

Auto Secure - Liability Only Policy

Date: 19/12/2024

Name: **Mr GORAKSHANATH HOLE**

Address: A/P HOLEWADI (CHAVANMALA),
TAL KHED, DIST PUNE,,
410501,
KHED,
MAHARASHTRA

Your Policy Details:

Policy Number: 6302494652 00 00

Policy Period: From 17:42 Hours on 19/12/2024 to Midnight of
18/12/2025

Premium Paid: ₹ 18,093.00

Dear Mr GORAKSHANATH HOLE,

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,



CALL US

24X7 Toll Free

Call us on **1-800-266-7780**



WRITE TO US

Tata AIG General Insurance Co. Ltd.,
7th and 8th Floor, Romell Tech Park,
Cama Industrial Estate, Western Express
Highway, Goregaon(E), Mumbai,
Maharashtra 400063

Claims Registration
SMS 'CLAIMS' to 5616181 or
e-mail: 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 | Website: www.tataaig.com
IRDA of India Registration No : 108 CIN : U85110MH2000PLC128425 PAN : AABCT3518Q UIN : IRDAN108RP0008V01200001

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

Agent Name: AMJAD SHAIKH

Agent License Code:
AGINCDSPS5122E

Agent Contact No.: 9067887858

Policy Number: 6302494652 00 00
Policy Code: 00/00/3189/02

Policy Type : Auto Secure - Liability Only Policy

Commercial Class: Goods Carrying Vehicle

Alternate Policy No: N/A

Covernote No: N/A

Covernote Issuance Date: N/A

Name & Address of Insured

Period of Insurance

Name: Mr GORAKSHANATH HOLE
Address: A/P HOLEWADI (CHAVANMALA), ,TAL KHED,DIST PUNE ,, 410501, KHED, MAHARASHTRA, INDIA
Contact Number: 9604375292
Customer ID:
GSTIN:
Place of Supply: MAHARASHTRA
State Code: 27

(Section-I Liability) From 17:42 Hours on 19/12/2024 **To Midnight of** 18/12/2025

RTO Location: PIMPRI-CHINCHWAD

Zone: C

Geographical Area: INDIA

Hire Purchase / Hypothecation / Lease With :
Contract/Loan/Reference No:

Registration Number	Make / Model / Body Type/ Segment	Engine Number	Chassis Number	Mfg. Year	GVW	Public Carrier/Private Carrier	CC/KW	Licensed Carrying Capacity Including Driver
MH14CP3821	TATA MOTORS/SFC 407/31 EX TT/CLOSED/TANKER	497SPTC39HYY643632	MAT455026B8H36420	2011	5300	A1 GCV Public carriers other than 3 wheelers	2956	3

Insured Declared Value (IDV) ₹

Vehicle IDV	Body IDV	Chassis IDV	Non Electrical Accessories IDV	Electrical /Electronic Accessories	Bi-Fuel / CNG /LPG Kit	Trailer IDV	Total IDV
0	0	0	0	0	0	0	0

SCHEDULE OF PREMIUM

Section - I LIABILITY (B)

Third Party Premium	Premium Amount
Basic TP premium	₹ 16049.00
Legal Liability	
Add: Legal liability to paid driver - IMT 28 Number of persons:2	₹ 100.00
TOTAL LIABILITY PREMIUM	₹ 16149.00
Net basic Liability Premium (B)	₹ 16049.00
GST on Basic Liability Premium	
SGST@6%	₹ 963.00
CGST@6%	₹ 963.00
Net Other Liability Premium (D)	₹ 100.00
GST on other liability cover	
SGST@9%	₹ 9.00
CGST@9%	₹ 9.00
NET PREMIUM (B+D)	₹ 16149.00
TOTAL POLICY PREMIUM	₹ 18093

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Drivers Clause: Persons or Classes of Persons entitled to drive : Stage Carriage / Contract carriage / Private Service Vehicle 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.

Goods Carriage: Any person including insured: Provided that a person driving hold 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 goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Non Transport vehicles: 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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989

Warranty for Goods Carrying Vehicles:	Warranted that at no time the Gross Laden Weight of the vehicle exceeds the Gross Vehicle weight mentioned in the Schedule of the policy.
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LIMITS OF LIABILITY					
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 - 1 (ii) of policy (Third Party Property Damage)	₹ 7,50,000	Under Section III :	PA Owner Driver Capital Sum Insured:0 based on Insured's declaration that he/she already has a 24 hour Personal Accident cover against Death and Permanent Disability (Total and Partial) for Capital Sum Insured of at least 15 lakhs.

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) :

NOMINATION DETAILS			
Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
NA	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.
In witness whereof this Policy has been signed at MUMBAI on 19/12/2024
Receipt No.(s) :
Consolidated Stamp Duty has been paid to the State Exchequer.
GSTIN : 27AABCT3518Q1ZW-MAHARASHTRA
Service Account Code : 997134

For TATA AIG General Insurance Company LTD.

Digitally Signed By: Shammi Kapoor
Date:
Location: Mumbai

Policy Servicing Office: 3RD FLOOR,THE ORION KOREGAON PARK ROAD OPP. ST. MIRA'S COLLEGE FOR GIRLS, ARJUN MANSUKHANI PATH, PUNE, MAHARASHTRA. , PUNE , MAHARASHTRA , 411001

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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 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

- 1 Name (Registered Owner of the Motor Vehicle)*:** Mr GORAKSHANATH HOLE
- 2 Address For Communication*:** A/P HOLEWADI (CHAVANMALA), TAL KHED, DIST PUNE, 410501, KHED, MAHARASHTRA, 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*: 23/04/2022 | Type of Cover: Package (1 year OD + 1 year TP) |
| Name of the Insurer*: NA | NCB claimed: NA | |
| Accident in the previous policy period: NA | NCB in previous policy: 0 | |
- 7 Own Damage period of insurance desired from*:** NA to Midnight of NA
- 8 Liability period of insurance desired from*:** 19/12/2024 to Midnight of 18/12/2025
- 9 Compulsory PA cover for owner driver period of insurance desired from:** NA to Midnight of NA
- 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):** 2
- Legal Liability to Non-Fare Paying Passengers other than Statutory Liability except the Fatal Accidents Act):** NA
- Compulsory PA Cover for Owner Driver:** NA **Term:** Years
- Name of the Nominee & Age:** NA, NA **Relationship:** NA
- 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:** GORAKSHANATH HOLE
- Name of Bank & Branch:**
- Account Number:** NA **IFSC Code of Bank:** NA
- 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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