

Name : **MR DEVARAJU M**

Address : # 6/31 SUVARNA NAGAR , DODDABIDARA
KALLU,BANGALORE (WEF 31-5-18), -560073 9964205717
BANGALORE - 560073
BANGALORE
KARNATAKA
INDIA

Date : 08/03/2023

Your Policy Details :

Policy Number : 0178004279 00 00

Policy Period : From 31/03/2023 To Midnight Of 30/03/2024

Premium Paid : 18269.0

Dear MR DEVARAJU M,

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. 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 Limited



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@tataaig.com



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

Agent/Broker/Producer Name: OLA FINANCIAL SERVICES PRIVATE LIMITED

Agent/Broker License Code: CA0682 ; Agent/Broker Contact No.: 08069794500

Certificate & Policy No.:	0178004279 00 00	Policy Type:	Auto Secure - Commercial Vehicle Package Policy-Taxi
Period of Insurance:	From: 00:00 Hrs on 31/03/2023	Date of Expiry	To Midnight of 30/03/2024

Insured Name & Address:	Premium(Incl. of all tax/cess)	18269
MR DEVARAJU M # 6/31, SUVARNA NAGAR, DODDABIDARA KALLU, BANGALORE (WEF 31-5-18), -560073 9964205717 BANGALORE - 560073 KARNATAKA INDIA GSTIN : Place of Supply : KARNATAKA State Code : 29	Insured Business/Profession:	BUSINESS
	Geographical Area:	INDIA
	Registration Authority:	Kolar
	HPA / HYP / Lease to:	N/A

Registration No.	Make & Model	Body Type	Mfg Year	Gross Vehicle Weight	Cubic Capacity /KW	Public Carrier / Private Carrier	Engine No	Chassis No
KA 07 A 6429	TOYOTA PLATINUM ETIOS - GXD	SEDAN	2016		1364	Taxi	1ND1450484	MBJB49BT2001279020316
IDV of Vehicle(₹)	IDV of Trailer(₹)	Bi-Fuel/CNG/LPG Kit (₹)	IDV of non-built-in Accessories (₹)		IDV of Externally Built Body Type (₹)	Registered seating capacity including driver	Total Insured Declared Value(₹)	
414802	0	0	Electrical	Non-Electrical	0.0	5	414802	

SCHEDULE OF PREMIUM

A.OWN DAMAGE		₹	B.LIABILITY		₹
Premium on Vehicle and non electrical accessories	₹	4274.53	Add: Legal Liability to paid driver as per (IMT 28)	₹	50.0
Less: NCB discount (25%)	₹	1068.63	Basic	₹	11852.0
A.TOTAL OWN DAMAGE PREMIUM	₹	3206	Add : Compulsory PA Cover for OwnerDriver ₹1500000	₹	375.0
C.TOTAL ADD ON PREMIUM	₹	0	B. TOTAL LIABILITY PREMIUM	₹	12277.0
			COMPREHENSIVE PREMIUM(A+B+C)	₹	15483.0
			NET PREMIUM	₹	15483.0
			ADD : CGST @ 9.00%	₹	1393.0
			ADD : SGST @ 9.00%	₹	1393.0
			TOTAL PREMIUM	₹	18269

Driver Clause: Any Person including the insured. Provided that the person driving holds an effective driving license at the time of 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 person satisfies the requirement of Rule 3 of the Central Motor Vehicle 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) Organised racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade.

Limits of Liability:

Under Section II-I(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-I(ii) of policy (Third Party Property Damage) : ₹ 7,50,000.00/-

Under Section III : P.A. to Owner Driver CSI: ₹ 150,000.00

Name of the Nominee : LEGAL Relationship: Spouse

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: 500,- (Compulsory Deductible : 500, Voluntary Deductible: ₹ 0, Imposed Excess: ₹ 0) Franchisee: ₹ 0

UIN of Add on Cover:

No Claim Bonus : The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is 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.: 28

B. TATA AIG Auto Secure endorsement No. (IMT)

Supplier GSTIN : 29AABCT3518Q1ZS-KARNATAKA. HSN Code: 997134

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 on 08/03/2023

Receipt No.(s): 08/03/2023

The stamp duty of 0.50 paid in cash or demand draft or by pay order, vide Receipt/Challan no: CSD/172/2019/4546/19 dated: 04/10/2019

For Tata AIG General Insurance Company LTD.



Authorized Signatory

Policy Servicing Office : Karnataka, 2nd floor, JP & Devi Jambukeswar Arcade, No.69 Millers Road, BANGALORE 560052, Tel NO:080-66272829, Fax NO:080-66272828

IN CASE OF AN ACCIDENT TO YOUR VEHICLE PLEASE INTIMATE US IMMEDIATELY FOR SPOT SURVEY FAILING WHICH CLAIM COULD BE PREJUDICED.

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 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.tataaig.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. Please note that any misrepresentation, nondisclosure 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)* :MR DEVARAJU M

6/31 SUVARNA NAGAR , DODDABIDARA KALLU,BANGALORE (WEF 31-5-18), -560073
9964205717

2. Address for Communication*:

BANGALORE - 560073
BANGALORE
KARNATAKA
INDIA

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

Make :	Model :	Variant :
Engine No :	Chassis No :	Registration Authority (RTO) :
4. Vehicle Purchased is :Roll Over	5. Vehicle Type :indigenous	

6. Fuel Type :Diesel

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

8. Previous Insurance Particulars* :

Policy Number* : 0716033121p113136488 Date of Expiry* : 30/03/2023 Type of Cover : PackageComprehensive

Name of the Insurer* : UNITED INDIA INSURANCE CO.LTD.

Accident in the previous policy period : NO NCB in previous policy : 20% NCB claimed :NO

9. Period of Insurance Desired from*:31/03/2023 to midnight of 30/03/2024

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

Hypothecation : Loan Account Number : Partner Branch :

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) :YES

Personal Accident Cover for Owner Driver: CSI 1500000

Name of the Nominee & Age:LEGAL & 38 Relationship :Spouse

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.

14. Bank Details (Required for Refund / Claims)

Name of the Account Holder: MR DEVARAJU M

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.

18.We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.