

Name : **MRS SANGITA SONAR**  
Address : KALYAN  
D-6 SWAMINARAYAN NAGAR,  
NEAR KOKAN BANK,DUDH NAKA  
KALYAN - 421301  
THANE  
MAHARASHTRA  
INDIA

Date :

**Your Policy Details :**

Policy Number :  
Policy Period : From 11/07/2018 to. Midnight  
Of 10/07/2019  
Premium Paid : ₹ 1,915.00

Dear MRS SANGITA SONAR,

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.tataaiginsurance.in](http://www.tataaiginsurance.in) for policy wording.

Your policy has been issued based on the information and declaration provided by you. No Claim Bonus (NCB) if shown on your policy schedule has been allowed as you had not reported any claim in the previous policy.

Kindly go through the enclosed information/declaration provided by you and in case your policy shows No Claim Bonus, for which you are not entitled as explained above or any other 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 also 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 LTD.**



**Authorized Signatory**



**CALL US**

**24X7 Toll Free**

Call us on 1-800-266-7780



**WRITE TO US**

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

**Claims Registration**  
SMS 'CLAIMS' to 5616181 or  
e-mail: [general.claims@tata-aig.com](mailto:general.claims@tata-aig.com)



**Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989**

Agent/Broker/Producer Name: MANOJ GUPTA

Agent/Broker License Code: 456456546456; Agent/Broker Contact No.: 9930978420

<b>Certificate &amp; Policy No.:</b>		<b>Policy Type:</b>	Auto Secure - Two Wheeler Package Policy
<b>Period of Insurance:</b>	From 11:29 Hrs on 11/07/2018	<b>Date of Expiry</b>	<b>To midnight of 10/07/2019</b>
<b>Insured Name &amp; Address:</b> MRS SANGITA SONAR KALYAN D-6 SWAMINARAYAN NAGAR, NEAR KOKAN BANK,DUDH NAKA KALYAN - 421301 THANE MAHARASHTRA INDIA		Premium (Incl. of all tax/cess)	₹ 1,915.00
		Insured Business/Profession:	HOUSEWIFE
		Geographical Area:	India
		Registration Authority:	Kalyan
		HPA / Hyp / Lease to:	N/A

Registration No.	Make & Model	Engine No.	Chassis No.	CC	Mfg. Year	Body Type	Seating Capacity
MH 05 CF 2856	SUZUKI ACCESS - 125	F4861076826	MB8CF4CAJE8446788	125	2018		2
IDV of Vehicle (₹)	IDV of Side Car (₹)	Bi-Fuel/CNG/LPG Kit(₹)	IDV of non-built-in Accessories(₹)		Total Insured Declared Values(IDV) - (₹)		
			Electrical	Non-Electrical			
59835	0	0	0	0	59835		

SCHEDULE OF PREMIUM	
A. OWN DAMAGE	B. LIABILITY
Premium on Vehicle and non electrical accessories	Basic
A. TOTAL OWN DAMAGE PREMIUM	B. TOTAL LIABILITY PREMIUM
C. TOTAL ADD ON PREMIUM	COMPREHENSIVE PREMIUM(A+B+C)
	NET PREMIUM
	UGST/SGST @9 %
	CGST @9 %
	TOTAL PREMIUM
₹ 902.55	₹ 720.00
₹ 902.55	₹ 720.00
₹ 0.00	₹ 1,622.55
	₹ 1,623.00
	₹ 146.00
	₹ 146.00
	₹ 1,915.00

**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): ₹ 100,000.00

**Under Section III : PA to Owner Driver CSI:** ₹ 0.00

**Nominee: Relationship:**

**Number of claims covered under Depreciation Reimbursement Cover :**2

This policy does not cover pre-existing damages as per Inspection photographs and Report

**Deductible Under Section - I :** ₹ 100.00 - (Compulsory Deductible : ₹ 100.00, Voluntary Deductible: ₹ 0.00, Imposed Excess: ₹ 0.00) Franchisee: ₹ 0.00 Depreciation Allowance: ₹ 0.00

**No Claim Bonus :** The insured is entitled to a No Claim Bonus (NCB) on the own damage section of the policy, if no claims made or pending during the preceding year(s), as follows: The preceding year - 20%, preceding two consecutive years -25%, preceding three consecutive years - 35%, preceding four consecutive years - 45%, preceding five consecutive years -50% of NCB on OD Premium. NCB will only be allowed provided the policy is renewed within 90 days of the expiry date of the previous policy.

**Subject to: A) IMT Endorsement No.:** 22

**GSTIN :** 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 9971

**Policy Servicing Office :** A-6, 6th Floor, Trade World, Kamala Mills Compound,MUMBAI,MAHARASHTRA,MUMBAI-400013, Tel No:--022-56553800

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 MUMBAI BRANCH-PENINSULA on

The stamp duty of ₹0.50 paid in cash or demand draft or by pay order, vide Receipt/Challan no: dated :  
**For Tata AIG General Insurance Company LTD.**

  

**Authorized Signatory**

**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 and 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, No Claim Bonus or 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.tataaiginsurance.in](http://www.tataaiginsurance.in) 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. Please note that any misrepresentation, non disclosure or withholding of material facts will lead to cancellation of policy ab initio with forfeiture of premium and non consideration of claim, if any. We will specifically seek confirmation on No Claim Bonus availed by you from your previous insurer. In case we receive confirmation that you had lodged claim with them then we will forfeit all the benefits under section I i.e. own damage section of the policy.

1. Name (Registered Owner of the Motor Vehicle)\*: MRS SANGITA SONAR

2. Address for Communication\* : KALYAN  
D-6 SWAMINARAYAN NAGAR,  
NEAR KOKAN BANK,DUDH NAKA  
KALYAN - 421301  
THANE  
MAHARASHTRA  
INDIA

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

4. Vehicle Purchased is Brand new 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\*:N/A Date of Expiry\*:N/A Type of Cover :N/A

Name of the Insurer\*: N/A

Accident in the previous policy period: No NCB in previous policy: N/A NCB claimed:

9. Period of Insurance Desired from\*:11/07/2018 to midnight of 10/07/2019

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's Compensation Act, Fatal Accident Act & Common Law) : N/A

Personal Accident Cover for Owner Driver: CSI N/A

Name of the Nominee & Age: N/A Relationship:

Name of Appointee (if Nominee is Minor): Relationship to the Nominee:

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

Name of Automobile: Membership no

Third Party Property Damage Cover restricted to ₹ 6,000/ only: No

Is Voluntary Deductible opted NO Amount of Deductible opted : ₹ N/A

Vehicle is fitted with Anti Theft Device approved by ARAI : No

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

**Specified Person Details**

SP Certificate No SP Name

**14. Bank Details (Required for Refund / Claims)**

Name of the Account Holder: MRS SANGITA SONAR

Name of Bank & Branch:N/A , N/A Account Number:N/A IFSC Code of Bank: N/A

15. Declaration for No Claim Bonus (If NCB Confirmation is not submitted but NCB claimed)

I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect all benefits under the Policy in respect of Section-1 of the Policy will stand forfeited.

16. I hereby give my consent to receive one page insurance policy.

17. 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.

