

Name: Mr MANDANGI MOHAN RAO

Address: S/O LATE NARAYANA, D NO 1-105

S C VEEDHI, GIJABA, GARUGUBILLI, GARUGUBILLI, IZIANAGARAM

535525 GARUGUBILLI ANDHRA PRADESH Date: 26/11/2022

Your Policy Details:

Policy Number: 6300088998 00 00

Policy Period: From 00:00 Hours on 27/11/2022 to Midnight of

26/11/2023

Premium Paid: 7,796.00

Dear Mr MANDANGI MOHAN RAO,

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



	Certific	ate Of In	surance and	l Policy Sc	hedule Fo	orm 51 of t	he Cent	ral Motor	Vehicle R	ules, 19	89	
Agent Nai	ne: PILLI I	NARE	ESH									
Agent Lic	ense Code:	AGI	NAUBP	P8704I	3	Agei	nt Co	ntact	No.: 9	1334′	79995	
Policy Number	: 6300088998 0	0 00			Policy T	Policy Type : Auto Secure - Liability Commercial CI				lass: Pas	senger	
Policy Code: 00/00/3188/02				Only Pol	Only Policy Carrying Vehicl				le			
Alternate Polic	/ No : N/A				Covern	ote No:	1/A		Covern	ote Iss	uance Date	e: N/A
	Name & Addr	ess of	Insured					Period o	f Insuran			<u> </u>
Address : S/O GAR	MANDANGI MOHA LATE NARAYANA, E UGUBILLI,GARUGU UGUBILLI, ANDHRA	NO 1-10 BILLI, IZI	ANAGARAM , 5		26/11/2	on - II PA c						
Contact Number												
Customer ID : GSTIN :	6123023725											
	: ANDHRA PRA	DESH										
State Code: 3	7								l			
RTO LOCATION	: VIZIANAGARAI	м д	ONE : B		Geogra	phical Area	a: IND	IA		Purcha: e With :	se / Hypoti :	hecation /
								<u> </u>	Cont	ract/Lo	an/Referer	nce No:
Registration Number	Engine Number		lumber	Chassis Number Mfg. Year		CC/KW	CC/KW Licensed Carrying Capacity Including Driver					
AP35W7595 MAHINDRA/ALFA/ DX 4 STR/Motorized Rickshaw		prized	The second secon			A1LE2FYSD3G8 2013		436		4		
	<u>'</u>			Insu	ed Declar	red Value (IDV) ₹					
Vehicle IDV	Body IDV Chassis IDV Access IDV		sories	ories Electronic Bifuel / C			Trai	ler IDV	Total IDV			
0	0		0	0		0		()		0	0
				SC	HEDULE (OF PREMI	JM					
	141			Se	ction - I L	IABILITY (В)					
Third Party Prer	nium			Y	UIL				V A	Y	2	
Basic TP premium							₹	6181.00				
PA Benefits											'	
1 Year(s) Compulsory PA cover for Owner Driver ₹							375.00					
Legal Liability												
Add: Legal liability to paid driver-IMT 28 Number of persons:1						₹	50.00					
TOTAL LIABILITY PREMIUM (B)						₹	6606.00					
NET PREMIUM						₹	6606.00					
SGST@9%							₹	595.00				
CGST@9%												
CGST@9%											₹	595.00

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.

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 II - 1 (i) Such amount as is Under Section II - 1 ₹7,50,000 Under Section III : 1 Rs 15,00,000	LIMITS OF LIABILITY					
of policy (Death of or bodily injury) necessary to meet the requirements of the Motor Vehicles Act, 1988. (ii) of policy (Third Party Property Damage) Year(s) Compulsory PA Cover for Owner Driver	Under Section II - 1 (i) of policy (Death of or	necessary to meet the requirements of the Motor Vehicles Act,	(ii) of policy (Third Party Property	₹ 7,50,000	PA Cover for Owner	Rs 15,00,000

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
Wife of MANDANGI MOHAN RAO	Spouse	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 KURNOOL on 26/11/2022

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH

Service Account Code: 997134

For TATA AIG General Insurance Company LTD.

MUMBAI S

Authorized Signatory

 $\textbf{Policy Servicing Office} \hspace{0.2cm} \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOP NO. 8 \& 9, 2ND FLOOR, T J SHOPPING MALL, SBI CIRCLE, KURNOOL , ANDHRA PRADESH \\ \textbf{:} \hspace{0.2cm} \textbf{SHOPPING MALL, SBI CIRCLE, SHOPPING MALL, SB$

, 518004



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

Transcript Letter For Auto Secure - Liability Only Policy



- 1 Name (Registered Owner of the Motor Vehicle)*: Mr MANDANGI MOHAN RAO
- 2 Address For Communication*: S/O LATE NARAYANA, D NO 1-105S C VEEDHI, GIJABA, GARUGUBILLI, GARUGUBILLI, IZIANAGARAM, 535525, GARUGUBILLI, 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*: 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*: 27/11/2022 to Midnight of 26/11/2023

9 Compulsory PA cover for owner driver period of insurance desired from: 27/11/2022 to Midnight of 26/11/2023

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: Wife of MANDANGI MOHAN RAO,31

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 : Pilli Naresh

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.