

### Auto Secure - Standalone Own Damage Private Car Policy

Renewal Business-TRACKON-620527697855



Date : 02/11/2024

Name : **HOSUNG JUNG**

Address : BENGAL NRI COMPLEX LTD URBANA 19TH FLOOR  
FLAT NO 1,904 TOWER 1 KOLKATA WEST  
BENGAL,,,,,KOLKATA  
KOLKATA,WEST BENGAL,700107.

Phone No: 8291373713

#### Your Policy Details

Policy Number : 6202145052 01 00

Own Damage Policy Period : From 12/11/2024 to. Midnight of 11/11/2025

Premium Paid : ₹29,463.00

Dear HOSUNG JUNG ,

We thank you for reposing your faith in us by renewing your vehicle insurance policy. Your policy has been renewed as per your advice and incorporates changes (if any) requested by you.

We are enclosing policy schedule cum certificate of insurance of your vehicle. You can access policy wordings, on our website [www.tataaig.com](http://www.tataaig.com). 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.

As our valued customer, you will continue to enjoy a host of value added benefits and give the extra protection that your vehicle needs.

We assure you of our best services at all times. Happy driving!

## In case of an accident, notify us first

#### Benefits :



7000+ network garages



Less deductions on repair claims\*



4 hr. TAT for claims inspection

\*No salvage value deducted

To Register Claim

Download the  
**Tata AIG App**



OR

Visit [tataaig.com](http://tataaig.com)



**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)



**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, UIN: IRDAN108RP0001V01201920

**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. :** 9669003000

<b>Policy Number:</b> 6202145052 01 00 <b>Policy Code:</b> 00/01/3184/05	<b>Policy Type:</b> Auto Secure-Standalone Own Damage Private Car Policy
<b>Alternate Policy Number:</b> Q300195620692	
<b>Name &amp; Address of Insured</b>	<b>Period of Insurance</b>
<b>Name :</b> HOSUNG JUNG <b>Address :</b> BENGAL NRI COMPLEX LTD URBANA 19TH FLOOR FLAT NO 1, 904 TOWER 1 KOLKATA WEST BENGAL,, , KOLKATA,KOLKATA, WEST BENGAL, 700107  <b>Contact Number :</b> 8291373713 <b>Customer Id :</b> 6148601089 <b>GSTIN :</b> <b>Place of Supply :</b> WEST BENGAL <b>Supply Code :</b> 19  <b>RTO LOCATION :</b> BARASAT <b>Geographical Area :</b> India	<b>(Section - I Own Damage) From 00:01 Hours on 12/11/2024 To Midnight of 11/11/2025 .</b>  <b>ZONE : B</b>  <b>Hire Purchase / Hypothecation / Lease With :</b>  <b>Lessor GSTIN Number :</b>  <b>Contract / loan / Ref No. :</b>

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC/K W	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
WB 26 BU 1878	KIA/SELTOX HTX IVT G/SUV	G4FLNV39613 8	MZBEU812TNN4 39734	2022	1497		5

**Insured Declared Value (IDV) INR**

YEAR	IDV_VEHICLE	NONECC	ECC ELECT_A CC	CNG_LPG	TRAILER	SIDE_CAR	TOTAL_IDV
1	1083240	0	0	0	0		1083240

**Own Damage Premium on Vehicle & Accessories**

			NET PREMIUM		₹ 24,969.00
			IGST @18%		₹ 4,494.00
			TOTAL POLICY PREMIUM		₹ 29,463.00
Basic OD Premium			₹ 19,011.40		
Add: Repair Glass Fiber plastic			₹ 0.00		
<b>TOTAL OWN DAMAGE PREMIUM (A)</b>			₹ 19,011.18		
<b>Section 1 Add On Covers ©</b>					
Add: Depreciation Reimbursement (TA 01)			₹ 5,957.82		
<b>TOTAL ADD ON PREMIUM (C)</b>			₹ 5,957.82		

**Motor Third Party Policy Details**

Certificate & Policy No.	Policy Type	Insurance Company Name	TP Cover Start Date	TP Cover End Date
993292223740038659	PackageComprehensive	RELIANCE GENERAL INSURANCE CO.LTD.	12/11/2022	11/11/2025

**Drivers Clause:** Persons or classes of persons entitled to drive: Any person including the 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 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 of the vehicle for any purpose other than : a) Hire or Reward other than for the purpose of driving tuitions b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade

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**

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 24\*7 Tollfree Number:1800 266 7780 Fax:0226693 8170 Email:customersupport@tataaig.com website:www.tataaig.com  
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## LIMITS OF LIABILITY

Number of claims covered under Depreciation Reimbursement Cover: 2

Basis of claim settlement for Tyre Secure cover :

<b>Deductible Under Section I</b>	<b>Compulsory Deductible :</b> ₹ 1,000.00	<b>UIN Numbers:</b> ,IRDAN108RP0001V01201920/A0007V01201920(TA 08) ,IRDAN108RP0001V01201920/A0003V01201920(TA 01)
	<b>Voluntary Deductible :</b> ₹ 0.00	
	<b>Imposed Excess:</b> ₹ 0.00	
	<b>Franchisee:</b> ₹ 0.00	

Subject to: A) IMT Endorsement Number : 22  
B) TATA AIG Auto Secure Endorsement Number (TA): 01 , 08

### 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 02/11/2024

**Receipt No.(s):** 104141088696214 02/11/2024

Stamp Duty of Rs.0.25/- is paid as provided under Article 47-B of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., videthis Order No. LOA/ENF1/CSD/55/2024/4453 Validity Period Dt.23/09/2024 To Dt.13/09/2027/4453 Date:06/09/2024

**GSTIN :**22AABCT3518Q1Z6 CHHATTISGARH

**Service Account Code:** 997134

Policy Servicing Office : 1ST FLOOR, 106-7 WALLFORT OZONE , BILASPUR ROAD,NEAR FAFADIH CHOWK RAIPUR RAIPUR CHHATTISGARH RAIPUR-492001

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.

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### 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.

For Policy wordings, please scan the below QR code :



**For TATA AIG General Insurance Company LTD.**



Signature Not Verified  
Digitally signed by: Shammi Kapoor  
Date: 2024.11.05 15:25:11 +05:30  
Location: Mumbai



**Authorized Signatory**

#### Disclaimer:

INSURANCE ACT 1938 Section 41 Prohibition of Rebates:

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurer.

2. ANY PERSON MAKING DEFAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHED WITH A FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES

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## RECEIPT

Receipt No. 104141088696214

Receipt Date: 02/11/2024

Policy No: 6202145052 01

Received with thanks from HOSUNG JUNG a sum of 29463 ( Rupees Twenty-Nine Thousand Four Hundred Sixty-Three And Paise Zero Only ) vide Credit / Debit Card No 9999XXXXXXXX9999 dated 02/11/2024 Name as in credit/debit card - drawn on IDBI BANK LTD., NOIDA branch towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	6202145052	29,463.00	29,463.00	0.00

**Note:**

1. This is a computer generated receipt and does not require a signature.
2. Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void.
3. Amounts received by cheque shall be subject to realisation.
4. Any amount received in excess of the Premium is being/shall be refunded by the Company.

**GSTIN:** 22AABCT3518Q1Z6 CHHATTISGARH **Service Accounting Code:** 997134

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA/ENF1/CSD/30/2024/2807 date 09/07/2024 for applicable cases

- 1 **Name (Registered Owner of the Motor Vehicle)\* :** HOSUNG JUNG
- 2 **Address For Communication\* :** BENGAL NRI COMPLEX LTD URBANA 19TH FLOOR FLAT NO 1,904 TOWER 1 KOLKATA WEST  
BENGAL,,,,KOLKATA,  
KOLKATA,WEST BENGAL,700107.
- 3 **Vehicle Details :** Please refer policy schedule cum certificate
- 4 **Fuel Type :** PETROL
- 5 **Insured's Declared Value - Please refer policy schedule cum certificate.**
- 6 **Previous Insurance Particulars\*:**  
**Policy Number :** 6202145052  
**Date of inception of OD portion :** 12/11/2023  
**Date of Expiry of OD portion :** 11/11/2024  
**Type of Cover :** Standalone Own Damage  
**Name of the Insurer :** TATAAIG  
**OD claim in previous year (Yes/No) :** Yes  
**NCB in previous policy :** 0  
**NCB claimed :** 0
- 7 **Period of insurance desired from\* :** 12/11/2024 to midnight of 11/11/2025
- 8 **Financier's Details:** Please refer policy schedule cum certificate
- 9 **Extra Benefits opted**  
Personal Accident Cover for Owner Damage:  
**Name of the Nominee :** NA **Age :** **RelationShip :** NA  
**Name of Appointee (if Nominee is Minor) :**NA **Relationship to the Nominee :** NA  
**Battery No :**  
**Charger No :**
- 10 **Restriction of Cover/Discounts/Concessions/Extended Covers**  
**Name of Automobile :** No **Membership no :** No  
**Is Voluntary Deductible opted :** No **Amount of Deductible opted :** 0  
**Vehicle is fitted with Anti Theft Device approved by ARAI :** N/A
- 11 **Add on covers :** Please refer policy schedule cum certificate.
- 12 **Bank Details (Required for Refund / Claims)**  
  
**Name of the Account Holder :** **Name of Bank & Branch :**  
**Account Number :** **IFSC Code of Bank :**
- 13 **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.
- 14 **I hereby give my consent to receive one page insurance policy.**
- 15 **AML Guidelines:**
  1. I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
  2. I / we are not Politically Exposed Persons \* nor are their close relatives / family members / associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person / close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.
- 16 **We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.**

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