

Name: Mrs SARITA CHAUHAN

Address: C/O RADHEY KRISHNA PUBLIC SCHOOL RAJA KA BAGH

GALI.

NO4AMAINPURIUttarPradesh,

205001, MAINPURI, UTTAR PRADESH Date:10/08/2024

Your Policy Details:

Policy Number: 6301967013 00 00

Policy Period: From 00:00 Hours on 12/08/2024 to Midnight of

11/08/2025

Premium Paid: ₹ 26,664.00

Dear Mrs SARITA CHAUHAN,

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





	Certifica	te Of Insurance	and Policy Schedule F	orm 51 of the Centra	l Motor Vehicle R	ules, 1989				
Agent Na	me: SQUA	ARE INSU	IRANCE BRO	KERS PRIV	'ATE LIMI'	TED				
Agent Lic	ense Cod	e : 606		Agent Cor	1412375675					
Policy Number: 6 Policy Code: 00/0				Policy Type: Auto S Commercial Vehicle Passenger Carrying N	Commercial Class: Passenger Carrying Vehicle					
Alternate Policy N	No: N/A			Covernote No: N/A	Covernote Issuan	note Issuance Date: N/A				
	Name & Add	ress of Insured		Period of Insurance						
	A CHAUHAN DHEY KRISHNA PUBL AINPURIUttarPrades	,	(Section-I Own Damage) From 00:00 Hours on 12/08/2024 To Midnight of 11/08/2025 (Section-II Liability) From 00:00 Hours on 12/08/2024 To Midnight of 11/08/2025							
Contact Number: Customer ID: GSTIN: Place of Supply: State Code: 09				11/08/2025						
RTO Location: MAINPURI Zone: C				Geographical Area:	Hire Purchase / Hypothecation / Lease With: TATA MOTORS LTD Contract/Loan/Reference No:					
Registration Number	Make / Model Segn		Engine Number	Chassis Number	Mfg. Year	CC/KW	Licensed Carrying Capacity Including Driver			
UP84T0848	TATA MOTORS/WINGER/BUS/Closed/BUS		483DL56EYY710213	MAT460010BUE02844 2011		1948	14			
			Insured Declar	ed Value (IDV) ₹						
Vehicle IDV	Body IDV	Chassis IDV	Non Electrical Accessories IDV	Electrical /Electronic Accessories	Bi-Fuel / CNG /LPG Kit	Trailer IDV	Total IDV			
600000	0	600000	0	0	0	0	600000			
			SCHEDULE (OF PREMIUM						
		N DAMAGE (A)	Section - II LIABILITY (B)							
Own Damage Premium on Vehicle and Accessories Premium Premium Own Damage Premium Own Dama			Premium Amount	Third Party Premiu			remium			
Basic OD Premium			₹ 539.20	D : TD :			21877.00			
	Own Damage Section	on	Basic TP premium ₹ 218 Legal Liability							
Add: Cover for lan	1									
	et/side parts-IMT 23 MAGE PREMIUM (A)		TOTAL LIABILITY PREMIUM (B)				100.00 21977.00			
Section - I ADD O			NET PREMIUM (A+B+C)				22597.00			
Add: Repair of glass, plastic, fibre and Rubber (TA 06) ₹ 0 IGST@18%								4067.00		
TOTAL ADD ON P	• • •	, , ,	TOTAL POLICY PREMIUM				26664			
	· · ·		₹ 0		· · ·		₹			

Drivers Clause: Persons or Classes of Persons entitled to drive: Any person including 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 when not used for the transport of passengers at the time of the accident 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 only under a permit within the meaning of the Motor Vehicle Act 156 1988 or such a carriage falling under Sub-Section (3) of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for a) Organised racing b) Pace Making c) Reliability Trials d) Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.



LITY							
to meet the require	ments of	Under Section II - 1 (ii) of policy (Third Party Property Damage)	₹7,50,000	Under Sect	tion	PA Owner Driver Capital Sum Insured: 0 based on Insured's declaration that he/she is not holding any effective driving license and thus not eligible for Compulsory Personal Accident cover for Owner Driver.	
			UIN Numbers:	IRDAN108RP	0004V	/02200001/A0016V01201213	
Imposed Excess: ₹0. Franchisee: ₹0.00	00		No Claim Bonus : aphs and Repo	own damage section pending during the preceding year 20%,p preceding three conconsecutive years 45% of NCB on OD Premit the policy is renewed previous policy.	of the preced reced secution, precount.	a No Claim Bonus (NCB) on the policy, if no claim is made or eding year(s), as follows: The ing two consecutive years 25%, we years 35%, preceding four eding five consecutive years 50% CB will only be allowed provided 90 days of the expiry date of the	
	iit ivailibei	(IA). IA 00					
NOMINATION DETAILS Name of the Nominee Relati		onship with Insured	Name of Ap	pointee (If nominee is minor)		Relationship with Nominee	
NA		NA		NA		NA	
hapter XI of M.V. Act, 19 eof this Policy has been	988. signed at M	UMBAI on 10/08/2024	For TATA AIG	General Insurance			
	Compulsory Deductible Imposed Excess: ₹ 0.00 Inot cover preexisting MT Endorsement Number Ito Secure Endorsement Number Ito	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. Compulsory Deductible: ₹ 500.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00 Imposed Excess: ₹ 0.00 Franchisee: IMT ato Secure Endorsement Number: IMT ato Secure Endorsement Number ETAILS the Nominee Relation NA tify that the Policy to which this Certapter XI of M.V. Act, 1988. eof this Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the secure of the Policy has been signed at Mean and the Policy has been signed at	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. Compulsory Deductible: ₹ 500.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00 Imposed Excess: ₹ 0.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00 Imposed Excess:	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. Compulsory Deductible: ₹500.00 Imposed Excess: ₹0.00 Franchisee: ₹0.00 Bonus: Imposed Excess: ₹0.00 The Imposed Excess Impos	Under Section II - 1 (ii) of policy (Third Party Property Damage) UIN Numbers: IRDAN108RPG III :	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. Dink Numbers: RDAN108RP0004V	

GSTIN: 08AABCT3518Q1ZW-RAJASTHAN

Service Account Code: 997134





Authorized Signatory

Policy Servicing Office: PLOT NO C 93 - C 94, 1ST FLOOR, OFFICE NO -101-103, FORTUNE HEIGHTS, SUBASH MARG, C - SCHEME JAIPUR, RAJASTHAN -302001, JAIPUR, RAJASTHAN, 302001



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

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, 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.



WITH YOU ALWAYS



Transcript Letter

1 Name (Registered Owner of the Motor Vehicle)*: Mrs SARITA CHAUHAN

2 Address For Communication*: C/O RADHEY KRISHNA PUBLIC SCHOOL RAJA KA BAGH GALI, NO4AMAINPURIUttarPradesh, 205001, MAINPURI,

UTTAR PRADESH, INDIA

3 Vehicle Details: Please refer policy schedule cum certificate

4 Fuel Type: DIESEL

5 Insured's Declared Value : Please refer policy schedule cum certificate.

6 Previous Insurance Particulars*:

Policy Number*: 002121244 Date of Expiry*: 27/08/2014 Type of Cover: Package (1 year OD + 1 year

Name of the Insurer*: NA NCB claimed: NA TP)

Accident in the previous policy period: NA NCB in previous policy: NA

7 Own Damage period of insurance desired from*: 12/08/2024 to Midnight of 11/08/2025 8 Liability period of insurance desired from*: 12/08/2024 to Midnight of 11/08/2025

9 Compulsory PA cover for owner driver period of insurance desired from : $\,$ NA $\,$ to Midnight of $\,$ NA $\,$

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

11 Extra Benefits opted

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law): 2 Legal Liability to Non-Fare Paying Passengers other than Statutory Liability except the Fatal Accidents Act): NA

Compulsory PA Cover for Owner Driver: NA Term: Years

Name of the Nominee & Age: NA, NA Relationship: NA

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

12 Restriction of Cover/Discounts/Concessions/Extended Covers
Third Party Property Damage Cover restricted to 6,000/ only: NO
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: SARITA CHAUHAN

Name of Bank & Branch :
Account Number : NA

IFSC Code of Bank: NA

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.