

Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle



Date:13/01/2025

Name: **Mr GOPAL VASANT MANE**

Address: SHIVNERI NIWAS GANESH MARG AREA DIGHI Pune
Maharas,
htra,
411015,
PUNE,
MAHARASHTRA

Your Policy Details:

Policy Number: 6302603289 00 00

Policy Period: From 17:11 Hours on 13/01/2025 to Midnight of
12/01/2026

Premium Paid: ₹ 51,915.00

Dear Mr GOPAL VASANT MANE,

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,

WITH YOU ALWAYS



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



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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 :IRDAN108RPMT0077V03201819

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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: 6302603289 00 00
Policy Code: 00/00/3188/01

Policy Type : Auto Secure -
Commercial Vehicle Package Policy -
Passenger Carrying Vehicle

Commercial Class: Passenger
Carrying Vehicle

Alternate Policy No: N/A

Covernote No: N/A

Covernote Issuance Date: N/A

Name & Address of Insured

Name: Mr GOPAL VASANT MANE
Address: SHIVNERI NIWAS GANESH MARG AREA DIGHI Pune Maharas, htra,
411015, PUNE, MAHARASHTRA, INDIA
Contact Number: 8788397671
Customer ID:
GSTIN:
Place of Supply: MAHARASHTRA
State Code: 27

Period of Insurance

(Section-I Own Damage) From 17:11 **Hours on** 13/01/2025 **To Midnight of** 12/01/2026

(Section-II Liability) From 17:11 **Hours on** 13/01/2025 **To Midnight of** 12/01/2026

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	CC/KW	Licensed Carrying Capacity Including Driver
MH14CW3758	TATA MOTORS/LPO 7.5/DIESEL/Closed/BUS	497TC73GUY829228	MAT752005F8G19230	2015	3783	34

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
800000	0	800000	0	0	0	0	800000

SCHEDULE OF PREMIUM

Section-I OWN DAMAGE (A)		Section - II LIABILITY (B)	
Own Damage Premium on Vehicle and Accessories	Premium Amount	Third Party Premium	Premium Amount
Basic OD Premium	₹ 718.10	Basic TP premium	₹ 43284.00
Loadings under Own Damage Section		Legal Liability	
Add: Cover for lamps, tyres/tubes mudguards/Bonnet/side parts-IMT 23	₹ 107.72	Add: Legal liability to paid driver - IMT 28 Number of persons:1	₹ 50.00
Discounts under Own Damage Section		TOTAL LIABILITY PREMIUM (B)	
Less: No claim bonus (20%)	₹ 165.16		₹ 43334.00
TOTAL OWN DAMAGE PREMIUM (A)	₹ 660.66	NET PREMIUM (A+B+C)	₹ 43995.00
Section - I ADD ON COVERS		SGST@9%	₹ 3960.00
Add: Repair of glass, plastic, fibre and Rubber (TA 06)	₹ 0	CGST@9%	₹ 3960.00
TOTAL ADD ON PREMIUM (C)	₹ 0	TOTAL POLICY PREMIUM	₹ 51915

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.

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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.

	UIN Numbers: IRDAN108RP0004V02200001/A0016V01201213
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Deductible Under Section I	Compulsory Deductible: ₹ 1,000.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00	No Claim Bonus :	The insured is entitled for a No Claim Bonus (NCB) on the own damage 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 years 25%, preceding three consecutive years 35%, preceding four 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.
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This policy does not cover preexisting damages as per Inspection photographs and Report	
Subject to: A) IMT Endorsement Number : IMT 23, IMT 28	
B) TATA AIG Auto Secure Endorsement Number (TA) : TA 06	

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 13/01/2025 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.



WITH YOU ALWAYS

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Transcript Letter

- 1 Name (Registered Owner of the Motor Vehicle)*:** Mr GOPAL VASANT MANE
- 2 Address For Communication*:** SHIVNERI NIWAS GANESH MARG AREA DIGHI Pune Maharas, htra, 411015, PUNE, 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*: 3004/322459099/00/B00 | Date of Expiry*: 26/12/2024 | Type of Cover: Package (1 year OD + 1 Year TP) |
| Name of the Insurer*: ICICI | NCB claimed: NA | |
| Accident in the previous policy period: NA | NCB in previous policy: 0 | |
- 7 Own Damage period of insurance desired from*:** 13/01/2025 to Midnight of 12/01/2026
- 8 Liability period of insurance desired from*:** 13/01/2025 to Midnight of 12/01/2026
- 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):** 1
- 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:**
- 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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