

Name : **MR ANNA SAMUEL L**  
Address : L V GURU MURTHY  
4 SAIPUJA ENCLAVE  
MADHAVADHARA  
VISAKHAPATNAM - 530018  
VISAKHAPATNAM  
ANDHRA PRADESH  
INDIA

Date : 23/07/2022

**Your Policy Details :**

Policy Number : 0163498565 00 00  
Policy Period : From 24/07/2022 to. Midnight  
Of 23/07/2023  
Premium Paid : ₹ 1,285.00

Dear MR ANNA SAMUEL L,

Welcome to Tata AIG General Insurance Company Limited's 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.tataaiginsurance.in](http://www.tataaiginsurance.in) for policy wording.

Your policy has been issued based on the information and declaration provided by you. Kindly go through the enclosed information/declaration provided by you and in case your policy shows any 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 assure you of our best services at all times. Happy driving!

Sincerely,  
For **Tata AIG General Insurance Company LTD.**



**Authorized Signatory**



**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@tata-aig.com](mailto:general.claims@tata-aig.com)



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

Agent/Broker/Producer Name: EPPILI JOSHUA

Agent/Broker License Code: AGINCDBPJ6366E; Agent/Broker Contact No.: 9948204029

<b>Certificate &amp; Policy No.:</b>	0163498565 00 00	<b>Policy Type:</b>	Liability Only Policy
<b>Period of Insurance:</b>	From 00:00 Hrs on 24/07/2022	<b>Date of Expiry</b>	To midnight of 23/07/2023
<b>Insured Name &amp; Address:</b>		Premium (Incl. of all tax/cess)	₹ 1,285.00
MR ANNA SAMUEL L L V GURU MURTHY 4 SAIPUJA ENCLAVE MADHAVADHARA VISAKHAPATNAM - 530018 VISAKHAPATNAM ANDHRA PRADESH INDIA Place of supply -ANDHRA PRADESH State code -37		Insured Business/Profession:	OTHER
		Geographical Area:	India
		Registration Authority:	Anakapalli
		HPA / Hyp / Lease to:	N/A

Registration No.	Make & Model	Body Type	Year of Manufacture	Gross Vehicle Weight	Cubic Capacity/KW	No. of Passengers including Driver	Engine No	Chassis No
AP 31 AY 5127	HERO MOTOCORP PASSION - PLUS	MOTOR CYCLE	2008		97	2	HA10EB8CC50370	MBLHA10EL8GG22972

(Motor Vehicle shall in case of a Motorised Two Wheeler be deemed to include a side car attached to it)

**SCHEDULE OF PREMIUM**

<b>A. OWN DAMAGE</b>		<b>B. LIABILITY</b>	
TOTAL OWN DAMAGE PREMIUM	₹ 0.00	Basic	₹ 714.00
TOTAL ADD ON PREMIUM	₹ 0.00	One Year Compulsory PA Cover for Owner-Driver ₹1500000	₹ 375.00
		TOTAL LIABILITY PREMIUM	₹ 1,089.00
		NET PREMIUM	₹ 1,089.00
		UGST/SGST @9 %	₹ 98.00
		CGST @9 %	₹ 98.00
		TOTAL PREMIUM	₹ 1,285.00

**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 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 -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 -1 (ii) of policy (Third Party Property Damage):** ₹ 100,000.00

PA to Owner Driver CSI: ₹ 1500000 /-  
Nominee: MRS ANNA SAMUEL Relationship: Wife

**Subject to: A) IMT Endorsement No.:**

**GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH Service Accounting Code : 997134**

I/we hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with provisions of Chapter X and XI of Motor Vehicles Act, 1988.

In witness whereof this Policy has been signed at SHRIKAKULAM on 23/07/2022

**Receipt No.(s):** 108911032981748 23/07/2022

The stamp duty Of Rs 0.50/- paid In cash Or demand draft Or by pay order, vide Receipt/ Challan no: LOA/CSD/403/2022/3025 dated the 11/07/2022.

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

  
**Authorized Signatory**



**Policy Servicing Office :** PLOT NO.34, 1ST FLOOR, PEDDAPADU ROAD, NEAR SBI R.L., BRANCH, SRIKAKULAM, ANDHRA PRADESH, 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

**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](http://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.

**RECEIPT****Receipt No. : 108911032981748**

Receipt Date : 23/07/2022

Policy No : 0163498565 00 00

Received with thanks from MR ANNA SAMUEL L a sum of ₹ **1,285.00** ( Rupees One Thousand Two Hundred Eighty Five And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0163498565 00 00	1,285.00	1,285.00	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**

1. Name (Registered Owner of the Motor Vehicle)\*: MR ANNA SAMUEL L

2. Address for Communication\* : L V GURU MURTHY  
4 SAIPUJA ENCLAVE  
MADHAVADHARA  
VISAKHAPATNAM - 530018  
VISAKHAPATNAM  
ANDHRA PRADESH  
INDIA

3. Vehicle Details: **Please refer policy schedule cum certificate.**

4. Vehicle Purchased is Used 5. Vehicle Type: Indigenous

6. Fuel Type: Petrol

7. Insured's Declared Value - **Please refer policy schedule cum certificate.**

**8. Previous Insurance Particulars\*:**

Policy Number\*:N/A Date of Expiry\*:N/A Type of Cover :N/A

Name of the Insurer\*: N/A

Accident in the previous policy period: No NCB in previous policy: N/A NCB claimed:

9. Period of Insurance Desired from\*:24/07/2022 to midnight of 23/07/2023

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 : 1500000

Name of the Nominee & Age: MRS ANNA SAMUEL 41 Relationship: Wife

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

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

Name of Automobile: Membership 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 ANNA SAMUEL L

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.

