

Name: Mr PUVVALA THATABABU

Address: S/O TIRUPATHI,

1-1 MAIN STREET,PARVATHIPURAM PEDAMARIKI,PARVATHIPURAM,

MANYAM 535501

PARVATHIPURAM ANDHRA PRADESH Date: 02/11/2022

Your Policy Details:

Policy Number: 6300050001 00 00

Policy Period: From 00:00 Hours on 04/11/2022 to

Midnight of 03/11/2023

Premium Paid: ₹ 8,076.00

Dear Mr PUVVALA THATABABU,

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,

For TATA AIG General Insurance Company Limited

Authorized Signature

WITH YOU ALWAYS





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

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.



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					JRGA	APRASAD	~				
Agent Lice	ense C	Code: Po	JSP12 9	9 2B		Agent (Contact 1	No.: 998	39398411		
PUSP Name: PUSP Code:			ode: 0043500 000	POSP PAN No.: BJOPV1292B POSP Contact Number: 9989398			8411				
					POSP A	Aadhar No: *****	***6040				
Policy Number: 6300050001 00 00				Policy	Policy Type : Auto Secure - Commercial Class : Passenger Carrying					rying	
Policy Code: 00/00/3188/01				Commercial Vehicle Passenger Carrying Vehicle Vehicle							
Alternate Policy No: N/A				Cove	Covernote No: N/A Covernote Issuance Date: N/A						
	Name (& Address	of Insure	ed		Period of Insurance					
Name : Mr PUVVALA THATABABU Address : S/O TIRUPATHI,1-1 MAIN STREET,PARVATHIPURAM PADMARIKI,PARVATHIPURAM,MANYAM , 535501,				(Section - I Own Damage) From 00:00 Hours on 04/11/2022 To Midnight of 03/11/2023							
PARVATHIPURAM, ANDHRA PRADESH, INDIA Contact Number: 8309093797 Customer ID:				(Section - II Liability) From 00:00 Hours on 04/11/2022 To Midnight of 03/11/2023							
SSTIN: Place of Supply: State Code: 37		IRA PRADES	SH			etion - III PA cover 1/2023	for owner d				
TO LOCATION AJUWAKA ANA	_		ZONE :		Geogr	raphical Area : IN	IDIA	Lease V	rchase / Hypo Vith : ct/Loan/Refere		
3		Make / N Body	Engine Number		er	Chassis Number	Mfg. Year	CC/KW	Licensed Carrying Capacity Including Drive		_
AP31TG5512 AUTO/RI		BAJ, AUTO/RE/I Motori Ricksl	MAXIMA/ zed	MA/ BBZWGA12790		MD2A41AZ2GW A13204	2016	447	4		
	'			Insur	red Decl	lared Value (IDV)	₹				
Vehicle IDV	Body	y IDV	Chassis I	Non Ele DV Access ID	sories	Electrical / Electronic Accessories	Bifuel / LPG		Trailer IDV	Total	I IDV
100000	C)	100000	0)	0	0		0	100	000
				SC	HEDUL	E OF PREMIUM					
Section - I OWN DAMAGE (A)					Section - II LIABILITY (B)						
Own Damage Premium on Vehicle and Accessories					Third Party Premium	l			1		
					Basic TP premium				₹	6181.	
Loadings under Own Damage Section Add: Cover for lamps, tyres/tubes mudguards/Bonnet/side → The Data IMT Co.				38.76	PA Benefits I Year(s) Compulsory	/ PA cover for C	Owner Driver		₹	375.	
parts-IMT 23 Discounts under Own Damage Section				L	_egal Liability	aid driver-IMT	28 Number of r	nersons:1	₹	50.	
					Add: Legal liability to paid driver-IMT 28 Number of persons:1 ₹ 43 TOTAL LIABILITY PREMIUM (B) ₹				6606		
7					73 NET PREMIUM (A+B+C) ₹					6844.	
Section - I ADD ON COVERS					SGST@9% ₹				₹	616.	
Add: Repair of glass, plastic, fibre and Rubber (TA 06) ₹					CGST@9%				₹	616.	
OTAL ADD ON PE	REMIUM (C	C)		₹	0 1	TOTAL POLICY PRE	MIUM			₹	80

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Tata AIG General Insurance Company Limited



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)	Such amount as is	Under Section II - 1	₹ 7,50,000	Under Section III: 1	Rs 15,00,000		
of policy (Death of or	necessary to meet	(ii) of policy (Third		Year(s) Compulsory			
bodily injury)	the requirements	Party Property		PA Cover for Owner			
	of the Motor	Damage)		Driver			
	Vehicles Act,						
	1988.						
Compuls	orv Deductible: ₹ 50	00.00	The insured	is entitled for a No Clair	m Bonus (NCB) on the own damage		

Deductible Under Section I	Compulsory Deductible: ₹ 500.00 Imposed Excess: ₹ Franchisee: ₹ 0.00	No Claim Bonus :	The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or 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.
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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)	Relationship with Nominee
MRS PUVVALA THATABABU	Wife	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 VISHAKAPATNAM on 02/11/2022

Receipt No.(s):

For TATA AIG General Insurance Company LTD.

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH

Service Account Code: 997134

Mulper

Authorized Signatory

Policy Servicing Office: DOOR NO. 48-14-92, 4TH FLOOR, SRI PRASADI POLAYYA COMPLEX, RAMATAKIES ROAD, ALLIPURAM, ISAKHAPATNAM - 530013. ANDHRA PRADESH, VISAKHAPATNAM, ANDHRA PRADESH, 530003

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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 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

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Transcript Letter for Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle



- 1 Name (Registered Owner of the Motor Vehicle)*: Mr PUVVALA THATABABU
- 2 Address For Communication*: S/O TIRUPATHI,1-1 MAIN STREET,PARVATHIPURAM PEDAMARIKI,PARVATHIPURAM,MANYAM, 535501, PARVATHIPURAM, 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*: V8935961 Date of Expiry*: 03/11/2022 Type of Cover: Package (1 year OD + 1 Year TP)

Name of the Insurer*: FUTURE GEN NCB claimed : NA

Accident in the previous policy period: N/A NCB in previous policy: 0

7 Own Damage period of insurance desired from*: 04/11/2022 to Midnight of 03/11/2023

8 Liability period of insurance desired from*: 04/11/2022 to Midnight of 03/11/2023

9 Compulsory PA cover for owner driver period of insurance desired from: 04/11/2022 to Midnight of 03/11/2023

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 : Rs. 1500000 Term : 1 Years

Name of the Nominee & Age: MRS PUVVALA THATABABU,32 Relationship: Wife

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 : Voonna Venkata Durgaprasad

Name of Bank & Branch:

Account Number : NA IFSC Code of Bank :

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

16 I hereby give my consent to receive one page insurance policy.

in respect of Section 1 of the Policy will stand forfeited.

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.

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