

Name: Mr SANKARA RAO YADAGALA

Address: S/O ANANDA RAO,

REDDI STREET, PARVATHIPURAM,

VIZIANAGARAM

535501

PARVATHIPURAM ANDHRA PRADESH Date: 10/01/2023

Your Policy Details:

Policy Number: 6300173837 00 00

Policy Period: From 00:00 Hours on 12/01/2023 to

Midnight of 11/01/2024

Premium Paid: ₹ 8,242.00

Dear Mr SANKARA RAO YADAGALA,

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



		Certificate	Of Insuran	ce and Policy Sc	hedule	Form 51 of the Ce	entral Motor V	ehicle Rule	es, 1989		
Agent Nai	ne : V	OONN	IA VEN	KATA DU	RGA	PRASAD					
Agent Lic	ense (Code: P	OSP129	92B		Agent C	Contact N	o.: 998	39398411		
VOONNA VENKATA 0043500			POSP F				act Number:	998939	8411		
					POSP A	Aadhar No: *****	**6040				
Policy Number	: 63001	73837 00 0	0		Policy Type : Auto Secure - Commercial Class : Passenger Carrying						rying
Policy Code: 00/00/3188/01				Commercial Vehicle Package Policy - Passenger Carrying Vehicle							
Alternate Polic	y No:	√A			Covernote No: N/A Covernote Issuance Date: N/A						
	Name	& Addres	s of Insure	ed	Period of Insurance						
Name : Mr SANKARA RAO YADAGALA Address : S/O ANANDA RAO , REDDI STREET,PARVATHIPURAM , VIZIANAGARAM , 535501, PARVATHIPURAM, ANDHRA				(Section - I Own Damage) From 00:00 Hours on 12/01/2023 To Midnight of 11/01/2024							
PRADESH, INDIA Contact Number: 9966894240 Customer ID: GSTIN:				(Section - II Liability) From 00:00 Hours on 12/01/2023 To Midnight of 11/01/2024 (Section - III PA cover for owner driver) From 12/01/2023 To Midnight of							
Place of Supply State Code: 3		IRA PRADE	ESH		11/01	1/2024					
Registrati Number			Model /	Engine Numbe	er	Chassis Number	Mfg. Year		MIFINANCEPRI ct/Loan/Referer Licen		ing
AP35TB2150 AUTO/		BA AUTO/RE Moto	JAJ JMAXIMA/ prized shaw	AJ MAXIMA/ BBYWJC31302		ID2A95AY9JWC 78550	2018	447			211101
				Insur	ed Decla	ared Value (IDV)	₹				
Vehicle IDV	Bod	y IDV	Chassis I	Non Ele DV Access IDV	ories	Electrical / Electronic Accessories	Bifuel / C		Trailer IDV	Tota	I IDV
150000		0	150000	0		0	0		0	150	000
				SCI	HEDULE	OF PREMIUM					
	Sec	tion - I OW	N DAMAGE	(A)			Sec	tion - II LI	ABILITY (B)		
Own Damage Premium on Vehicle and Accessories				Т	Third Party Premium						
					asic TP premium				₹	6181.	
	, ,					1 Year(s) Compulsory PA cover for Owner Driver ₹ 375					
OTAL OWN DAN		•					PA cover for Ov	mer Driver		₹	375
OTAL OWN DAM ection - I ADD O			her (TA na)	I ₹	(11.7	egal I jahility					
OTAL OWN DAM ection - I ADD O dd: Repair of glas	s, plastic, f	ibre and Rub	ber (TA 06)	₹		egal Liability dd: Legal liability to p	aid driver-IMT 28	Number of i	persons:1	₹	50
OTAL OWN DAM ection - I ADD O dd: Repair of glas	s, plastic, f	ibre and Rub	ber (TA 06)		0 A	egal Liability dd: Legal liability to p OTAL LIABILITY PR		Number of p	persons:1	₹	50 6606
OTAL OWN DAM ection - I ADD O dd: Repair of glas	s, plastic, f	ibre and Rub	ber (TA 06)		0 A	dd: Legal liability to p	EMIUM (B)	Number of p	persons:1		6606
	s, plastic, f	ibre and Rub	ber (TA 06)		0 A T N	dd: Legal liability to p OTAL LIABILITY PR IET PREMIUM (A+B+ GST@9%	EMIUM (B)	Number of p	persons:1	₹	
OTAL OWN DAM ection - I ADD O dd: Repair of glas	s, plastic, f	ibre and Rub	ber (TA 06)		0 A T N S	dd: Legal liability to p OTAL LIABILITY PR IET PREMIUM (A+B+	EMIUM (B) ·C)	Number of p	persons:1	₹	6606 6984

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) of policy (Death of or bodily injury)		Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.	(ii) of policy	i) of policy (Third Party Property		Under Section III : 1 Year(s) Compulsory PA Cover for Owner Driver	Rs 15,00,000	
	Compulsory Deductible: ₹ 500.00			The insured is entitled for a No Claim Bonus (NCB) on the own damage				
Deductible	Imposed Excess: ₹			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				
Under	Franchise	ee: ₹ 0.00		No Claim		· · · · · · · · · · · · · · · · · · ·	year 20%,preceding two consecutive assecutive years 35%, preceding four	

Bonus:

This policy does not cover preexisting damages as per Inspection photographs and Report

Subject to: A) IMT Endorsement Number: IMT 28

B) TATA AIG Auto Secure Endorsement Number (TA): TA 06

NOMINATION DETAILS

LIMITS OF LIABILITY

Section I

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee	
MRS SANKARA RAO YADAGALA	Spouse	NA 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.

For TATA AIG General Insurance Company LTD.

In witness whereof this Policy has been signed at VISHAKAPATNAM on 10/01/2023

Receipt No.(s):

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV-ANDHRA PRADESH

Service Account Code: 997134

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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.



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



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 - Commercial Vehicle Package Policy - Passenger Carrying Vehicle



- 1 Name (Registered Owner of the Motor Vehicle)*: Mr SANKARA RAO YADAGALA
- 2 Address For Communication*: S/O ANANDA RAO , REDDI STREET, PARVATHIPURAM , VIZIANAGARAM , 535501, PARVATHIPURAM, 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*: NA Type of Cover:

Name of the Insurer*: NA NCB claimed : NA

Accident in the previous policy period: N/A NCB in previous policy: NA

- 7 Own Damage period of insurance desired from*: 12/01/2023 to Midnight of 11/01/2024
- 8 Liability period of insurance desired from*: 12/01/2023 to Midnight of 11/01/2024
- 9 Compulsory PA cover for owner driver period of insurance desired from: 12/01/2023 to Midnight of 11/01/2024
- 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: MRS SANKARA RAO YADAGALA,34

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 : 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.