

### Auto Secure - Liability Only Policy

Date : 12/08/2021

Name : **MRS GULLA PADMA VATHI**

Address : W/O KANNAM NAIDU, D NO 2-104  
MAIN ROAD, CHINNABONDAPALLI  
PARVATHIPURAM  
MOBILE NO 9550755039  
PARVATHIPURAM - 535522  
VIZIANAGARAM  
ANDHRA PRADESH  
INDIA

#### Your Policy Details :

Policy Number : 3101374595  
Renewal : 00  
Endorsement : 00  
Liability Policy Period: From 13/08/2021 to. Midnight  
Of 12/08/2022  
Premium Paid : ₹ 4,155.00

Dear MRS GULLA PADMA VATHI,

Welcome to Tata AIG General Insurance Company Limited's family & we thank you for choosing our Auto Secure - Liability Only Policy for your 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.

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.tataaiginsurance.in**  
Renew Online

Quick steps incase of a claim

**1**

- ▶ FIRST ATTEND TO ANY INJURY
- ▶ RECORD THE INCIDENT
- ▶ KEEP REQUIRED DOCUMENTS HANDY

**2**

- ▶ SCAN THE QR CODE TO REGISTER YOUR CLAIM or
- ▶ CONTACT US ON OUR TOLL FREE NOS. or
- ▶ REGISTER CLAIM ON OUR WEBSITE [www.tataaig.com](http://www.tataaig.com)

QRCode

**3**

- ▶ INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE



**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)





Your vehicle is now insured, have you considered insuring the other aspects for your life.

Visit us at  
[www.tataaiginsurance.in](http://www.tataaiginsurance.in)

## Get life back on track after a personal injury.

Accidental Death  
Accidental Dismemberment  
Permanent Total Loss of Use  
Temporary Total Disability



### PERSONAL ACCIDENT INSURANCE

Accident Guard Policy

Rs. 5 lac Sum Insured  
at under Rs.4<sup>^</sup>/Day

<sup>^</sup>Premium mentioned covers Self and Family and is Inclusive of All Applicable Taxes, Conditions apply.

## Why leave your valuable household belongings to chance?



### HOME INSURANCE

Home Secure (Householders)  
Instachoice Policy

Upto Rs. 45 Lac Sum Insured  
at under Rs.45<sup>#</sup>/Day

<sup>#</sup>Premium mentioned is Inclusive of All Applicable Taxes, Conditions apply.

## Stay healthy & save tax\* at the same time.



### HEALTH INSURANCE

MediPrime

Save upto  
Rs.55,000 Tax\*

\*Tax benefit under section 80D of Income Tax Act 1961. Tax benefits are subject to changes in tax laws. If one purchases a health insurance policy for self/spouse/children, he/she can claim a tax deduction of upto ₹ 25000. When one purchases a health insurance policy for parents (a senior citizen), he/she is eligible for an additional tax deduction benefit upto ₹ 30000.

Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis. 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.

Accident Guard Policy UIN: IRDA/NL-HLT/TAGI/P-P/V.I/195/13-14 MediPrime UIN:IRDA/NL-HLT/TAGI/P-H/V.I/34/13-14 Homeseure (Householders) Instachoice Policy for health component i.e. Personal Accident cover UIN: 53/IRDAI/HLT/TAGI/NL-PACKAGE/2015-16





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

**Agent Name:** KONCHADA NAGARAJU

**Agent License Code:** POSP7313R;

**Agent Contact No.:** 9959109045

<b>POSP Name:</b>	<b>POSP Code:</b>	<b>POSP PAN No:</b> BTZPK7313R <b>POSP Aadhar No:</b> 821983785354	<b>POSP Contact Number:</b>
<b>Policy No.:</b> 3101374595	<b>Policy Code.:</b> 00/00/3184/01	<b>Policy Type:</b>	Auto Secure - Liability Only Policy
<b>Alternate Policy Number:</b>		<b>Covernote No:</b>	<b>Covernote Issuance Date:</b>

Name & Address of Insured		Period of Insurance	
<b>Name :</b> MRS GULLA PADMA VATHI <b>Address :</b> W/O KANNAM NAIDU, D NO 2-104 MAIN ROAD, CHINNABONDAPALLI PARVATHIPURAM MOBILE NO 9550755039 PARVATHIPURAM - 535522 VIZIANAGARAM ANDHRA PRADESH INDIA Place of supply -ANDHRA PRADESH State code -37  <b>Contact Number :</b> 9550755039 <b>Customer ID :</b> 6093794501 <b>GSTIN :</b>		<b>(Section - II Liability) From 00:00 Hours on 13/08/2021 To Midnight of 12/08/2022</b>	
<b>RTO Location:</b> VIZIANAGARAM	<b>Zone :</b> B	<b>Geographical Area :</b> India	<b>Hire Purchase / Hypothecation / Lease With:</b> N/A

Registration No.	Make/Model/Body Type	Engine No.	Chassis No.	Mfg. Year	CC/KW	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
AP 35 AF 2272	TATA MOTORS ZEST / XM DIESEL SEDAN	101A20000566799	MAT624026FLB05643	2015	1248		5

**SCHEDULE OF PREMIUM  
Section - II LIABILITY (B)**

<b>Third Party Premium</b>	
Basic TP premium	₹ 3,221.00
<b>PA Benefits</b>	
PA cover to unnamed passengers (IMT 16) No. of Passengers : 5 CSI per passenger: ₹ 100,000.00	₹ 250.00
<b>Legal Liability</b>	
Add : Legal Liability to paid driver (IMT 28) Number of persons : 1	₹ 50.00
<b>TOTAL LIABILITY PREMIUM (B)</b>	₹ 3,521.00
<b>NET PREMIUM</b>	₹ 3,521.00
<b>UGST/SGST @9 %</b>	₹ 317.00
<b>CGST @9 %</b>	₹ 317.00
<b>TOTAL POLICY PREMIUM</b>	₹ 4,155.00

**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 of the vehicle for any purpose other than : a) Hire or Reward {IblDrivingTutionOpted} b) Carriage of goods (other than samples or personal luggage) c) Organized racing d) Pace Making e) Speed testing f) Reliability Trials g) Any purpose in connection with Motor Trade

**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 :</b>	PA Owner Driver Capital Sum Insured:0 based on Insured's declaration that he/she has other Motor Insurance Policy with
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Compulsory Personal  
Accident Cover of at least  
15 lakhs

**Subject to: A) IMT Endorsement No.:** 16,22,28

**NOMINATION DETAILS**

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee

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 BOBBILL on 12/08/2021

**Receipt No.(s):** 103091022318482 , 12/08/2021

The stamp duty Of Rs 0.50/-paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no:  
CSD/86/2021/2388dated the13/07/2021.



For TATA AIG General Insurance  
Company LTD.



GSTIN : 37AABCT3518Q1ZV - ANDHRA PRADESH  
Service Account Code: 997134

**Authorized Signatory**

**Policy Servicing Office :** PLOT NO: 34, INDIRA NAGAR COLONY JUNCTION,, PEDDAPADU ROAD ,,SRIKAKULAM,ANDHRA PRADESH,SRIKAKULAM-532001, Tel No:91--, Fax No:91-0

**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.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.

## RECEIPT

Receipt No. : 103091022318482

Receipt Date : 12/08/2021

Policy No : 3101374595

Received with thanks from MRS GULLA PADMA VATHI a sum of ₹ **4,155.00** ( Rupees Four Thousand One Hundred Fifty Five And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	3101374595	4,155.00	4,155.00	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**

1. Name (Registered Owner of the Motor Vehicle)\*: MRS GULLA PADMA VATHI

2. Address for Communication\* : W/O KANNAM NAIDU, D NO 2-104  
MAIN ROAD, CHINNABONDAPALLI  
PARVATHIPURAM  
MOBILE NO 9550755039  
PARVATHIPURAM - 535522  
VIZIANAGARAM  
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\*:N/A Date of Expiry\*:N/A Type of Cover :N/A

Name of the Insurer\*: N/A

Accident in the previous policy period: No NCB in previous policy: N/A NCB claimed:

7. Own Damage period of insurance desired from\*:NA

8. Liability period of insurance desired from\*:13/08/2021 to midnight of 12/08/2022

9. Compulsory PA cover for owner driver period of insurance desired from:NA

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 ₹ 100000

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

: PA Owner Driver Capital Sum Insured:0 based on Insured's declaration that he/she has other Motor Insurance Policy with Compulsory Personal Accident Cover of at least 15 lakhs

Name of the Nominee & Age: 0 Relationship:

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

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 - **Please refer policy schedule cum certificate.**

14. Bank Details (Required for Refund / Claims)

Name of the Account Holder: MRS GULLA PADMA VATHI

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.