

Name : **MR UTTHARAVALLI SANYASIRAO**

Address : S/O U APPALANAIDU
VB PETA SITANAGARAM,
PEDABHOGILA
PARVATHIPURAM - 535522
VIZIANAGARAM
ANDHRA PRADESH
INDIA

Date : 28/01/2022

Your Policy Details :

Policy Number : 0162910773 00 00
Policy Period : From 31/01/2022 to. Midnight
Of 30/01/2023
Premium Paid : ₹ 8344

Dear MR UTTHARAVALLI SANYASIRAO,

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 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



Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989

Agent/Broker/Producer Name: BELAMANA KRANTHI KUMAR

Agent/Broker License Code: POSPARBPB7713R; Agent/Broker Contact No.: 7893915412

Certificate & Policy No.:	0162910773 00 00	Policy Type:	Auto Secure - Commercial Vehicle Package Policy
Period of Insurance:	From 00:00 Hrs on 31/01/2022	Date of Expiry	To midnight of 30/01/2023
Insured Name & Address:		Premium (Incl. of all tax/cess):	₹ 8344
MR UTTHARAVALLI SANYASIRAO		Insured Business/Profession:	OTHER
S/O U APPALANAI DU		Geographical Area:	India
VB PETA SITANAGARAM,		Registration Authority:	ANDHRA PRADESH
PEDABHOGILA		HPA / Hyp / Lease to:	LAKSHMIFINANCEPRIVATELIMITED
PARVATHIPURAM - 535522			
VIZIANAGARAM			
ANDHRA PRADESH			
INDIA			
Place of supply -ANDHRA PRADESH			
State code -37			

Registration No.	Make & Model	Body Type	Mfg Year	Gross Vehicle Weight	Cubic Capacity/KW	Public Carrier / Private Carrier	Engine No	Chassis No
AP 39 TH 6732	BAJAJ RE - MAXIMA - DIESEL		2020		470	Passenger Carrying Vehicle	BBYWLK47917	MD2A95AY7LWK51038
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				
150,000.00	0.00	0.00	0.00	0.00	0.00	4	150,000.00	

SCHEDULE OF PREMIUM

A. OWN DAMAGE		₹	B. LIABILITY		₹
Premium on Vehicle and non electrical accessories		₹ 381.60	Basic		₹ 6,318.00
Cover for lamps,tyres,tubes (IMT 23)		₹ 57.24	Add : Compulsory PA Cover for Owner-Driver ₹1500000		₹ 375.00
Less : 25% for NCB		₹ 109.71	Add : Legal Liability to paid driver as per (IMT 28)		₹ 50.00
A. TOTAL OWN DAMAGE PREMIUM		₹ 329.13	B. TOTAL LIABILITY PREMIUM		₹ 6,743.00
C. TOTAL ADD ON PREMIUM		₹ 0.00	COMPREHENSIVE PREMIUM(A+B+C)		₹ 7,072.13
			NET PREMIUM		₹ 7,072.00
			UGST/SGST @9 %		₹ 636.00
			CGST @9 %		₹ 636.00
			TOTAL PREMIUM		₹ 8,344.00

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 failing 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:MRS UTTHARAVALLI SANYASIRAO Relationship:Wife

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, INDIRA NAGAR COLONY JUNCTION,, PEDDAPADU ROAD ,SRIKAKULAM,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 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.

I/we hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with provisions of Chapter X and XI of Motor Vehicles Act, 1988.
In witness whereof this Policy has been signed at PALASA on 28/01/2022

Receipt No.(s): 103191027285662 28/01/2022

The stamp duty Of Rs 0.50/- paid In cash Or demand draft Or by pay order, vide Receipt/ Challan no: LOA/CSD/198/2021/4893 dated the 29/11/2021.

For Tata AIG General Insurance Company LTD.


Authorized Signatory



RECEIPT

Receipt No. : 103191027285662

Receipt Date : 28/01/2022

Policy No : 0162910773 00 00

Received with thanks from MR UTTHARAVALLI SANYASIRAO a sum of ₹ **8,344.00** (Rupees Eight Thousand Three Hundred Forty Four And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0162910773 00 00	8,344.00	8,344.00	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/170/2021/4377 date 28/10/2021 for applicable cases.

1. Name (Registered Owner of the Motor Vehicle)*: MR UTTHARAVALLI SANYASIRAO

2. Address for Communication* : S/O U APPALANAIDU
VB PETA SITANAGARAM,
PEDABHOGILA
PARVATHIPURAM - 535522
VIZIANAGARAM
ANDHRA PRADESH
INDIA

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

4. Vehicle Purchased is 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*:V8083338 Date of Expiry*:30/01/2022 Type of Cover :PackageComprehensive

Name of the Insurer*: FUTURE GENERALI INDIA INSURANCE COMPANY LIMITED / NEW NUMBER 55, OLD NUMBER 27,VIJAYA RAGHAVA ROAD,VIJAYA RAGHAVA ROAD,CHENNAI,TAMIL NADU,600017

Accident in the previous policy period: No NCB in previous policy: 20%Bonus NCB claimed: 1

9. Period of Insurance Desired from*:31/01/2022 to midnight of 30/01/2023

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: MRS UTTHARAVALLI SANYASIRAO 34 Relationship: Wife

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: MR UTTHARAVALLI SANYASIRAO

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: ARBPB7713R

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 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com