

Name: Mrs PRITIREKHA MAITI

Address: 29 NO KRISHNA DAS PAL LANE VTC, BEADON STREET,

PO- BEADON STREET,

700006, KOLKATA, WEST BENGAL Date:08/11/2024

Your Policy Details:

Policy Number: 6302316591 00 00

Policy Period: From 00:00 Hours on 04/12/2024 to Midnight of

03/12/2025

Premium Paid: ₹19,669.00

Dear Mrs PRITIREKHA MAITI,

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,

Digitally Signed by: Shammi Kapoor

Date: 08/11/2024 Location: Mumbai







Maharashtra 400063





	Certi	ficate (Of Insurance	and	Policy Schedule F	orm 51 of the	Cent	ral Motor Vehicle	Rule	s, 1989			
Agent Na	me: CEF	RTIG	O INSI	UR	ANCE BRO	OKERS	PR	IVATE LIN	1IT	ED			
Agent License Code: 808					Agent Contact No.: 9109447				500				
Policy Number: 6302316591 00 00 Policy Code: 00/00/3188/01						Policy Type: Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle			C	Commercial Class: Passenger Carrying Vehicle			ger
Alternate Policy No: N/A						Covernote No: N/A			C	Covernote Issuance Date: N/A			
Name & Address of Insured					Period of Insurance								
Name: Mrs PRITIR Address: 29 NO K STREET, Contact Number: Customer ID: GSTIN: Place of Supply: V State Code: 19	RISHNA DAS PAL 700006, KOLKAT 7980161334		•		EET, PO- BEADON	03/12/2025	iabilit	amage) From 00:					-
RTO Location: KOLKATA Zone: A					Geographical Area: INDIA			Le	Hire Purchase / Hypothecation / Lease With : Contract/Loan/Reference No:				
Registration Number	Make / M Body Ty Segme	/pe/	Engine	Num	nber Chassis	Number	ı	Mfg. Year				Licensed Carrying Capacity Including Driver	
WB04J2936	MARUTI/S DZIRE/TO CNG/SEDA SIZE	DUR S N/MID	K12NP	15454	426 MBHCZFB:	33SPL499146 2023			1197	5			
					Insured Declar	ed Value (IDV) ₹						
Vehicle IDV	Body IDV		Chassis IDV		Non Electrical Accessories IDV	Electrica /Electron Accessori	al nic	Bi-Fuel / CNG /LPG Kit		Trailer IDV	V Total IDV		al IDV
650000	0		650000		0	0		0		0		650	0000
					SCHEDULE (OF PREMIUM							
	Section-I	OWN D	AMAGE (A)					Section - I	LIA	BILITY (B)			
Own Damage Pre		e and A	Accessories	Pre ₹	emium Amount 5603.00	Third Party	Prem	ium					emium nount
Add: CNG / LPG Kit-IMT 25		₹	280.15	Dagis TD myamaiuma					₹	11852.00			
Discounts under Own Damage Section				Add: CNG / LPG kit TP ₹ 60.00									
Less: No claim bonus (20%) ₹ 1176.63				Legal Liability									
=======================================				₹	4706.52	Add: Legal liability to paid driver - IMT 28 Number of persons:1 ₹				50.00			
TOTAL OWN DAWAGE PREWITOW (A)				`	47 00.JZ						44063.00		

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.

₹

₹

Section - I ADD ON COVERS

TOTAL ADD ON PREMIUM (C)

Add: Repair of glass, plastic, fibre and Rubber (TA 06)

TOTAL LIABILITY PREMIUM (B)

NET PREMIUM (A+B+C)

TOTAL POLICY PREMIUM

SGST@9%

CGST@9%

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.

Insurance is the subject matter of the solicitation. For more details on risk factors, terms and conditions, please read sales brochure carefully, before concluding a sale.

Tata AIG General Insurance Company Limited

11962.00

16669.00

1500.00

1500.00

19669

₹

₹

₹



LIMITS OF LIA	DILIT								
Under Sectior - 1 (i) of policy (Death of or bodily injury)	to meet the requirements of the Motor Vehicles Act, 1988.	Under Section II - 1 (ii) of policy (Third Party Property Damage)	₹7,50,000		Under Section III :	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:	umbers: IRDAN108RP0004V02200001/A0016V01201213					
Deductible	Compulsory Deductible: ₹ 500.0 Imposed Excess: ₹ 0.00	0	No Claim	The insured is entitled for a No Claim Bonus (NCB) on the					
Under	Bonus:	own damage section of the policy, if no claim is made or							
Section I Franchisee: ₹ 0.00				pending d	luring the preced	ding year(s), as follows: The			

This policy does not cover preexisting damages as per Inspection photographs and Report

Subject to: A) IMT Endorsement Number: IMT 28, IMT 25 B) TATA AIG Auto Secure Endorsement Number (TA): TA 06

NOMINATION DETAILS

LIMITS OF LIABILITY

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee	
NA	NA	NA		NA

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and Chapter XI of M.V. Act, 1988.

In witness whereof this Policy has been signed at MUMBAI on 08/11/2024

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 19AABCT3518Q1ZT-WEST BENGAL

Service Account Code: 997134

For TATA AIG General Insurance Company LTD.

previous policy.





Digitally Signed By: Shammi Kapoor

Date:

Location: Mumbai

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

Policy Servicing Office: GODREJ GENESIS, UNIT NO. 604, 6TH FLOOR, BLOCK EP AND GP, SECTOR V, SALT LAKE CITY, KOLKATA, BIDHANNAGAR, WEST BENGAL, 700091



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 PRITIREKHA MAITI

2 Address For Communication*: 29 NO KRISHNA DAS PAL LANE VTC, BEADON STREET, PO- BEADON STREET, 700006, KOLKATA, WEST BENGAL,

INDIA

3 Vehicle Details: Please refer policy schedule cum certificate

4 Fuel Type: CNG

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

6 Previous Insurance Particulars*:

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

Accident in the previous policy period: NA NCB in previous policy: 0

7 Own Damage period of insurance desired from*: 04/12/2024 **to Midnight of** 03/12/2025 **8 Liability period of insurance desired from*:** 04/12/2024 **to Midnight of** 03/12/2025

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): 1 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: PRITIREKHA MAITI

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.