

Name : **MRS KALLIKOTA GOWRAMMA**

Address : W/O RAMAYYA, GUNTAMAMIDI VALASA  
VIL PACHIPENTA MDL,  
, PACHIPENTA, VIZIANAGARAM  
PACHIPENTA - 535592  
VIZIANAGARAM  
ANDHRA PRADESH  
INDIA

Date : 28/10/2021

**Your Policy Details :**

Policy Number : 0162536005

Renewal : 00

Endorsement : 00

Policy Period : From 30/10/2021 to. Midnight  
Of 29/10/2022

Premium Paid : ₹ 8447

Dear MRS KALLIKOTA GOWRAMMA,

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.tataaiginsurance.in](http://www.tataaiginsurance.in) 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 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: MAHAMMAD AZARUDDIN

Agent/Broker License Code: POSPBNBPM3265N; Agent/Broker Contact No.: 9133112666

<b>Certificate &amp; Policy No.:</b>	0162536005 00 00	<b>Policy Type:</b>	Auto Secure - Commercial Vehicle Package Policy
<b>Period of Insurance:</b>	From 00:00 Hrs on 30/10/2021	<b>Date of Expiry</b>	To midnight of 29/10/2022

<b>Insured Name &amp; Address:</b> MRS KALLIKOTA GOWRAMMA W/O RAMAYYA,GUNTAMAMIDI VALASA VIL PACHIPENTA MDL, ,PACHIPENTA,VIZIANAGARAM PACHIPENTA - 535592 VIZIANAGARAM ANDHRA PRADESH INDIA Place of supply -ANDHRA PRADESH State code -37	<b>Premium (Incl. of all tax/cess):</b> ₹ 8447 <b>Insured Business/Profession:</b> OTHER <b>Geographical Area:</b> India <b>Registration Authority:</b> Vizianagaram <b>HPA / Hyp / Lease to:</b> LAKSHMI FINANCE
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Registration No.	Make & Model	Body Type	Mfg Year	Gross Vehicle Weight	Cubic Capacity/KW	Public Carrier / Private Carrier	Engine No	Chassis No
AP 35 X 6476	BAJAJ RE - MAXIMA [DIESEL]		2015		447	Passenger Carrying Vehicle	BBZWFG21053	MD2A41AZ9FWG21882
IDV of Vehicle (₹)	IDV of Trailer(₹)	Bi-Fuel/CNG/LPG Kit(₹)	IDV of non-built-in Accessories(₹)		IDV of Externally Built Body Type (₹)	Registered seating capacity including driver	Total Insured Declared Values (₹)	
			Electrical	Non-Electrical				
116,000.00	0.00	0.00	0.00	0.00	24,000.00	4	140,000.00	

A. OWN DAMAGE		B. LIABILITY	
Premium on Vehicle and non electrical accessories	₹ 361.76	Basic	₹ 6,318.00
Cover for lamps,tyres,tubes (IMT 23)	₹ 54.26	Add : Compulsory PA Cover for Owner-Driver ₹1500000	₹ 375.00
A. TOTAL OWN DAMAGE PREMIUM	₹ 416.02	Add : Legal Liability to paid driver as per (IMT 28)	₹ 50.00
C. TOTAL ADD ON PREMIUM	₹ 0.00	B. TOTAL LIABILITY PREMIUM	₹ 6,743.00
		COMPREHENSIVE PREMIUM(A+B+C)	₹ 7,159.02
		NET PREMIUM	₹ 7,159.00
		UGST/SGST @ 9 %	₹ 644.00
		CGST @ 9 %	₹ 644.00
		TOTAL PREMIUM	₹ 8,447.00

**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 only under a permit within the meaning of the motor Vehicle Act 1988 or such a carriage falling under sub section (3) of section 66 of the Motor Vehicle Act 1988 The Policy does not cover use for a)organised racing, b)Pace making, c) Use of 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)** of policy (Death of or bodily injury): Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.

**Under Section II-1 (ii)** of policy (Third Party Property Damage): ₹ 750,000.00

**Under Section III : PA to Owner Driver CSI:** ₹ 1500000 /-  
**Nominee:**KALLIKOTA GOWRAMMA **Relationship:**Husband

**Number of claims covered under Depreciation Reimbursement Cover :** NA

This policy does not cover pre-existing damages as per Inspection photographs and Report

**Deductible Under Section - I :** ₹ 500.00 - (Compulsory Deductible : ₹ 500.00, Voluntary Deductible: ₹ 0.00, Imposed Excess: ₹ 0.00) **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.

**Subject to: A) IMT Endorsement No.:** 07,21,23,28,40

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

**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

**IN CASE OF AN ACCIDENT TO YOUR VEHICLE PLEASE INTIMATE US IMMEDIATELY FOR SPOT SURVEY FAILING WHICH CLAIM COULD BE PREJUDICED.**

**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. 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.

POS PAN No: BNBPM3265N

POS Aadhar No:

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.: IRDAN108P0004V01200001

Website: [www.tataaig.com](http://www.tataaig.com) 24X7 Tollfree Helpline 1800-266-7780 E-mail: [customersupport@tataaig.com](mailto:customersupport@tataaig.com)

## RECEIPT

**Receipt No. : 108911024214702**

Receipt Date : 28/10/2021

Policy No : 0162536005 00 00

Received with thanks from MRS KALLIKOTA GOWRAMMA a sum of ₹ **8,447.00** ( Rupees Eight Thousand Four Hundred Forty Seven And Paise Zero Only)  
vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0162536005 00 00	8,447.00	8,447.00	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 KALLIKOTA GOWRAMMA

2. Address for Communication\* : W/O RAMAYYA,GUNTAMAMIDI VALASA VIL PACHIPENTA MDL, ,PACHIPENTA,VIZIANAGARAM  
PACHIPENTA - 535592  
VIZIANAGARAM  
ANDHRA PRADESH  
INDIA

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

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

6. Fuel Type: Diesel

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: Yes NCB in previous policy: N/A NCB claimed:

9. Period of Insurance Desired from\*:30/10/2021 to midnight of 29/10/2022

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 ₹ N/A

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law) : N/A

Personal Accident Cover for Owner Driver: CSI 1500000

Name of the Nominee & Age: KALLIKOTA GOWRAMMA 49 Relationship: Husband

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: MRS KALLIKOTA GOWRAMMA

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.

POS PAN No: BNBPM3265N

POS Aadhar No:

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