

Name: Mr MAHADEB MONDAL

Address: KAIPUL, MADANPUR KRISHNAPUR,

,NorthTwentyFourParganas,WestBengal,,

700128.

NORTH TWENTY FOUR PARGANAS,

WEST BENGAL

Date:04/10/2024

Your Policy Details:

Policy Number: 6302174786 00 00

Policy Period: From 12:50 Hours on 04/10/2024 to Midnight of

03/10/2025

Premium Paid: ₹20,163.00

Dear Mr MAHADEB MONDAL,

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,







Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 Claims Registration SMS 'CLAIMS' to 5616181 or e-mail: general.claims@tataaig.com



	Certif	icate (Of Insurance	e and	d Policy	Schedule F	orm 51 of tl	ne Cent	ral Motor Vehicle	Rules, 1989			
Agent Nai	me: CEF	RTIC	O INS	UF	RAN	CE BR	OKERS	S PR	IVATE LIN	IITED			
Agent License Code: 808						Agen	t Co	ntact No.	: 9109447	7500			
Policy Number: 6302174786 00 00 Policy Code: 00/00/3188/01							Policy Type: Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle			Commercial Cl	Commercial Class: Passenger Carrying Vehicle		
Alternate Policy No	o: N/A						Covernote	No: N	/A	Covernote Issu	ance l	Pate: N/A	
	Name & A	ddress	of Insured						Period	of Insurance			
FOUR PAI	MADANPUR KRIS entyFourPargan RGANAS, WEST E	as,Wes	stBengal,, 70	0128	, NORTI	H TWENTY	03/10/20	25 I Liabilit		50 Hours on 04/10			
Contact Number: 8240393096 Customer ID: GSTIN: Place of Supply: WEST BENGAL State Code: 19								er) From 12:50 Hours on 04/10/2024					
RTO Location: BARASAT Zone: B			one: B				Lease		Lease With :	ire Purchase / Hypothecation / ease With : CANARA BANK ontract/Loan/Reference No:			
Registration Number	Body Ty	ake / Model / Body Type/ Engin Segment		e Number Chassis		Number Mfg. Year		CC/KW		nsed Carrying acity Including Driver			
WB25L8719	DZIRE/TO CNG/SEDA	MARUTI/SWIFT DZIRE/TOUR S NG/SEDAN/MID SIZE		2NP7347277 MBHCZFB		3SPJ473397		2023	1197		5		
				y	Insi	ured Declar	ed Value (II)V) ₹			•		
Vehicle IDV	Body IDV		Chassis ID	Non Electrical		Electr /Electr Accesso	ical onic	Bi-Fuel / CNG /LPG Kit	Trailer IDV		Total IDV		
675000	0		675000			0	0		0	0		675000	
						SCHEDULE	OF PREMIUN	Л					
	Section-I C	OWN D	AMAGE (A)						Section - I	I LIABILITY (B)			
Own Damage Premium on Vehicle and Accessories			Premium Amount			Third Party Premium					ium Amount		
Basic OD Premium				₹ 5654.81			Basic TP premium				₹	11852.00	
Add: CNG / LPG Kit-IMT 25				₹ 282.74							60.00		
Discounts under Own Damage Section					PA Benefits 1 Year(a) Computer PA source for Ourser Private 375 00								
Less: No claim bonus (20%)			₹	W	1187.51	Legal Linkility			vner Driver	₹	375.00		
TOTAL OWN DAM		A)		₹		4750.04			to paid driver - IM	T 28 Number of	₹	50.00	
Section - I ADD ON		16 :	I (T. 05)	-			persons:1	nability	to paid driver - IIVI	25 Number of	`	50.00	
Add: Repair of glass, plastic, fibre and Rubber (TA 06) TOTAL ADD ON PREMIUM (C)				₹ 0			TOTAL LIABILITY PREMIUM (B)				₹	12337.0	
TOTAL ADD ON PR	(EIVITUIVI (C)			₹ 0			NET PREMIUM (A+B+C)				₹	17087.0	
							SGST@9%				₹	1538.00	
							CGST@9%				₹	1538.00	
							TOTAL PO	LICY PR	EMIUM		₹	20163	

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.

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



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)₹ 7,50,000Under Section III : 1 Year(s) Compulsory PA Cover for Owner	LIMITS OF LIABILITY								
Driver	₹ 15,00,000	III : 1 Year(s) Compulsory PA	₹ 7,50,000	of policy (Third Party	to meet the requirements of	- 1 (i) of policy (Death of or			

bouny injury)				Driver	
		U	JIN Numbers:	IRDAN108RP0004V0	02200001/A0016V01201213
Deductible Under Section I	Compulsory Deductible: ₹500 Imposed Excess: ₹0.00 Franchisee: ₹0.00	* *	Bonus:	own damage section of the pending during the preceding receding year 20%, preceding preceding three consecutive consecutive years 45%, preceded NCB on OD Premium. NCI	No Claim Bonus (NCB) on the policy, if no claim is made or ding year(s), as follows: Theng two consecutive years 25%, e years 35%, preceding four ding five consecutive years 50% B will only be allowed provided 00 days of the expiry date of 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

Name of the Nominee	Name of the Nominee Relationship with Insured		Relationship with Nominee
MRS MONDAL	Spouse	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 04/10/2024

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.





Digitally Signed By: Shammi Kapoor

Date:

Location: Mumbai

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)*: Mr MAHADEB MONDAL

2 Address For Communication*: KAIPUL, MADANPUR KRISHNAPUR, ,NorthTwentyFourParganas,WestBengal,, 700128, NORTH TWENTY FOUR

PARGANAS, 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*: 04/10/2024 **to Midnight of** 03/10/2025 **8 Liability period of insurance desired from*:** 04/10/2024 **to Midnight of** 03/10/2025

9 Compulsory PA cover for owner driver period of insurance desired from: 04/10/2024 to Midnight of 03/10/2025

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: Rs. 1500000 Term: 1 Years

Name of the Nominee & Age: MRS MONDAL, 32 Relationship: Spouse

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: MAHADEB MONDAL

Name of Bank & Branch :
Account Number : NA

IESC 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.