

Name: MR MAJHI GOPAL Address: S/O VENKATA NAIDU

> ALMONDA BANDHUGON CUTTACK - 764027

ORISSA INDIA Date: 18/12/2021

Your Policy Details:

Policy Number: 3100793971 01 00

Own Damage Policy Period: From 18/12/2021 to Midnight Of

17/12/2022

Liability Policy Period: From 18/12/2021 to Midnight Of

17/12/2022

Compulsory PA Cover to Owner Driver Policy Period: From

18/12/2021 to Midnight Of 17/12/2022

Premium Paid: ₹ 12,440

Dear MR MAJHI GOPAL,

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

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: BTZPK7313R



| | | C | Certificate | e Of | Insurance | and Policy | y Sch | edule Form | 51 of the Central | Motor Vehicle | Rules, 1989 | | | | | |
|--|---|--|--------------------------|---------|-----------------------|--|--|--|-------------------|--------------------|---------------------------|---------|----|---|--------|--|
| Age | nt Name : | KONCHAD | A NA | GΑ | RAJU | | | | | | | | | | | |
| Agent License Code: POSP7313R | | | | | | Ag | Agent Contact No.: 9959109045 (mobile or landline) | | | | | | | | | |
| Policy Number: 3100793971 01 00 Certificate Number:3100793971 01 00 Policy Code:01/00/3184/01 | | | | | | Pol | Policy Type: Auto Secure - Private Car Package Policy | | | | | | | | | |
| Alterna | te Policy Number | : N/A | | | | | | | | | | | | | | |
| Name & Address of Insured | | | | | | | Period of Insurance | | | | | | | | | |
| Name: MR MAJHI GOPAL Address: S/O VENKATA NAIDU ALMONDA BANDHUGON CUTTACK - 764027, ORISSA INDIA | | | | | | (Se | (Section - I Own Damage) From 16:18 Hours on 18/12/2021 To Midnight of 17/12/2022 (Section - II Liability) From 16:18 Hours on 18/12/2021 To Midnight of 17/12/2022 (Section - III PA cover for owner driver) From 16:18 Hours on 18/12/2021 To Midnight of 17/12/2022 | | | | | | | | | |
| GSTIN Place o | ner ID: 60836461 : N/A of Supply: ORISS. Code: 21 | | | | | | | | | | | | | | | |
| RTO Location: BHUBANESWAR Zone : B Geographical Ar | | | | | cal Area : | India | , | Hire Purchase / Hypothecation / Lease With: N/A Loan Account Number: N/A | | | | | | | | |
| Registration Number | | Make / Model Type | e / Model / Body Type | | gine Number | | Chassis Number | | Mfg. Year | cc/kw | | | | Licensed carrying Capacity including driver | | |
| OI | O 02 Q 5597 | MAHINDRA & MAHINDRA / BOLERO / XL 9-SEATER / MUV | | G⊦ | GHE4D72507 M <i>A</i> | | 1A1WG2GHKE5E71557 | | 2014 | 2524 | N | NA 9 | | 9 | | |
| | | | | | | Ins | sured | Declared Va | alue (IDV)₹ | | | | | | | |
| Year | r IDV Of Vehicle Non Electrical Accessories | | | Elect | rical / | Electronic A | Accessories | | NG / LPG Kit | Trailer | Side car | Total | | | | |
| 1 ₹270,008 ₹0 | | | | | | | ₹0 | ₹0 ₹0 ₹0 ₹270,008 | | | | | | | | |
| | | Ocation I OWN | LDAMAG | T /A | | | SCHE | DULE OF P | PREMIUM | Oti | II I I ADII ITV | (D) | | | | |
| Section - I OWN DAMAGE (A) | | | | | | | Section - II LIABILITY (B) Third Party Premium | | | | | | | | | |
| Own Damage Premium on Vehicle & Accessories Basic OD Premium ▼ Discounts under Own Damage Section | | | | | | | 69.32 Basic TP premium ₹ 7,890.00 PA Benefits | | | | | | | | | |
| Less: No claim bonus (25%) ₹ TOTAL OWN DAMAGE PREMIUM (A) ₹ Section - I ADD ON COVERS (C) | | | | | | | | 2.33 1 Year(s) Compulsory PA cover for Owner Driver ₹ 15,00,000.00 ₹ 375.00 6.99 PA cover to unnamed passengers (IMT 16) No. of passengers: 9 ₹ 450.00 CSI per passenger: ₹ 100,000.00 | | | | | | | | |
| Add : Repair of Glass, Rubber & Plastic Parts (TA08) ₹ | | | | | | ₹ | 0.00 Legal Liability Add: Legal liability to paid driver (IMT 28) Number of persons: 1 50.00 | | | | | | | | | |
| | | | | | | TOTAL LIABILITY PREMIUM (B) ₹ 8,765.0 NET PREMIUM (A+B+C) ₹ 10,541.9 | | | | | | | | | | |
| | | | | | | | IGST@ 18% ₹ 1,897.56 | | | | | | | | | |
| | | | | | | | | TOTAL PO | LICY PREMIUM | | | | | ₹ 12,4 | 440.00 | |
| of the a | Clause: Persons accident and is no at such a person s | t disqualified fro | m holding | g or | obtaining s | uch a lice | ense. I | Provided also | o that the person | | | | | | | |
| (other t | ions as to Use: T han samples or p OF LIABILITY | | | | | | | | | | | | | | ods | |
| 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 policy (Third Part Property Damage | | | | l Party | ` ' | ₹ 7,50,000 | | | ₹ 15,00,000 | Deprecia Cover: | of claims c tion Reimb | ursemer | nt | | | |



Deductible Under Section I

Compulsory Deductible : ₹ 2,000

Voluntary Deductible: 0 Imposed Excess: ₹ 0 .00 UIN Numbers:

IRDAN108RP0002V01200001/A0005V01200910

Subject to: A) IMT Endorsement Number: 16,28,32,22 B) TATA AIG Auto Secure Endorsement Number (TA): 08

NOMINEE DETAILS

| Name of the Nominee | Relationship with Insured | age | Name of Appointee (If nominee is minor) | Relationship with Nominee | | |
|---------------------|---------------------------|----------|---|---------------------------|--|--|
| W of MAJHI GOPAL | Spouse | 36 Years | 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 18/12/2021

For TATA AIG General Insurance Company LTD.

llu



Authorized Signatory

Consolidated Stamp Duty has been paid to the State Exchequer

GSTIN: 37AABCT3518Q1ZV - ORISSA Service Account Code: 99713434

Policy Servicing Office: BOBBILL, PLOT NO: 34, INDIRA NAGAR COLONY JUNCTION,, PEDDAPADU ROAD,, BOBBILL 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 MAJHI GOPAL

2. Address for Communication: S/O VENKATA NAIDU

ALMONDA
BANDHUGON
CUTTACK - 764027
CUTTACK ORISSA INDIA

3. Vehicle Details: MAHINDRA & MAHINDRA / BOLERO / XL 9-SEATER / MUV

4. Fuel Type: DIESEL

5. Insured's declared value: ₹270,008

6. Previous Insurance Particulars: Policy Number: 3100793971 Date of Expiry: 05/12/2021 Type of Cover: Package

Name of the Insurer: TATA AIG GENERAL INSURANCE CO.LTD.

Claim in the previous policy period: N/A

NCB in previous policy: 20 %

NCB claimed: 25 %

- 7. Own Damage period of insurance desired from: 18/12/2021 to midnight of 17/12/2022
- 8. Liability period of insurance desired from: 18/12/2021 to midnight of 17/12/2022
- 9. Compulsory PA cover for owner driver period of insurance desired: From 18/12/2021to midnight of 17/12/2022
- 10. Financier's Details: N/A
- 11. Extra Benefits opted

Unnamed Persons Personal Accident Cover for seating capacity, including driver CSI: 900000

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: ₹ 15,00,000 Term: 1 Years

Name of the Nominee & Age: W of MAJHI GOPAL & 36 Relationship: Spouse 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
- 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.
- 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.