

Auto Secure - Private Car Package Policy

Date: 07/12/2020

Name: MR RAVINEESH KUMAR

Address: S/O-ARJUN SINGH

110/C/42 VYAS APARTMENT SCETOR 11 PRATAP NAGAR JAIPUR

MOB:-7014319191 JAIPUR - 302033 JAIPUR RAJASTHAN

INDIA

Dear MR RAVINEESH KUMAR,

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Auto Secure - Private Car Package Policy for your vehicle insurance.

We are enclosing Policy schedule cum certificate of insurance of your vehicle. You are requested to visit our website www.tataaiginsurance.in for policy wording

We would like to inform you that 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 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, thank you once again, for choosing Tata AIG General Insurance Company Limited for insuring your vehicle. We assure you of our best of services at all times. Happy driving!

Sincerely.

For Tata AIG General Insurance Company Limited

Authorized Signatory

Your Policy Details :

Policy Number: 3100799225

Renewal: 00 Endorsement: 00

Own Damage Policy Period: From 08/12/2020 to. Midnight

Of 07/12/2021

Liabiliity Policy Period: From 08/12/2020 to. Midnight

Of 07/12/2021

PA Cover to Owner Driver Policy

Period: From 08/12/2020 to. Midnight Of 07/12/2021

Premium Paid : ₹ 20,734.00

Get the Auto Restore Garage Advantage: take the Car to an ARG in case of an Accident

- · Free pick-up of car!
- · Direct settlement facility!
- · 3/ 6-month warranty on parts and paint!

^ In select garages across India, Conditions apply

Renew your policy hassle free

1800 266 7780

Renew by calling our 24X7 Toll Free No. www.tataaiginsurance.in

Quick steps incase of a claim



- FIRST ATTEND TO ANY INJURY
- ► RECORD THE INCIDENT
- ► KEEP REQUIRED DOCUMENTS HANDY
- 2
- SCAN THE QR CODE TO REGISTER YOUR CLAIM or
- CONTACT US ON OUR
 TOLL FREE NOS. or
- REGISTER CLAIM ON OUR WEBSITE www.tataaig.com

QRCode

3

INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE





Tata AIG General Insurance Company Limited A-501, 5th Floor, Building No. 4, Infinity Park, Dindoshi, Malad (E), Mumbai, India - 400 097. Claims Registration SMS 'CLAIMS' to 5616181 or e-mail: general.claims@tataaig.com









Your vehicle is now insured, have you considered insuring the other aspects for your life.

Visit us at www.tataaiginsurance.in



PERSONAL ACCIDENT INSURANCE

Accident Guard Policy

Rs. 5 lac Sum Insured at under Rs.4\Day

^Premium mentioned covers Self and Family and is Inclusive of All Applicable Taxes, Conditions apply.



HOME INSURANCE

Home Secure (Householders) Instachoice Policy

Upto Rs. 45 Lac Sum Insured at under Rs.45[#]/Day

#Premium mentioned is Inclusive of All Applicable Taxes, Conditions apply.



HEALTH INSURANCE MediPrime

Save upto Rs.55,000 Tax*

*Tax benefit under section 80D of Income Tax Act 1961. Tax benefits are subject to changes in tax laws. If one purchases a health insurance policy for self/spouse/children, he/she can claim a tax deduction of upto ₹ 25000. When one purchases a health insurance policy for parents (a senior citizen), he/she is eligible for an additional tax deduction benefit upto ₹ 30000.

Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis. 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.

Accident Guard Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/195/13-14 MediPrime UIN:IRDA/NL-HLT/TAGI/P-H/V.I/34/13-14 Homesecure (Householders) Instachoice Policy for health component i.e. Personal Accident cover UIN: 53/IRDAI/HLT/TAGI/NL-PACKAGE/2015-16





		Certifi	cate Of Insurance	and Policy	/ Schedule Fo	orm 51 of	the Cent	ral Motor Vel	hicle Rules, 198	9			
Agent N	ame: ANK	ITA	KUMARI										
Agent L	icense Cod	le: AI	G4738H;			Ager	nt Cor	ntact No.	: 9973381	733			
Policy No.: 3100799225													
Alternate Policy Number: Covernote N													
Name : MR R	Nan AVINEESH KUMAR	ne & Add	dress of Insured			(Section	- Ι Own Γ		eriod of Insural		To Midnie	aht	
Address: S/O-ARJUN SINGH 110/C/42 VYAS APARTMENT SCETOR 11 PRATAP NAGAR JAIPUR MOB:-7014319191 JAIPUR - 302033 JAIPUR RAJASTHAN INDIA Place of supply -RAJASTHAN State code -08					(Section - I Own Damage) From 00:00 Hours on 08/12/2020 To Midnight of 07/12/2021 (Section - II Liability) From 00:00 Hours on 08/12/2020 To Midnight of 07/12/2021 (Section - III PA cover for owner driver) From 08/12/2020 To Midnight of 07/12/2021								
Customer ID GSTIN: 08CQ	nber: 7014319191 0: 6083691097 IPK8626G1ZI n: BEGUSARAI		Zone : B			Geograp	hical Are	a · India		Purchase / H	ypotheca	ntion /	
Registration	Make/Model/B	ody	Engine No.	Cha	ssis No.	Mfg.		CC/KW	STFC LT	Lease With: STFC LTD ler Registration No. /		Licensed carrying	
No.	Туре							-	Chassis No.		driver		
BR 09 PA 1995	Mahindra & Mahindra/Scor S3 2WD 7 Stf MUV	PIO /	TDH4L75717	MA1TA2	TDKH2L45674	20)17	2523				7	
	Insured Declared Value (IDV) ₹												
Year	IDV of Vehicle		lon-Electrical Accessories	Fied	ctrical / Elect Accessorie		BI-FUE	el/CNG/LPG Kit	Trailer	Side car	r Total IDV		
1	750000		0		0			0	0	0		750000	
	C		AMAGE (A)		SCHEDULE (OF PREMIU	М	C4' 1	T I TARTI TTV (R)				
Our Damas			Assessaries		₹	Third Day	h. Dromi		II LIABILITY (B))			
Basic OD Pren	e Premium on Ve nium	inicie & /	Accessories		₹ 7,546.82		remium	иm				₹ 7,890.0	
	nder Own Damag n bonus (35%)	e Sectio	n		₹ 2,641.39			ry PA Cover fo	r Owner Driver ₹1	,500,000.00		₹ 375.0	
TOTAL OWN	DAMAGE PREMIU	M (A)			₹ 4,905.43	Legal Lial	oility						
C	DD ON COVERS (~ \				Add : Lega	al Liability	to paid driver	(IMT 28) Number	of persons: 1	•	₹ 50.0	
Add : Road Si		-	ıred: ₹ 25.000.00 per	. occurrence	_		ABILITY F	PREMIUM (B)				₹ 8,315.0	
Add: Key Replacement (TA 15) Sum Insured: ₹ 25,000.00 per occurrence ₹ 265.00 limit 50% of SI				NET PREM		B+C)				₹ 17,571.0			
				IGST @18 % ₹ 3,163.00									
		•) Sum Insured : ₹ 10	,000.00	₹ 110.00								
	ncy transport and I lent : Any One Yea		enses (TA 10)		₹ 110.00	TOTAL PO	LICY PRE	MIUM				₹ 20,734.0	
TOTAL ADD C	N PREMIUM (C)				₹ 4,351.00								
of the acciden and that such	t and is not disqua a person satisfies	lified fror the requi	ersons entitled to dri m holding or obtainir rements of Rule 3 of s use of the vehicle f	ng such a lic the Central	cense. Provide I Motor Vehicle	ed also that es Rules, 19	the perso 189.	on holding an	effective Learner's	s License may	also drive	the vehic	
(other than sa	amples or personal ABILITY	luggage)	c) Organized racing	d) Pace Ma	aking e) Speed	I testing f) I	Reliability	Trials g) Any բ	ourpose in connec	tion with Moto	or Trade		
Under Sectio (i) of policy (of or bodily in		requirem	ents of (ii)	ler Sectior of policy (ty Proper		0,000	On	ider Section I be Year Compu Cover for Own	lsory	co	umber of overed und epreciation	der	



Damage) Driver Reimbursement Cover Basis of claim settlement for Tyre Secure cover:0 **Deductible Under** Compulsory Deductible : ₹ 2,000 UIN Numbers: IRDAN108RP0002V01200001/A0001V01200910 Section I Voluntary Deductible : ₹ 0 IRDAN108RP0002V01200001/A0005V01200910 IRDAN108RP0002V01200001/A0054V01201819 Imposed Excess : ₹ 0 IRDAN108RP0002V01200001/A0055V01201819 Franchisee: 0.00 IRDAN108RP0002V01200001/A0056V01201819 IRDAN108RP0002V01200001/A0022V01201213 Subject to: A) IMT Endorsement No.: 07,22,28

B) TATA AIG Auto Secure endorsement No.(TA): 01, 08, 09, 10, 15

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
ARJUN SINGH	Father		

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 BEGUSARAI on 07/12/2020

Receipt No.(s): 104431017168947, 07/12/2020

The stamp duty of ₹ 0.50 paid in cash or demand draft or by pay order, vide Receipt/Challan no: CSD/349/2020/1055/2020 dated : 06/03/2020

For TATA AIG General Insurance Company LTD.

lluku (MUMBA)

Authorized Signatory

GSTIN: 10AABCT3518Q1ZB - BIHAR Service Account Code: 997134

Policy Servicing Office: ADDRESS-1, ,BEGUSARAI,BIHAR,BEGUSARAI-851101, Tel No:91--, Fax No:91-0

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.tataaiginsuarance.in 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.



RECEIPT

Receipt No.: 104431017168947 Receipt Date: 07/12/2020

Policy No: 3100799225

Received with thanks from RAJEEVKUMARJHA a sum of ₹ 20,734.00 (Rupees Twenty Thousand Seven Hundred Thirty Four And Paise 00 Only) vide Cheque no. 139457 dated 07/12/2020 drawn on AXIS BANK LTD. ,PAYABLE AT PAR branch BEGUSARAI (BIHAR) towards

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)	
1	3100799225	20,734.00	20,734.00	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: 10AABCT3518Q1ZB - BIHAR Service Accounting Code: 997134

Revenue (consolidated) Stamp Duty duly paid vide challan No.CSD/349/2020/1055/2020 date 06/03/2020 for applicable cases.



1. Name (Registered Owner of the Motor Vehicle)*: MR RAVINEESH KUMAR

2. Address for : S/O-ARJUN SINGH Communication* : 110/C/42 VYAS APA

110/C/42 VYAS APARTMENT SCETOR 11 PRATAP NAGAR JAIPUR

MOB:-7014319191 JAIPUR - 302033 JAIPUR RAJASTHAN 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*:10003/31/20/419628 Date of Expiry*:07/12/2020 Type of Cover :Package

Name of the Insurer*: BAJAJ ALLIANZ GENERAL INSURANCE CO.LTD / GE Plaza, Airport Road, Yerawada,

Accident in the previous policy period: No NCB in previous policy: 25%Bonus NCB claimed: 0

7. Own Damage period of insurance desired from*:08/12/2020 to midnight of 07/12/2021

8. Liability period of insurance desired from*:08/12/2020 to midnight of 07/12/2021

9. Compulsory PA cover for owner driver period of insurance desired from:08/12/2020 To Midnight of 07/12/2021

10. Financier's Details: Please refer policy schedule cum certificate.

11. Extra Benefits opted

Un-Named Persons Personal Accident Cover for seating capacity, including driver: CSI ₹ N/A

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law): N/A

One Year Compulsory PA Cover for Owner Driver : ₹ 1,500,000.00 /-

Name of the Nominee & Age: ARJUN SINGH 56 Relationship: Father

Name of Appointee (if Nominee is Minor): Relationship to the Nominee:

12. Restriction of Cover/Discounts/Concessions/Extended Covers

Automobile association membership opted: No

Third Party Property Damage Cover restricted to ₹ 6,000/ only: No

Is Voluntary Deductible opted NO Amount of Deductible opted: ₹ N/A

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: MR RAVINEESH KUMAR

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.