

Address: Flat no 37 7th Flr Chaitraban bldg sr no 662 Durga Mahalaxmi nagar lake town RD bibwewad Pune - 411037 Pune 110103 Maharashtra India

Date: 15/09/2023

Your Policy Details:

Policy Number: 3779931192 00 02

Own Damage Policy Period: From 14/09/2023 to. Midnight Of 13/09/2024 Liabiliity Policy Period: From 14/09/2023 to. Midnight Of 13/09/2028

Premium Paid : ₹ 12,529.00

Dear MR ATHARVA RAJSHEKAR NAVANI,

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 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

Shamel



24X7 Toll Free Call us on 1-800-266-7780



Tata AIG General Insurance Company Limited 7th and 8th Floor, Romell Tech Park. Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063

Claims Registration SMS 'CLAIMS' to 5616181 or e-mail: general.claims@tata-aig.com



TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013. IRDA Registration No.108, CIN No: U85110MH2000PLC128425, PAN: AABCT3518Q, UIN No: IRDAN108RP0007V02201819

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com



Agent/Broker/Pro	ducer Name: 1		E Of Insurance SLIRANCE RE			orm 51 of the	Central N	Motor Vehicle R	ules, 1989			
						hile or landli	ne)					
Agent/Broker License Code: 623; Agent/Broker C		OKCI COIItact I	Policy Type:				,					
Period of Insurance:			1/09/2023	Date of Expiry			Auto Secure - Two Wheeler Package Policy To midnight of 13/09/2028					
Insured Name & Address:							Premium (Incl.	Premium (Incl. of all tax/cess) ₹ 12,529.00				
MR ATHARVA RAJSHEKAR NAVANI							Insured Business/Profession: SERVICE					
FLAT NO 37 7TH FLR CHAITRABAN BLDG SR NO 662 DURGA MAHALAXMI NAGAR LAKE TOWN RD BIBWEWAD							Geographical Area: Inc		India			
PUNE - 411037 PUNE						Registration A	Registration Authority: PUI		NE			
MAHARASHTRA INDIA								ease to:	N/A			
Place of supply -MAHARASHTE State code -27	RA											
Registration N		Make & Model		Engine No./Motor Number		Chassis No.		CC/KW	Mfg. Yea	r Body Type	Seating Capacity	
MH 12 VX 3079		E - RTR 200 4V BS6	DT1HP2	100126		0637ET12P2H00140		200	2023		2	
	IDV of Side C			IDV of non-built-			``			Total Insured Declared		
(₹) 136106			Kit(₹)	art(₹)		Electrical		Non-Electrical		Values(IDV) - (₹)		
130100						OF PREMIUM		0	ı.	1301	50	
		₹			B. LIABILITY							
Own Damage Period of Insurance:	From 12:00 Hrs	on 14/09/2023 Own I	Damage Date of Expiry:	To Midnight o	of 13/09/2024	Liability Period of In	surance:	From 12:00 Hrs on 14/0	19/2023 Liability D	Date of Expiry: To M	dnight of 13/09/2028	
Premium on Vehicle and non electrical accessories ₹ 2,395.06 B. TOTAL LIABILITY PREMIUM										₹ 7,365.00 ₹ 7,365.00		
A. TOTAL OWN DAMAGE PREMIUM ₹ 2,39556 COMPREHENSIVE PREMIUM								+C)			₹ 10,617.12	
Add: Return of invoice (TA17) ₹ 313.04 NET PREMIUM											₹ 10,617.00	
Add: Depreciation Reimbursement (TA16) ₹ 544.02 UGST/SGST @9 % C. TOTAL ADD ON PREMIUM ₹ 857.06 CCST @9 9 4											₹ 956.00	
C. TOTAL ADD ON TREMION					(057.0	CGST @9 % TOTAL PREMIUM					₹ 956.00 ₹ 12.529.00	
and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Lear 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) Card () 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 III-1 (ii) of policy (Third Party Property Damage): ₹ 100,000.00 Under Section III: AD Omer Driver Capital Sum Insured's Deaded on Insured's declaration that he/she is not holding any valid Driving License and thus not eligible for Compulsor Personal Accident cover for Owner Driver. Number of claims covered under Deprication Reimbursement Cover: 4 Number of claims covered under Deprication Allowance - Battery Deaded Deprication Allowance - Battery Deductible: ₹ 100.00, Voluntary Deductible: ₹ 0.00, Imposed Excess: ₹ 0.00) Franchisee: ₹ ₹ 0.00 Deprication Allowance - Battery Deductible: 5% of claim amount subject to minimum of RS. 500 No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claimis made or pending during the preceding five consecutive years - 25%, or Deprication Deprication Deprication Defined Consecutive years - 25% or Deprication Properties and Properties of the policy is reviewed within 90 days of the explice of the properties of the policy is reviewed within 90 days of the explice of the properties of the policy is reviewed within 90 days of the explice of the properties of the policy is reviewed within 90 days of the explication of the policy is reviewed within 90 days of the explication of the po							I/w I/wance: ₹ Sta Sta In v Sta Sta In v Sta Sta Sta Sta Sta Sta Sta Sta	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 PUNE on 15/09/2023 Stamp Duty of <0.50/ - is paid as provided under Article 47-B of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of				
Subject to: A) IMT Endorsement No.: 22 B) TATA AIG Auto Secure endorsement No.(TA): 16, 17 GSTIN: 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code: 997134 Policy Servicing Office: 3RD FLOOR, THE ORION KOREGAON PARK ROAD, OPP. ST. MIRA'S OF Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificht to take appropriate action in case of any discrepancy in the PUC or fitness certificate.							Auto R GIRLS,,P	thorized Signatune, MAHARASH	tory TRA,PUNE-41 ertificate, as a	ce Company LTD.	of commencement	
2 3 12 12 12 17 17 17 17 17 17 17 17 17 17 17 17 17		2, 250.0	,			NT NOTICE						

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Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

I valid and Company shall not be liable for any liability, whatsoever arising from such charges. Any changes required to be made in the poly; or one sold be valid and effective, only after written request is made to the Company and Company accepts the requised amendment/modification/adiatio

The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'.



1. Name (Registered Owner of the Motor Vehicle)*: MR ATHARVA RAJSHEKAR NAVANI

2. Address for Communication*

: FLAT NO 37 7TH FLR CHAITRABAN BLDG SR NO 662 DURGA MAHALAXMI NAGAR LAKE TOWN RD BIBWEWAD PUNE - 411037 PUNE MAHARASHTRA INDIA

3. Vehicle Details: Please refer policy schedule cum certificate

4. Vehicle Purchased is 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*:14/09/2023 to midnight of 13/09/2028

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

PA Owner Driver Capital Sum Insured: 0/- based on Insured's declaration that he/she is not holding any valid Driving License and thus not eligible for Compulsory Personal Accident cover for Owner Driver.

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

Battery number:

Charger number:

No. of batteries:

Cost of battery:

Is battery provided by manufacturer(YES/NO):

Name of battery manufacturer:

Is battery a part of Ex-showroom price of the vedicle:

14. Bank Details (Required for Refund / Claims)

Name of the Account Holder: MR ATHARVA RAJSHEKAR NAVANI

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

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 amy/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.