	Variant:	TOWING VAN
Automobile Association membership:		Colour:	OTHER COLOR
Cover Note No/Cover Note Issue Date:	/	Name of registration authority:	Thane - MH 04
Transit From	NA	Transit To	NA
Distance Covered	NA		

IDV(In ₹) Based on annexure-I

Vehicle	Trailer	Non-Elec Acc	Electrical Acc	Bi-fuel kit	Total Value
164584	0	0	0	0	164584

Schedule of Premium

Own Damage		Liability	
Basic OD Cover		Basic TP Cover	
		LL to paid driver conductor cleaner employed for oprn	
NCB(50%)			
OD Premium in ₹	470	TP Premium in ₹	6947
Net Premium in ₹:			7417
GST in ₹:			1336
Total Payable in ₹:			8753
Total Payable in ₹(in words):			RUPEES EIGHT THOUSAND SEVEN HUNDRED FIFTY-THREE ONLY

एस. व्ही. देशमुख
विकास अधिकारी
मोबाईल नं. 9820502270

Signature valid
Digitally signed by [illegible]
Valid from [illegible]
Date: [illegible].11.07

Policy No. : 17010031190100006868 Document generated by 31005 at 07/11/2019 13:10:23 Hours.

Regd. & Head Office: New India Assurance Bldg., 87 M.G. Road, Fort, Mumbai - 400 001. TOLL FREE No. 1 800 209 1415.

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

Master Print

TAX RECIEPT

Motor Vehicles Department, Maharashtra
Registration Authority THANE,Maharashtra

Transaction / Receipt No.:	MH191107V2532434 / MH191107C9113332	Vehicle Class:	Tow Truck
Received From:	UMANATH D JOGI	Payment Date:	07-Nov-2019 02:50 PM
Transaction Date:	07-Nov-2019 02:51 PM	Vehicle No:	MH04DT1547
Chassis No:	MAT357171A8HXXXXX	Bank Reference Number:	0096583691
GRN No:	7346659095614		

Particular	Period	Amount	Rebate	Penalty	Total
MV Tax	01-Dec-2019 to 30-Nov-2020	600.0	0.0	0	600
Total					600

GRAND TOTAL (in Rs): 600/- (SIX HUNDRED ONLY)

Verify the receipt by clicking **Status>>Verify Receipt on Vahan Online Services portal** at https://parivahan.gov.in/vahanservice

For further query ,Please go to the zone RTO : THANE,Maharashtra

Note:- This is computer generated slip, no need of signature.