

Name : **MR RAVUPALLI HARI**
Address : S/O: RAVUPALLI KRISHNA
D NO : 1-57 SAMBANNAVALASA
GARUGUBILLI - 535463
VIZIANAGARAM
ANDHRA PRADESH
INDIA

Date : 30/08/2022

Your Policy Details :

Policy Number : 0163604852 00 00
Policy Period : From 31/08/2022 to. Midnight
Of 30/08/2023
Premium Paid : ₹ 7796

Dear MR RAVUPALLI HARI,

Welcome to Tata AIG General Insurance Company Limited's 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. Kindly go through the enclosed information/declaration provided by you and in case your policy shows any 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 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.:	0163604852 00 00	Policy Type:	Liability Only Policy
Period of Insurance:	From 00:00 Hrs on 31/08/2022	Date of Expiry	To midnight of 30/08/2023
Insured Name & Address: MR RAVUPALLI HARI S/O: RAVUPALLI KRISHNA D NO : 1-57 SAMBANNAVALASA GARUGUBILLI - 535463 VIZIANAGARAM ANDHRA PRADESH INDIA Place of supply -ANDHRA PRADESH State code -37		Premium (Incl. of all tax/cess)	₹ 7796
		Insured Business/Profession:	OTHER
		Geographical Area:	India
		Registration Authority:	Vizianagaram
		HPA / Hyp / Lease to:	N/A

Registration No.	Make & Model	Body Type	Year of Manufacture	Gross Vehicle Weight	Cubic Capacity/KW	No. of Passengers including Driver	Engine No	Chassis No
AP 35 X 3693	BAJAJ RE - MAXIMA [DIESEL]		2015	876	447	4	BBZWFK02333	MD2A41AZXFWL03234

(Motor Vehicle shall in case of a Motorised Two Wheeler be deemed to include a side car attached to it)

SCHEDULE OF PREMIUM

A. OWN DAMAGE		B. LIABILITY	
TOTAL OWN DAMAGE PREMIUM	₹ 0.00	Basic	₹ 6,181.00
TOTAL ADD ON PREMIUM	₹ 0.00	Add : Compulsory PA Cover for Owner-Driver ₹1500000	₹ 375.00
		Add : Legal Liability to paid driver as per (IMT 28)	₹ 50.00
		TOTAL LIABILITY PREMIUM	₹ 6,606.00
		NET PREMIUM	₹ 6,606.00
		UGST/SGST @9 %	₹ 595.00
		CGST @9 %	₹ 595.00
		TOTAL PREMIUM	₹ 7,796.00

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 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: Under Section -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 -1 (ii) of policy (Third Party Property Damage): ₹ 750,000.00

PA to Owner Driver CSI: ₹ 1500000 /-

Nominee:MRS RAVUPALLI HARI Relationship:Wife

Subject to: A) IMT Endorsement No.: 28,40

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

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 30/08/2022

Receipt No.(s): 103191034699708 30/08/2022

The stamp duty Of Rs 0.50/ -paid In cash Or demand draft Or by pay order,vide Receipt/ Challan no:

LOA_NO.CSD/426/2022/3320dated the01/08/2022.

For Tata AIG General Insurance Company LTD.





Authorized Signatory

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

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.

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.: IRDAN108P0008V01200001

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

RECEIPT

Receipt No. : 103191034699708

Receipt Date : 30/08/2022

Policy No : 0163604852 00 00

Received with thanks from MR RAVUPALLI HARI a sum of ₹ **7,796.00** (Rupees Seven Thousand Seven Hundred Ninety Six And Paise Zero Only) vide Card no. XXXXXXXXXXXX9999

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	0163604852 00 00	7,796.00	7,796.00	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.LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases.

1. Name (Registered Owner of the Motor Vehicle)*: MR RAVUPALLI HARI

2. Address for Communication* : S/O: RAVUPALLI KRISHNA
D NO : 1-57 SAMBANNAVALASA
GARUGUBILLI - 535463
VIZIANAGARAM
ANDHRA PRADESH
INDIA

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

4. Vehicle Purchased is Used 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*:N/A Date of Expiry*:N/A Type of Cover :N/A

Name of the Insurer*: N/A

Accident in the previous policy period: Yes NCB in previous policy: N/A NCB claimed:

9. Period of Insurance Desired from*:31/08/2022 to midnight of 30/08/2023

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 RAVUPALLI HARI 39 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 RAVUPALLI HARI

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:

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