

Name: Mr ARASADA THAVITAYYA

Address: S/O ARASADA SOMAYYA,SC STREET,MAIN ROAD, VIKRAMAPURAM PC ,SIVINI-KOMARADA MANDAL

VIZIANAGARAM

GUMMALAKSHMIPURAM - 535521

ANDHRA PRADESH

INDIA

Date: 24/05/2022

Your Policy Details:

Policy Number: 6200341068 00 00

Own Damage Policy Period: From 24/05/2022 to Midnight Of

23/05/2023

**Premium Paid:** ₹ 16,142.12

#### Dear Mr ARASADA THAVITAYYA,

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Auto Secure - Standalone Own Damage Private Car for your 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.

We would like to inform you that 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 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, thank you once again, for choosing Tata AIG General Insurance Company Limited for insuring your vehicle. We assure you of our best of services at all times. Happy driving!

Sincerely,

For Tata AIG General Insurance Company Limited

Authorized Signatory

# Get the Auto Restore Garage Advantage: take the Car to an ARG in case of an Accident

- Free pick-up of car!
- Direct settlement facility!
- 3/6-month warranty on parts and paint!

^ In select garages across India, Conditions apply

### Renew your policy hassle free

**1800 266 7780** 

Renew by calling our 24X7 Toll Free No. www.tataaig.com
Renew Online

# Quick steps incase of a claim

- 1
- FIRST ATTEND TO ANY INJURY
- ► RECORD THE INCIDENT
- ► KEEP REQUIRED DOCUMENTS HANDY
- 2
- CONTACT US ON OUR TOLL FREE NOS.
   FILL OUT CLAIM FORM AVAILABLE ON OUR WEBSITE
- 3
- ► INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE





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

POSP AADHAR NUMBER: N/A POSP PAN NUMBER: ARBPB7713R



Agent Nam	e: BELAMA	NA KRAN	ІТНІ К	UMAR									
Agent Licer	nse Code: P	OSPARBP	B7713	R		Agent Cor	ntac	t No	.: 789391	5412 (m	obile or l	andline	
Policy Number: 6 Certificate Numbe Policy Code:00/00	Policy Type: Auto Secure - Standalone Own Damage Private Car												
Alternate Policy N													
,,,,,		& Address of In	sured						Period of	nsurance			
Name: Mr ARASA Address: S/O Af VIKRAMAPURAM VIZIANAGARAM GUMMALAKSHMI ANDHRA PRADE: INDIA	(Section - I Own Damage) From 13:07 Hours on 24/05/2022 To Midnight of 23/05/2023												
GSTIN: N/A Place of Supply: A State Code: 37		1		<u> </u>		_					ase With: STAT	E BANK OF	
RTO Location: ELURU		Zone : B	1	Geographical Area : Ir						lypothecation ount Number: N/A			
Registration Number			e	Engine Number	ngine Number Ch		ssis Number Mfg. Y		CC/KW		Trailer Registration No. / Chassis No.  Licens carry Capa includ drive		
AP 39 JJ 5523	MARUTI / XL6 / S	SMART HYBRII	) / SUV	K15BN1173438	MA3CN	C32SMA243570	20	021	1462		NA	6	
				Insure	d Declar	ed Value (IDV) ₹							
Year	IDV Of Veh	CIE II	Electrical essories	Electrical / E Access		Bifuel / CNG / I Kit	LPG		Trailer	Side ca	r T	otal IDV	
1	₹ 823,090	6	₹0	₹0	1	₹0			₹0	₹0	₹	823,096	
				SCH	HEDULE	OF PREMIUM							
		- I OWN DAMA	GE (A)										
	mium on Vehicle &	Accessories				ļ							
Basic OD Premium			The state of the s			, ,						13,679. 1,231.	
TOTAL OWN DAMAGE PREMIUM (A)			₹ 8,667.45			CGST @ 9% ₹					1,231.		
Section - I ADD ON COVERS (C) Add: Depreciation Reimbursement (TA 01)			₹ 3,210.07									16,142.	
Add: Loss of personal belongings (TA 09)						Road Side Assistance ₹					136.		
Sum Insured: 10000				`	110.00	(Inclusive of All Applicable Taxes)							
Add: Emergency t Any One Accident Any One Year : 10		expenses (IA	10)	₹	110.00								
Add: Koy Deplement (TA 15)					265.00								
Add: Engine Secure (TA 16) ₹ 823.10													
Add: Consumable expenses (TA 18) ₹ 493.86						1							
	ass, Rubber & Pla	stic Parts (TA0	3)	₹	0.00	1							
TOTAL ADD ON I	PREMIUM (C)				5,012.03								
Certificate & Policy	v No	Policy Type	Inguran	ce Company Nar		ty Policy Details			TP Cover	Start Date	TP Cover E	nd Date	
	21-9910-1825-00120828 Package BAJAJ ALLIANZ GENERAL INSU						)		18/02/2021			ווט בעוכ	
<b>Drivers Clause</b> : Peof the accident and that such a pe	ersons or classes d is not disqualified erson satisfies the	of persons entit I from holding o requirements of	led to driv r obtainin Rule 3 o	re: Any person in g such a license. f the Central Mo	cluding th Provided tor Vehicl	ne insured. Provid d also that the per les Rules, 1989.	led tha	olding a	son driving hole an effective Le	ds an effective arner's License	e driving license e may also driv	e the vehicle	
other than sample	Jse: The Policy co											e of goods	
	covered under De	oreciation Reim	bursemer	t Cover: 2									



Deductible Under Section I Compulsory Deductible : ₹ 1,000 Voluntary Deductible: 0 Imposed Excess: ₹ 0.00

Franchisee: 0.00

Engine Secure Deductible- 5% of claim amount in case of repair and 10% of claim amount in case of replacement UIN Numbers:

IRDAN108RP0001V01201920/A0007V01201920, IRDAN108RP0001V01201920/A0003V01201920, IRDAN108RP0001V01201920/A0008V01201920, IRDAN108RP0001V01201920/A0009V01201920, IRDAN108RP0001V01201920/A0010V01201920, IRDAN108RP0001V01201920/A0012V01201920, IRDAN108RP0001V01201920/A0014V01201920, IRDAN108RP0001V01201920/A0014V01201920, IRDAN108RP0001V01201920/A0015V01201920, IRDAN108RP0001V01201920/A0015V01201920

Subject to: A) IMT Endorsement Number: 32,22,07

B) TATA AIG Auto Secure Endorsement Number (TA): 08,01,18,09,10,15,16

#### NOMINEE DETAILS

Name of the Nominee	Relationship with Insured	Age	Name of Appointee (If nominee is minor)	Relationship with Nominee
N/A	N/A	N/A	N/A	N/A

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 Mumbai on 24/05/2022

For TATA AIG General Insurance Company LTD.

Mulper MUM

Authorized Signatory

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV - ANDHRA PRADESH

Service Account Code: 99713434

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

#### 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: You are advised to go through the policy schedule cum certificate of insurance which is issued based on information and declaration provided by you. Transcript of Information & Declaration is also provided herewith to enable you to go through the same again and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other information provided by you, 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 to be correct. You may visit the company website at www.tataaig.com for detailed benefits, terms & conditions and exclusions of the policy issued and held by you. 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 are available at the company website www.tataaig.com. You may also reach us at our 24\*7 helpline 1800 266 7780 for grievance redressal procedure and details about ombudsman. Please note that any misrepresentation, nondisclosure 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 n 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 intimate you to pay the No claim Bonus Amount within 20 days. In case we don't receive the No Claim Bonus recovery then it will be adjusted against claim amount payable to you if any. This Schedule, Policy terms and conditions available on the company website and Endorsements mentioned herein above shall read together and word or expression to which a specific meaning has been attached to/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 an



### Transcript of Information/Declaration

1. Name (Registered Owner of the Motor Vehicle): Mr ARASADA THAVITAYYA

 ${\tt 2.\,Address\,for\,Communication:}\ \, {\tt S/O\,ARASADA\,SOMAYYA,SC\,STREET,MAIN\,ROAD,}\\$ 

VIKRAMAPURAM PC ,SIVINI-KOMARADA MANDAL VIZIANAGARAM GUMMALAKSHMIPURAM - 535521 GUMMALAKSHMIPURAM ANDHRA PRADESH INDIA

3. Vehicle Details: MARUTI / XL6 / SMART HYBRID / SUV

4. Fuel Type: PETROL

5. Insured's declared value : ₹823,096

6. Previous Insurance Particulars:

Policy Number: OG-21-9910-1825-00120828 Date of Expiry: 17/02/2022 Type of Cover: Package

Name of the Insurer: BAJAJ ALLIANZ GENERAL INSURANCE CO.LTD

Claim in the previous policy period: Yes NCB in previous policy: 0 % NCB claimed: N/A

7. Own Damage period of insurance desired from: 24/05/2022 to midnight of 23/05/2023

8. Liability period of insurance desired from\*: 24/05/2022 to midnight of N/A 9. Compulsory PA cover for owner driver period of insurance desired: N/A

a. Compulsory FA cover for owner univer period of insurance desired

10. Financier's Details: STATE BANK OF INDIA

11. Extra Benefits opted

Unnamed Persons Personal Accident Cover for seating capacity, including driver CSI: 0

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

Compulsory PA Cover for Owner Driver: N/A Term: N/A

Name of the Nominee & Age: N/A & N/A Relationship: N/A

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

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

Automobile association membership opted: 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: Repair of Glass, Rubber & Plastic Parts, Depreciation Reimbursement, Loss of personal belongings, Emergency transport and hotel expenses, Key Replacement, Engine Secure, Consumable expenses, Road Side Assistance

14. 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 Section1 of the Policy will stand forfeited.

15. I hereby give my consent to receive one page insurance policy.

16. 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.

 $2. \ I \ understand \ that \ the \ Company \ has \ the \ right \ to \ call \ for \ documents \ to \ establish \ sources \ of \ funds.$ 

POSP AADHAR NUMBER: N/A POSP PAN NUMBER: ARBPB7713R



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.