

Date: 11/11/2024

Name: **Mr SIDHAN CHOUDHURY**Address: IDILPUR KANCHANNAGAR BURDWAN Purba Burdwan,  
713102,  
BURDWAN,  
WEST BENGAL**Your Policy Details:**

Policy Number: 6302327833 00 00

Policy Period: From 12:07 Hours on 12/11/2024 to Midnight of  
11/11/2025

Premium Paid: ₹ 9,793.00

Dear Mr SIDHAN CHOUDHURY,

Welcome to Tata AIG General Insurance Company Limited family &amp; 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](http://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: 11/11/2024

Location: Mumbai

**CALL US****24X7 Toll Free**Call us on **1-800-266-7780****WRITE TO US**Tata AIG General Insurance Co. Ltd.,  
7<sup>th</sup> and 8<sup>th</sup> 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@tataaig.com](mailto:general.claims@tataaig.com)

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**Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel, Mumbai - 400013  
24\*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: [customersupport@tataaig.com](mailto:customersupport@tataaig.com) | Website: [www.tataaig.com](http://www.tataaig.com)  
IRDA of India Registration No : 108 CIN : U85110MH2000PLC128425 PAN : AABCT3518Q UIN : IRDAN108RPMT0078V02201819

## Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989

**Agent Name:** CERTIGO INSURANCE BROKERS PRIVATE LIMITED**Agent License Code:** 808**Agent Contact No.:** 9109447500**Policy Number:** 6302327833 00 00  
**Policy Code:** 00/00/3191/01**Policy Type :** Auto Secure -  
Commercial Vehicle Package Policy -  
Miscellaneous & Special Types Vehicle**Commercial Class:** Miscellaneous &  
Special Types Vehicle**Alternate Policy No:** N/A**Covernote No:** N/A**Covernote Issuance Date:** N/A**Name & Address of Insured****Name:** Mr SIDHAN CHOUDHURY  
**Address:** IDILPUR KANCHANNAGAR BURDWAN Purba Burdwan, 713102,  
BURDWAN, WEST BENGAL, INDIA  
**Contact Number:** 7908584288  
**Customer ID:**  
**GSTIN:**  
**Place of Supply:** WEST BENGAL  
**State Code:** 19**Period of Insurance****(Section-I Own Damage) From** 12:07 Hours on 12/11/2024 **To Midnight of**  
11/11/2025**(Section-II Liability) From** 12:07 Hours on 12/11/2024 **To Midnight of**  
11/11/2025**RTO Location:** BURDWAN**Zone:** C**Geographical Area:** INDIA**Hire Purchase / Hypothecation /  
Lease With :** M & M FINANCIAL  
SERVICES LTD  
**Contract/Loan/Reference No:**

Registration Number	Make / Model / Body Type/ Segment	Engine Number	Chassis Number	Mfg. Year	CC/KW	Licensed Carrying Capacity Including Driver
WB41H8180	MAHINDRA TRACTOR/YUVO 265/DI/OPEN/AGRI TRACTORS	NHM4VAE0011	MBNSFACAEHNM00318	2017	2048	1

**Insured Declared Value (IDV) ₹**

Vehicle IDV	Body IDV	Chassis IDV	Non Electrical Accessories IDV	Electrical /Electronic Accessories	Bi-Fuel / CNG /LPG Kit	Trailer IDV	Total IDV
350000	0	350000	0	0	0	0	350000

**SCHEDULE OF PREMIUM**

Section-I OWN DAMAGE (A)		Section - II LIABILITY (B)	
Own Damage Premium on Vehicle and Accessories	Premium Amount	Third Party Premium	Premium Amount
Basic OD Premium	₹ 854.00	Basic TP premium	₹ 7267.00
<b>Loadings under Own Damage Section</b>		<b>Legal Liability</b>	
Add: Cover for lamps, tyres/tubes mudguards/Bonnet/side parts-IMT 23	₹ 128.10	Add: Legal liability to paid driver - IMT 28 Number of persons:1	₹ 50.00
<b>TOTAL OWN DAMAGE PREMIUM (A)</b>	₹ 982.10	<b>TOTAL LIABILITY PREMIUM (B)</b>	₹ 7317.00
<b>Section - I ADD ON COVERS</b>		<b>NET PREMIUM (A+B+C)</b>	
Add: Repair of glass, plastic, fibre and Rubber (TA 06)	₹ 0	SGST@9%	₹ 747.00
<b>TOTAL ADD ON PREMIUM (C)</b>	₹ 0	CGST@9%	₹ 747.00
		<b>TOTAL POLICY PREMIUM</b>	₹ 9793

**Drivers Clause: Persons or Classes of Persons entitled to drive :** Any of the following : a) The Insured b) Any other person who is driving on the Insured's order or with his permission. Provided that the person driving holds or had held and has not been disqualified from 158 holding an effective driving license with all the required endorsements thereon as per the Motor Vehicles Act, 1988 and the rules made there under for the time being in force to drive the category of motor vehicle insured hereunder.

**Limitations as to Use:** Use only for agricultural and forestry purposes. The Policy does not cover:

- (1) Use for hire or reward or for racing pace making reliability trial or speed testing.
- (2) Use for the carriage of passengers for hire or reward.
- (3) Use whilst drawing a greater number of trailers in all than is permitted by law.

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LIMITS OF LIABILITY					
<b>Under Section II - 1 (i) of policy (Death of or bodily injury)</b>	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.	<b>Under Section II - 1 (ii) of policy (Third Party Property Damage)</b>	₹ 7,50,000	<b>Under Section III :</b>	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.

	<b>UIN Numbers:</b> IRDAN108RP0005V01200001/A0019V01201213
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<b>Deductible Under Section I</b>	Compulsory Deductible: ₹ 2,000.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00	<b>No Claim Bonus :</b>	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.
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**This policy does not cover preexisting damages as per Inspection photographs and Report**

**Subject to: A) IMT Endorsement Number :** IMT 23, IMT 28  
**B) TATA AIG Auto Secure Endorsement Number (TA) :** TA 06

NOMINATION DETAILS			
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 11/11/2024



**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.**



**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](http://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.

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## Transcript Letter

**1 Name (Registered Owner of the Motor Vehicle)\*:** Mr SIDHAN CHOUDHURY

**2 Address For Communication\*:** IDILPUR KANCHANNAGAR BURDWAN Purba Burdwan, 713102, BURDWAN, WEST BENGAL, 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\*:** D107101934

**Date of Expiry\*:** 01/01/1970

**Type of Cover:**

**Name of the Insurer\*:** GO DIGIT

**NCB claimed:** NA

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

**NCB in previous policy:** undefined

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

**8 Liability period of insurance desired from\*:** 12/11/2024 to Midnight of 11/11/2025

**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:** SIDHAN CHOUDHURY

**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.