

Name : Mr BIDDIKA PRASADH

Address: S/O ELLANGU,

MAIN VEEDHI, PARVATHIPURAM , MARRIMANUGUDA , KURUPAM ,

VIZIANAGARAM

535534 PALASA

ANDHRA PRADESH

Date: 05/01/2023

Your Policy Details:

Policy Number : 6300161635 00 00

Policy Period: From 00:00 Hours on 07/01/2023 to

Midnight of 06/01/2024

Premium Paid: ₹ 8,330.00

Dear Mr BIDDIKA PRASADH,

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.



Agent Nar	na · V			<u>-</u>		Form 51 of the Co	entral Motor	Vehicle Ru	les, 1989		
					- INO		Contact 1	No.: 99	89398411		
Agent License Code: POSP1292B OSP Name: VOONNA VENKATA DURGAPRASAD POSP Code: 0043500 000			ode: 0043500	Agent Contact No.: 9989398411 POSP PAN No.: BJOPV1292B POSP Contact Number: 99893984				3411			
					POSP A	Aadhar No: *****	**6040				
Policy Number	: 63001	161635 00 0	0	'	Policy Type : Auto Secure - Commercial Class : Passenger Carrying					ying	
Policy Code: 00/00/3188/01				Commercial Vehicle Package Policy - Passenger Carrying Vehicle							
Alternate Policy No: N/A					Cove	Covernote No: N/A Covernote Issuance Date: N/A					
	Name	& Addres	s of Insur	ed			Period of	Insuranc	е		
Name : Mr BIDDIKA PRASADH Address : S/O ELLANGU , MAIN VEEDHI, PARVATHIPURAM , MARRIMANUGUDA , KURUPAM , VIZIANAGARAM , 535534, PALASA, ANDHRA PRADESH, INDIA Contact Number : 7799773656 Customer ID :				(Section - I Own Damage) From 00:00 Hours on 07/01/2023 To Midnight of 06/01/2024 (Section - II Liability) From 00:00 Hours on 07/01/2023 To Midnight of 06/01/2024							
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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.

Under Section of policy (De bodily injury	ath of or	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.		(Third	₹ 7,50,000	Under Section III : 1 Year(s) Compulsory PA Cover for Owner Driver	Rs 15,00,000	
Compulsory Deductible: ₹ 500.00				The insured is entitled for a No Claim Bonus (NCB) on the own damage				
	Imposed Excess: ₹				section of the policy, if no claim is made or pending during the preceding			
Deductible	Franchise	ee: ₹ 0.00			year(s), as f	follows: The preceding	year 20%,preceding two consecutive	
Under				No Claim	vears 25%.	preceding three cor	nsecutive vears 35%, preceding four	

Bonus:

This policy does not cover preexisting damages as per Inspection photographs and Report

Subject to: A) IMT Endorsement Number: IMT 28

B) TATA AIG Auto Secure Endorsement Number (TA): TA 06

NOMINATION DETAILS

LIMITS OF LIABILITY

Section I

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
MRS BIDDIKA PRASADH	Spouse	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. For TATA AIG General Insurance Company LTD.

In witness whereof this Policy has been signed at VISHAKAPATNAM on 05/01/202

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH

Service Account Code: 997134

Authorized Signatory

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.

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

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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 BIDDIKA PRASADH
- 2 Address For Communication*: S/O ELLANGU, MAIN VEEDHI, PARVATHIPURAM, MARRIMANUGUDA, KURUPAM, VIZIANAGARAM, 535534, PALASA, 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*: NA Date of Expiry*: NA Type of Cover:

Name of the Insurer*: NA NCB claimed : NA

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

- 7 Own Damage period of insurance desired from*: 07/01/2023 to Midnight of 06/01/2024
- 8 Liability period of insurance desired from*: 07/01/2023 to Midnight of 06/01/2024
- 9 Compulsory PA cover for owner driver period of insurance desired from: 07/01/2023 to Midnight of 06/01/2024
- 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 BIDDIKA PRASADH,34

Name of Appointee (if Nominee is Minor): NA

Relationship: Spouse

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 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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