

Name : Mr UMAMAHESWARA RAO NEELAPU

Address: SIVINI VILLAGE

KOMARADA MANDALAM PARVATHIPURAM MANYAM

535501

PARVATHIPURAM ANDHRA PRADESH Date: 20/12/2022

Your Policy Details:

Policy Number: 6300130174 00 00

Policy Period: From 00:00 Hours on 21/12/2022 to Midnight of

20/12/2023

Premium Paid: 7,796.00

Dear Mr UMAMAHESWARA RAO NEELAPU,

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.



	Certifica	te Of Insurance an	d Policy S	chedule Forn	n 51 of th	e Central Mot	or Vehicle R	tules, 1989	
Agent Nan	ne: BELAM	IANA KRA	NTHI I	KUMAR					
Agent Lice	nse Code:	POSPARBP	B7713	R	Agen	t Contac	t No.: 7	893915412	
POSP Name: BELAMANA RANTHI KUMAR POSP Code: 1810870			POSP PAN No.: ARBPB7713R POSP Contact No		ontact Number:	7893915412			
Policy Number :	6300130174 00	00		POSP Aadh		Secure - Liabili	ty Comm	nercial Class: Pas	senger
Policy Number: 6300130174 00 00  Policy Code: 00/00/3188/02			Only Policy			·	Carrying Vehicle		
Alternate Policy No: N/A			Covernote No: N/A			Coveri	Covernote Issuance Date: N/A		
	Name & Addre	ss of Insured		Period of Insurance					
Address: SIVINI MAND				20/12/202	23			21/12/2022 <b>To Mid</b> i n 21/12/2022 <b>To M</b>	
	6124851093 ANDHRA PRAL	DESH		20/12/202					g
State Code: 37  RTO LOCATION: VIZIANAGARAM ZONE: B				Geographi	ical Area	: INDIA		Purchase / Hypot se With :	hecation /
							Con	tract/Loan/Referer	ice No:
Registration Number	Engine Number		Chassis Number Mfg. Year		сс/км		Licensed Carrying apacity Including Driver		
MAHINDRA/ALFA/ AP35V1765 4 STR/Motorized A8L0209938 Rickshaw		85L45979 2008		597	4				
			Insu	red Declared	l Value (II	DV) ₹			
Vehicle IDV	Body IDV	Chassis IDV	Acces	ectrical ssories DV	Electrica Electror Accesso	nic Bitue	el / CNG / PG Kit	Trailer IDV	Total IDV
0	0	0	(	0	0		0	0	0
	$-\mathbf{M}$			CHEDULE OF			MA	VE	
			S	ection - I LIAI	BILITY (B				
Third Party Prem	ium								
Basic TP premium	1							₹	6181.00
PA Benefits									
1 Year(s) Compulsory PA cover for Owner Driver						₹	375.00		
egal Liability									
Add: Legal liability to paid driver-IMT 28 Number of persons:1						₹	50.00		
Add. Legal liability	· ·	TOTAL LIABILITY PREMIUM (B)					₹	6606.00	
TOTAL LIABILITY								₹	
								₹	<b>6606.00</b> 595.00

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## Tata AIG General Insurance Company Limited



TOTAL POLICY PREMIUM ₹ 7796

**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.				
	1988.				

Subject to: A) IMT Endorsement Number: IMT 28

B) TATA AIG Auto Secure Endorsement Number (TA):

#### **NOMINATION DETAILS**

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
N LAKSHMI	Wife	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.

For TATA AIG General Insurance Company LTD.

In witness whereof this Policy has been signed at PALASA on 20/12/2022

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH

Service Account Code: 997134



**Policy Servicing Office**: PLOT NO: 34, INDIRA NAGAR COLONY JUNCTION, PEDDAPADU ROAD ,SRIKAKULAM ANDHRA PRADESH,532001, SRIKAKULAM , ANDHRA PRADESH , 532001

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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 - Liability Only Policy



- 1 Name (Registered Owner of the Motor Vehicle)\*: Mr UMAMAHESWARA RAO NEELAPU
- 2 Address For Communication\*: SIVINI VILLAGEKOMARADA MANDALAMPARVATHIPURAM MANYAM, 535501, PARVATHIPURAM, ANDHRA PRADESH, INDIA

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\*: NA Date of Expiry\*: 01/01/1970 Type of Cover:

Name of the Insurer\*: NCB claimed : NA

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

7 Own Damage period of insurance desired from\*: N/A to Midnight of N/A

8 Liability period of insurance desired from\*: 21/12/2022 to Midnight of 20/12/2023

9 Compulsory PA cover for owner driver period of insurance desired from: 21/12/2022 to Midnight of 20/12/2023

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: N LAKSHMI,45

Name of Appointee (if Nominee is Minor): 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 : Belamana Kranthi Kumar

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 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.

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Relationship: Wife

Relationship to the Nominee: NA