

Name: Mr RAKESH PANDIT

Address: B 17 SUKANTAPALLY, KALYANI, KALYANI, Nadia, WestBengal,,

741235, NADIA, WEST BENGAL Date:20/11/2024

Your Policy Details:

Policy Number: 6302366483 00 00

Policy Period: From 15:40 Hours on 22/11/2024 to Midnight of

21/11/2025

Premium Paid: ₹5,956.00

Dear Mr RAKESH PANDIT,

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: 20/11/2024 Location: Mumbai

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	cate Of Insurance and Policy Schedule F				
Agent License Co	de: 808	Agent Contact No.: 9109447500			
Policy Number: 6302366483 00 00 Policy Code: 00/00/3188/01		Policy Type: Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle Commercial Class: Passenger Carrying Vehicle			
Alternate Policy No: N/A		Covernote No: N/A	Covernote Issuance Date: N/A		
Name & Ac	ldress of Insured	Period of Insurance			
Name: Mr RAKESH PANDIT Address: B 17 SUKANTAPALLY, KAL' NADIA, WEST BENGAL, INI Contact Number: 7278740740 Customer ID: GSTIN: Place of Supply: WEST BENGAL State Code: 19	YANI, KALYANI,Nadia,WestBengal,, 741235, DIA	(Section-I Own Damage) From 15:40 21/11/2025 (Section-II Liability) From 15:40 Hou 21/11/2025	-		
RTO Location: KALYANI	Zone: B	Geographical Area: INDIA	Hire Purchase / Hypothecation / Lease With : Contract/Loan/Reference No:		

Registration Number	Make / Model / Body Type/ Segment	Engine Number / Motor Number	Chassis Number	Mfg. Year	CC/KW	Licensed Carrying Capacity Including Driver
WB894185	MAHINDRA/E ALFA/MINI/Motorized Rickshaw/AUTO RICKSHAW	2206260847	MA1LP2DC3N5J85023	2022	1	5

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
156581	0	156581	0	0	0	0	156581

SCHEDULE OF PREMIUM						
Section-I OWN DAMAGE (A)		Section - II LIABILITY (B)				
Own Damage Premium on Vehicle and Accessories Premium Amo		Third Party Premium		Premium		
Basic OD Premium	₹ 443.91	91		Amount		
Loadings under Own Damage Section		Basic TP premium	₹ 44	487.00		
Add: Cover for lamps, tyres/tubes	₹ 66.59	Legal Liability				
mudguards/Bonnet/side parts-IMT 23		Add: Legal liability to paid driver - IMT 28 Number of persons:1	₹	50.00		
TOTAL OWN DAMAGE PREMIUM (A)	₹ 510.50	510.50 TOTAL LIABILITY PREMIUM (B)		537.00		
Section - I ADD ON COVERS		NET PREMIUM (A+B+C)	₹ 50	048.00		
Add: Repair of glass, plastic, fibre and Rubber (TA 06)	₹ 0	SGST@9%	₹ 4	454.00		
TOTAL ADD ON PREMIUM (C)	₹ 0	CGST@9%	₹ 4	454.00		
		TOTAL POLICY PREMIUM	₹	5956		

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.



LIMITS OF LIABILITY						
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.	

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

Relationship with Insured

Name of Appointee (If nominee is minor)

NA

NA

NA

NA

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 20/11/2024

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.



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Transcript Letter

1 Name (Registered Owner of the Motor Vehicle)*: Mr RAKESH PANDIT

2 Address For Communication*: B 17 SUKANTAPALLY, KALYANI, KALYANI, Nadia, WestBengal, 741235, NADIA, WEST BENGAL, INDIA

3 Vehicle Details: Please refer policy schedule cum certificate

4 Fuel Type: BATTERY

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

6 Previous Insurance Particulars*:

Policy Number*: MIB/1082528 Date of Expiry*: 01/01/1970 Type of Cover:

Name of the Insurer*: SBI GICL NCB claimed: NA

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

7 Own Damage period of insurance desired from*: 22/11/2024 to Midnight of 21/11/2025

8 Liability period of insurance desired from*: 22/11/2024 to Midnight of 21/11/2025

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: RAKESH PANDIT

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.