

Auto Secure - Private Car Package Policy

Date : 05/07/2021

Name : **MRS LANKA RADHA KUMARI**

Address : W/O L V DAVIDRAJU, D NO 46-9-23/B
DONDAPARTHY
DONDAPARTHY
VISAKHAPATNAM - 530016
VISAKHAPATNAM
ANDHRA PRADESH
INDIA

Your Policy Details :

Policy Number : 3100384328

Renewal : 01

Endorsement : 00

Own Damage Policy Period: From 05/07/2021 to. Midnight Of 04/07/2022

Liability Policy Period: From 05/07/2021 to. Midnight Of 04/07/2022

PA Cover to Owner Driver Policy

Period: From 05/07/2021 to. Midnight Of 04/07/2022

Premium Paid : ₹ 11,390.00

Dear MRS LANKA RADHA KUMARI,

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

Quick steps incase of a claim

1

- ▶ 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

- ▶ IN CASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE



CALL US

24X7 Toll Free

Call us on **1-800-266-7780**



WRITE TO US

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

Get life back on track after a personal injury.

Accidental Death
Accidental Dismemberment
Permanent Total Loss of Use
Temporary Total Disability



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.

Why leave your valuable household belongings to chance?



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.

Stay healthy & save tax* at the same time.



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 Homeseure (Householders) Instachoice Policy for health component i.e. Personal Accident cover UIN: 53/IRDAI/HLT/TAGI/NL-PACKAGE/2015-16



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

Agent Name: KONCHADA NAGARAJU

Agent License Code: POSP7313R;

Agent Contact No.: 9959109045

POSP Name:	POSP Code:	POSP PAN No: BTZPK7313R POSP Aadhar No: 821983785354	POSP Contact Number:
Policy No.: 3100384328	Policy Code: 01/00/3184/02	Policy Type:	Auto Secure - Private Car Package Policy
Alternate Policy Number:		Covernote No:	Covernote Issuance Date:

Name & Address of Insured	Period of Insurance
Name : MRS LANKA RADHA KUMARI Address : W/O L V DAVIDRAJU, D NO 46-9-23/B DONDAPARTHY DONDAPARTHY VISAKHAPATNAM - 530016 VISAKHAPATNAM ANDHRA PRADESH INDIA Place of supply -ANDHRA PRADESH State code -37 Contact Number : 9550755039 Customer ID : 6076605601 GSTIN :	(Section - I Own Damage) From 00:00 Hours on 05/07/2021 To Midnight of 04/07/2022 (Section - II Liability) From 00:00 Hours on 05/07/2021 To Midnight of 04/07/2022 (Section - III PA cover for owner driver) From 05/07/2021 To Midnight of 04/07/2022

RTO Location: VISAKHAPATNAM GAJUWAKA ANAKAPALLI	Zone : B	Geographical Area : India	Hire Purchase / Hypothecation / Lease With: N/A
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Registration No.	Make/Model/Body Type	Engine No.	Chassis No.	Mfg. Year	CC/KW	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
AP 31 BW 4433	TATA MOTORS/SUMO GOLD / EX-BS - III 7STR/ MUV	497SPTC43KYY651888	MAT446561B9K30894	2011	2965		7

Insured Declared Value (IDV) ₹							
Year	IDV of Vehicle	Non-Electrical Accessories	Electrical / Electronic Accessories	Bi-Fuel/CNG/LPG Kit	Trailer	Side car	Total IDV
1	225000	0	0	0	0	0	225000

SCHEDULE OF PREMIUM

Section - I OWN DAMAGE (A)	Section - II LIABILITY (B)
Own Damage Premium on Vehicle & Accessories Basic OD Premium ₹ 1,974.37 Discounts Under Own Damage Section Less: No claim bonus (50%) ₹ 987.19 TOTAL OWN DAMAGE PREMIUM (A) ₹ 987.19 Section - I ADD ON COVERS (C) TOTAL ADD ON PREMIUM (C) ₹ 0.00	Third Party Premium Basic TP premium ₹ 7,890.00 PA Benefits One Year Compulsory PA Cover for Owner Driver ₹1,500,000.00 ₹ 375.00 PA cover to unnamed passengers (IMT 16) No. of Passengers : 7 CSI per passenger: ₹ 100,000.00 ₹ 350.00 Legal Liability Add : Legal Liability to paid driver (IMT 28) Number of persons : 1 ₹ 50.00 TOTAL LIABILITY PREMIUM (B) ₹ 8,665.00 NET PREMIUM(A+B+C) ₹ 9,652.00 UGST/SGST @9 % ₹ 869.00 CGST @9 % ₹ 869.00 TOTAL POLICY PREMIUM ₹ 11,390.00

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

LIMITS OF LIABILITY

Under Section II - 1 Such amount as is necessary to **Under Section II - 1** ₹ 7,50,000 **Under Section III :** ₹ 1,500,000.00 /- Number of claims

TATA AIG General Insurance Company Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q, UIN No : IRDAN108RP0002V01200001

Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

(i) of policy (Death or bodily injury)	meet the requirements of the Motor Vehicles Act, 1988.	(ii) of policy (Third Party Property Damage)		<i>One Year Compulsory PA Cover for Owner Driver</i>		covered under Depreciation Reimbursement Cover : NA Basis of claim settlement for Tyre Secure cover : 0
Deductible Under Section I	Compulsory Deductible : ₹ 2,000 Voluntary Deductible : ₹ 0 Imposed Excess : ₹ 0 Franchisee : 0.00	UIN Numbers: IRDAN108RP0002V01200001/A0005V01200910				

Subject to: A) IMT Endorsement No.: 16,22,28
B) TATA AIG Auto Secure endorsement No.(TA): 08

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
L j david raju	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 BOBBILL on 05/07/2021

Receipt No.(s): 103091021512184 , 05/07/2021

The stamp duty of ₹ 0.25 paid in cash or demand draft or by pay order, vide Receipt/Challan no: CSD/28/2021/1645/21 dated : 05/05/2021



For TATA AIG General Insurance Company LTD.




Authorized Signatory

GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH

Service Account Code: 997134

Policy Servicing Office : PLOT NO: 34, INDIRA NAGAR COLONY JUNCTION,, PEDDAPADU ROAD ,,SRIKAKULAM,ANDHRA PRADESH,SRIKAKULAM-532001, 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.tataaiginsurance.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. : 103091021512184

Receipt Date : 05/07/2021

Policy No : 3100384328

Received with thanks from MRS LANKA RADHA KUMARI a sum of ₹ **11,390.00** (Rupees Eleven Thousand Three Hundred Ninety And Paise Zero Only)
vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	3100384328	11,390.00	11,390.00	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 : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 997134

Revenue (consolidated) Stamp Duty duly paid vide challan No.CSD/28/2021/1645/21 date 05/05/2021 for applicable cases.

1. Name (Registered Owner of the Motor Vehicle)*: MRS LANKA RADHA KUMARI

2. Address for Communication* : W/O L V DAVIDRAJU, D NO 46-9-23/B
DONDAPARTHY
DONDAPARTHY
VISAKHAPATNAM - 530016
VISAKHAPATNAM
ANDHRA PRADESH
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*:3100384328 Date of Expiry*:14/06/2021 Type of Cover :Package

Name of the Insurer*: N/A

Accident in the previous policy period: No NCB in previous policy: 50%Bonus NCB claimed: 0

7. Own Damage period of insurance desired from*:05/07/2021 to midnight of 04/07/2022

8. Liability period of insurance desired from*:05/07/2021 to midnight of 04/07/2022

9. Compulsory PA cover for owner driver period of insurance desired from:05/07/2021 **To Midnight of 04/07/2022**

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 ₹ 100000

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: L j david raju 53 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: MRS LANKA RADHA KUMARI

Name of Bank & Branch:N/A , N/A **Account Number:**N/A **IFSC Code of Bank:** N/A

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.