Auto Secure - Liability Only Policy



Name: Mr Mr Kuldeep

Address: D 179 Jhandapur Sahibabad Ghaziabad UP 201010

GHAZIABAD 201010 UTTAR PRADESH

Phone: 7011665514

Date: 03/07/2021 Your Policy Details

Policy Number: 0177888631

Policy Period: From 00:00 Hrs on 04/07/2021 To midnight of

03/07/2022

Premium Paid: Rs. 3801

Dear Mr Mr Kuldeep,

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our policy for your motor vehicle insurance.

We are enclosing Policy schedule cum certificate of insurance of your vehicle. You are requested to visit our website www.tataaig.com for policy wording.

Your policy has been issued based on the information and declaration provided by you. Kindly go through the enclosed information/declaration provided by you and in case your policy shows any error/discrepancy then we request you to get in touch with us within 15 days of receipt of the policy for correction otherwise all particulars will be deemed to be correct.

You may reach us at our 24*7 helpline 1800 266 7780 for providing any information or in case you desire to have a printed copy of policy wording.

We assure you of our best services at all times. Happy driving!

Sincerely

For Tata AIG General Insurance Company Limited

Authorized Signatory

llulqu





Tata AIG General Insurance Company Limited A-501, 5th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (E), Mumbai, India - 400 097.



Auto Secure - Liability Only Policy



Certificate of Insurance and Policy Schedule form 51 of the Central Motor Vehicle Rules, 1989

Agent/Broker/Producer Name: POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMITED

Agent/Broker License Code: 742; Agent/Broker Contact No.: 18002585970

Certificate & Policy No.:	0177888631	0177888631		Policy Type:			Auto Secure - Liability Only Policy			
Period of Insurance: From: 00:00 Hrs on 04/07/2021				Date of Expiry			To Midnight of 03/07/2022			
Insured Name & Address		Premium (Incl. GS						Rs. 3801		
D 179 Jhandapur Sahibabad Ghaziabad UP 201010 GHAZIABAD-201010 UTTAR PRADESH PROMES-VI 1665514			Insured Business/Profession			OTHERS				
				Geographical Area:			INDIA			
				Registration Authority:			SOUTH WEST DELHI S-II			
Place of Supply:UTTAR PRADESH State Code:09		HPA / Hyp / Lease to			N/A					
Registration No.	Make & Model	Engine No.	CH	nassis No.	CC/KW	Mfg.Year		Body Type	Seating Capacity	
DL-12-CE-4980	HYUNDAI & I 10 - MAGNA.	G4LADM040707	MALAN	151CLDM40203	1197	2013		SALOON	5	

(Motor Vehicle shall in case of a Motorised Two Wheeler be deemed to include a side car attached to it)

SCHEDULE OF PREMIUM						
A.Own Damage	Rs	B.LIABILITY	Rs			
TOTAL OWN DAMAGE PREMIUM	0	Basic	3221.0			
TOTAL ADD ON PREMIUM	0	TOTAL LIABILITY PREMIUM	3221			
		ADD: IGST @ 18.00%	580.0			
		Premium(Incl of GST)	3221.0			
		Premium(Incl. of all applicable taxes)	3801.0			

Drivers Clause: 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 requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limitations as to use: The Policy covers use of the vehicle for any purpose other than: a) Hire or Reward b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade

Limits of Liability:
Under Section II-1(i) of policy (Death of or bodily injury): Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.
Under Section II-1(ii) of policy (Third Party Property Damage): Rs.7,50,000.00

Under Section III:PA Owner Driver Capital Sum Insured:0/- based on Insureds declaration that he/she already has a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for Capital Sum Insured of at least 15 lakhs.

I/we hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with provisions of Chapter X and XI of Motor Vehicles Act,1988. In witness whereof this Policy has been signed at DELHI on 03/07/2021 Receipt (s):

Consolidated Stamp Duty has been paid to the State Exchequer

Subject to: A) IMT Endorsement No.:

Supplier GSTIN: 07AABCT3518Q1ZY-DELHI. HSN Code:997134

For TATA AIG General Insurance Company limited



Policy Servicing Office: North, Lotus Towers, 1st Floor, Community Centre, New Friends Colony, New Delhi 110025, Tel NO:011-66563600, Fax NO:011-26930506

Place of Supply: UTTAR PRADESH Supply Code : 09

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.

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 the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

Note: This Schedule, Policy terms and conditions available on company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear. Any amendments/modifications/alterations made on this system generated policy document is not valid and Company shall not be liable for any liability whatsoever arising from such changes. Any changes required to be made in the policy once issued, would be valid effective, only after written request is made to the Company and Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to go through the policy schedule cum certificate of insurance which is issued based on your declaration and if any error/ discrepancy is found in respect of vehicle details, Any other material information, it should be brought to our notice within 15 days of receipt of this policy for necessary correction along with the supporting documents, otherwise it will be deemed correct. You may visit company website at www.tataalg.com for detailed benefits, terms & conditions & exclusions of the policy. You may also reach us at our 24"7 helpline 1800 266 7780 in case you desire to have a printed copy of policy wording. Our grievance redressal procedure and details about ombudsman is also available in our policy wording.

Auto Secure - Liability Only Policy



Transcript of Proposal for Auto Secure - Liability Only Policy

1. Name (Registered Owner of the Motor Vehicle)*: Mr Mr Kuldeep

2. Address for Communication*: D 179 Jhandapur Sahibabad Ghaziabad UP 201010 GHAZIABAD 201010 UTTAR PRADESH

3. Vehicle Details: Please refer policy schedule cum certificate.

4. Vehicle Purchased is :Roll Over 5. Vehicle Type :Indigenous

6. Fuel Type :Petrol

7. Insured's Declared Value - Please refer policy schedule cum certificate.

8. Previous Insurance Particulars*:

Policy Number* : ABC123 Date of Expiry* : 17/06/2021 Type of Cover : Package

Name of the Insurer*: ICICI LOMBARD GENERAL INSURANCE CO. LTD.

Accident in the previous policy period : Yes NCB in previous policy : 0% NCB claimed : 0 %

9. Period of Insurance Desired from*: 00:00 Hrs on 04/07/2021 to midnight of 03/07/2022

10. Financier's Details:Please refer policy schedule cum certificate.

11. Extra Benefits opted

Un-Named Persons Personal Accident Cover for seating capacity, including driver: CSI N/A

Wider Legal Liability to Paid Driver (As per workmen Compensation Act, Fatal Accident Act & Common Law):NO

PA Owner Driver Capital Sum Insured:0/- based on Insureds declaration that he/she already has a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for Capital Sum Insured of at least 15 lakhs.

12. Restriction of Cover/Discounts/Concessions/Extended Covers

Name of Automobile : N/A Membership no : N/A

Third Party Property Damage Cover restricted to Rs, 6,000/ only :NO

13. Add on covers - Please refer policy schedule cum certificate.

Specified Person Details.

SP Certificate No: N/A SP Name: N/A

14. Bank Details (Required for Refund / Claims)

Name of the Account Holder: Mr Mr Kuldeep

Name of Bank & Branch: & DELHI Account Number: IFSC Code of Bank:

15. I hereby give my consent to receive one page insurance polic	5. I I	hereby g	give my	consent to	receive one	page insura	nce policy
--	--------	----------	---------	------------	-------------	-------------	------------

16. AML Guidelines:

- 1. I/we hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been/will be paid out of proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act, 2002.
- 2. I understand that the Company has the right to call for documents to establish sources of funds.
- 3.The insurance company has right to cancel the insurance contract in case I am/have been found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.
- 17.We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.