

## Auto Secure - Liability Only Policy



Date : 09/01/2023

Name : **Mrs AMBATI SULOCHANA**

Address : W/O AMBATI BHASKARA RAO ,  
D NO 1-113 MAINROAD,GANGAREGUVALASA ,  
KOMARADA ,  
SOMINAIDUVALASA ,MANYAM  
535521  
GUMMALAKSHMIPURAM  
ANDHRA PRADESH

### Your Policy Details :

Policy Number : 6300170035 00 00

Policy Period : From 00:00 Hours on 10/01/2023 to Midnight of  
09/01/2024

Premium Paid : 7,796.00

Dear Mrs AMBATI SULOCHANA,

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](http://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



**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@tataaig.com](mailto: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.

**Tata AIG General Insurance Company Limited**

Registered office: Peninsula Business Park, Tower A, 15th Floor, G.K Marg, Lower Parel , Mumbai - 400013  
24\*7 Tollfree Number: 1800 266 7780 Fax: 0226693 8170 Email: [customersupport@tataaig.com](mailto:customersupport@tataaig.com) website: [www.tataaig.com](http://www.tataaig.com)  
IRDA of India Registration No : 108 CIN: U85110MH2000PLC128425, PAN:AABCT3518Q, UIN: IRDAN108RP0008V01200001

## Auto Secure - Liability Only Policy



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

**Agent Name:** VOONNA VENKATA DURGAPRASAD**Agent License Code:** POSP1292B**Agent Contact No.:** 9989398411

<b>POSP Name:</b> VOONNA VENKATA DURGAPRASAD	<b>POSP Code:</b> 0043500 000	<b>POSP PAN No.:</b> BJOPV1292B	<b>POSP Contact Number:</b> 9989398411
		<b>POSP Aadhar No:</b> *****6040	

<b>Policy Number :</b> 6300170035 00 00	<b>Policy Type :</b> Auto Secure - Liability Only Policy	<b>Commercial Class:</b> Passenger Carrying Vehicle
<b>Policy Code :</b> 00/00/3188/02		

<b>Alternate Policy No:</b> N/A	<b>Covernote No:</b> N/A	<b>Covernote Issuance Date:</b> N/A
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Name & Address of Insured		Period of Insurance	
<b>Name :</b> Mrs AMBATI SULOCHANA <b>Address :</b> W/O AMBATI BHASKARA RAO ,D NO 1-113 MAINROAD,GANGAREGUVALASA , KOMARADA , SOMINAIDUVALASA ,MANYAM , 535521, GUMMALAKSHMIPURAM, ANDHRA PRADESH, INDIA  <b>Contact Number :</b> 8790824663 <b>Customer ID :</b> <b>GSTIN :</b> <b>Place of Supply:</b> ANDHRA PRADESH <b>State Code:</b> 37		<b>(Section - I Liability) From 00:00 Hours on 10/01/2023 To Midnight of 09/01/2024</b>  <b>(Section - II PA cover for owner driver) From 10/01/2023 To Midnight of 09/01/2024</b>	
<b>RTO LOCATION :</b> VIZIANAGARAM	<b>ZONE :</b> B	<b>Geographical Area :</b> INDIA	<b>Hire Purchase / Hypothecation / Lease With :</b>  <b>Contract/Loan/Reference No:</b>

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC/KW	Licensed Carrying Capacity Including Driver
AP35W4727	PIAGGIO/APE/D3S 4STR/Motorized Rickshaw	W2J3297377	MBX0000ZFPJ570 790	2012	436	4

Insured Declared Value (IDV) ₹							
Vehicle IDV	Body IDV	Chassis IDV	Non Electrical Accessories IDV	Electrical / Electronic Accessories	Bifuel / CNG / LPG Kit	Trailer IDV	Total IDV
0	0	0	0	0	0	0	0

SCHEDULE OF PREMIUM							
Section - I LIABILITY (B)							

<b>Third Party Premium</b>	
Basic TP premium	₹ 6181.00
<b>PA Benefits</b>	
1 Year(s) Compulsory PA cover for Owner Driver	₹ 375.00
<b>Legal Liability</b>	
Add: Legal liability to paid driver-IMT 28 Number of persons:1	₹ 50.00
<b>TOTAL LIABILITY PREMIUM (B)</b>	₹ 6606.00
<b>NET PREMIUM</b>	₹ 6606.00
SGST@9%	₹ 595.00
CGST@9%	₹ 595.00

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<b>TOTAL POLICY PREMIUM</b>	₹ <b>7796</b>
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**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.

**LIMITS OF LIABILITY**

<b>Under Section II - 1 (i) of policy (Death of or bodily injury)</b>	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.	<b>Under Section II - 1 (ii) of policy (Third Party Property Damage)</b>	₹ 7,50,000	<b>Under Section III : 1 Year(s) Compulsory PA Cover for Owner Driver</b>	Rs 15,00,000
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**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
AMBATI BHASKARA RAO	Husband	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 VISHAKAPATNAM on 09/01/202

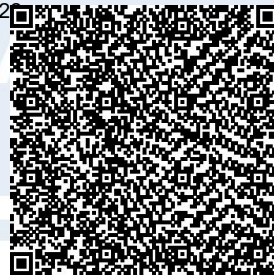
**Receipt No.(s) :**

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.**



**Authorized Signatory**




**Policy Servicing Office :** DOOR NO. 48-14-92, 4TH FLOOR, SRI PRASADI POLAYYA COMPLEX, RAMATAKIES ROAD, ALLIPURAM, 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](http://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.



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## Transcript Letter For Auto Secure - Liability Only Policy



1 **Name (Registered Owner of the Motor Vehicle)\*** : Mrs AMBATI SULOCHANA  
2 **Address For Communication\*** : W/O AMBATI BHASKARA RAO ,D NO 1-113 MAINROAD,GANGAREGUVALASA , KOMARADA ,  
SOMINAIDUVALASA ,MANYAM , 535521, GUMMALAKSHMIPURAM, 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\***: 10/01/2023 to Midnight of 09/01/2024

9 **Compulsory PA cover for owner driver period of insurance desired from** : 10/01/2023 to Midnight of 09/01/2024

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**: AMBATI BHASKARA RAO,40

**Relationship** : Husband

**Name of Appointee (if Nominee is Minor)** : NA

**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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