

Name: Mr SK MAHIDUL RAHAMAN

Address: NORTH EAST NALTA, 7 NALTA DUMDUM(M),

NORTH DUM DUM North Twenty Four Parganas West

Bengal, 700028, KOLKATA, WEST BENGAL Date:01/11/2024

**Your Policy Details:** 

Policy Number: 6302291666 00 00

Policy Period: From 13:04 Hours on 03/11/2024 to Midnight of

02/11/2025

Premium Paid: ₹30,833.00

Dear Mr SK MAHIDUL RAHAMAN,

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: 01/11/2024 Location: Mumbai

WITH YOU ALWAYS





7th and 8th Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063





	Certifica	ate Of Insu	ırance an	nd Policy So	chedule F	orm 51 of the Cer	ntral Motor Vehicle R	ules, 1989			
Agent Na	me: CERT	TIGO I	NSU	RANC	E BR	OKERS PI	RIVATE LIM	ITED			
Agent License Code: 808				Agent Contact No.:							
Policy Number: 6302291666 00 00 Policy Code: 00/00/3188/01					Policy Type: Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle		<b>Commercial Class:</b> Passenger Carrying Vehicle		nger		
Alternate Policy N	Alternate Policy No: N/A				Covernote No: N/A Covernote Issuance Date: N/A			: N/A			
Name & Address of Insured				Period of Insurance							
Name: Mr SK MAHIDUL RAHAMAN Address: NORTH EAST NALTA,7 NALTA DUMDUM(M), NORTH DUM DUM North Twenty Four Parganas West Bengal, 700028, KOLKATA, WEST BENGAL, INDIA  (Section-I Own Damage) From 13:04 Hours on 03/11/2025  (Section-II Liability) From 13:04 Hours on 03/11/2024 To 02/11/2025						J					
Contact Number: Customer ID: GSTIN: Place of Supply: V State Code: 19											
RTO Location: BARRACKPORE Zone: C				Geographical Area: INDIA  Hire Purchase / Hypothecati Lease With: ALLAHABAD B LTD Contract/Loan/Reference No			AD BANK				
Registration Number	Fngine Number   Ch		Chas	ssis Number Mfg. Year		CC/KW	Capacit	icensed Carrying apacity Including Driver			
WB23E1486	FORCE/TR CRUISER/BUS/Clo	1 D6/003/41 LMC1D4		DEA2HP072041 2017		2596 14		14			
				Insur	ed Declar	ed Value (IDV) ₹					
Vehicle IDV	Body IDV	Chassis IDV Non I		Non El	ectrical ories IDV	Electrical /Electronic Accessories  Bi-Fuel / CNG /LPG Kit		Trailer IDV	To	Total IDV	
369000	0	369	9000		0	0	0	0	3	69000	
				SC	HEDULE (	OF PREMIUM					
	Section-I OW	N DAMAG	iE (A)			Section - II LIABILITY (B)					
Own Damage Premium on Vehicle and Accessories						Premium					
Basic OD Premium ₹ 330.60			D : TC :				Amount				
Loadings under Own Damage Section								25744.00			
Add: Cover for lamps, tyres/tubes ₹ 49.59				Legal Liability			100.00				
mudguards/Bonnet/side parts-IMT 23				Add: Legal liability to paid driver - IMT 28 Number of persons:2			ons:2 ₹	100.00			
Discounts under Own Damage Section			05.05	TOTAL LIABILITY PREMIUM (B)				25844.00			
			95.05				₹	26129.00			
205.14 3d31@9%					₹	2352.00					
Section - I ADD ON		D.I.I. 77	1.06) 7			CGST@9%	CGS1@9%  TOTAL POLICY PREMIUM			2352.00	
Add: Repair of glass, plastic, fibre and Rubber (TA 06) ₹ 0  TOTAL ADD ON PREMIUM (C) ₹ 0				TOTAL POLICY	PREMIUM		₹	30833			
IOTAL ADD ON PI	KEIVIIUIVI (C)		₹		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.

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**



LIMITS OF LIABIL	ITY				
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)	₹7,50,000	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: IRDAN108RP0004V02200001/A0016V01201213		
Bull will.	6   5   111   3   500 0	0	N. Chi	TI : 1: (:) 1.6	N. Cl.: B. (NCB) (I

Deductible	Compulsory Deductible: ₹ 500.00	No Claim	The insured is entitled for a No Claim Bonus (NCB) on the
Under	Imposed Excess: ₹ 0.00	Bonus:	own damage section of the policy, if no claim is made or
Section I	Franchisee: ₹ 0.00		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.

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	Name of the Nominee Relationship with Insured		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 01/11/2024

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 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 SK MAHIDUL RAHAMAN

2 Address For Communication\*: NORTH EAST NALTA, 7 NALTA DUMDUM(M), NORTH DUM DUM North Twenty Four Parganas West Bengal,

700028, KOLKATA, 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\*:

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

Accident in the previous policy period: NA NCB in previous policy: 20

**7 Own Damage period of insurance desired from\*:** 03/11/2024 **to Midnight of** 02/11/2025 **8 Liability period of insurance desired from\*:** 03/11/2024 **to Midnight of** 02/11/2025

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): 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: SK MAHIDUL RAHAMAN

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.