



Name : Directorate Of Forensic Science Laboratories  
Address : AP Regional Sub Forensic Laboratory,  
PUNE-411007,  
MAHARASHTRA

+91 84\*\*88\*\*58 | SPA\*\*\*\*\*@GMAIL.COM

Valid from → Valid till

|                 |                        |                       |
|-----------------|------------------------|-----------------------|
| OD Cover Period | 28 Jul '25 (19:13 Hrs) | 27 Jul '28 (Midnight) |
| TP Cover Period | 28 Jul '25 (19:13 Hrs) | 27 Jul '28 (Midnight) |

Premium amount : ₹ 91,067

Dear Directorate Of Forensic Science Laboratories,

Welcome to Tata AIG General Insurance Company Limited family & we thank you for choosing our policy for your motor vehicle insurance. Your Policy No. **6205052896** has been issued based on the information and declaration provided by you. You are requested to visit our website **www.tataaig.com** for full policy wordings

## In case of a claim, notify us first

5900+ network  
garagesLess deductions on repair  
claims  
\*No salvage value  
deducted4 hr TAT for claims  
inspection

## To Register Claim

Download the  
Tata AIG App

OR

Visit  
tataaig.com

OR

Call us at  
1800 266 7780

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

## Policy Details

Policy No & Certificate No : 6205052896 00 00

Insured Name : Directorate Of Forensic Science Laboratories

Address : AP Regional Sub Forensic Laboratory,  
PUNE-411007,  
MAHARASHTRA

Period of Insurance OD cover period : 28 Jul '25 (19:13 Hrs) to 27 Jul '28 (Midnight)

TP cover period : 28 Jul '25 (19:13 Hrs) to 27 Jul '28 (Midnight)

Policy Issuance Date : 28 Jul '25

Customer / Lessor GSTIN : 27AAACC2503KIZZ

Customer ID : NA

Customer contact number : 84\*\*88\*\*58

Proposal No : PR/25/6202784494

Covernote no / Issuance date : NA

Alternate Policy No : NA

## Vehicle Details

Registration no : NEW

Registration Authority : PUNE MH 12

Make/Model : FORCE MOTORS/TRAVELLER

Fuel Type : DIESEL

Variant : DIESEL

Engine Number/Battery Number : D71083431/NA

Chassis number : MCIE4BFA8SP010027

Engine/Battery Capacity (CC/ KW) : 2596

Seating Capacity (including driver) : 14

Mfg Year : 2025

Date of Registration : 28/07/2025

Body Type : MUV

Trailer Regn No. / Chassis No. : NA

HP/HYP/Lease : NA

Zone : A

Geographical Area : India

## Insured Declared Value (IDV)

| Vehicle IDV (₹) | Electrical Accessories (₹) | Non Electrical Accessories-Vehicle IDV (₹) | Bi-Fuel/CNG/LPG Kit (₹) | Trailer/Side car IDV (₹) | Total IDV (₹) |
|-----------------|----------------------------|--------------------------------------------|-------------------------|--------------------------|---------------|
| 25,20,000.00    | 0.00                       | 0.00                                       | 0.00                    | 0.00                     | 25,20,000.00  |
| 22,68,000.00    | 0.00                       | 0.00                                       | 0.00                    | 0.00                     | 22,68,000.00  |
| 20,41,200.00    | 0.00                       | 0.00                                       | 0.00                    | 0.00                     | 20,41,200.00  |

## Schedule Of Premium

## Section I Own Damage (A)

## Own Damage Premium On Vehicle &amp; Accessories

Basic Own Damage

Premium on Vehicle and non electrical accessories ₹ 30,882.60

Total Own Damage Premium (A) ₹ 30,882.60

Section I Add On Covers

(Add) Depreciation Reimbursement (TA 01) ₹ 21,546.00

(Add) Repair of Glass, Rubber & Plastic Parts (TA08) ₹ 0.00

Total Add On Premium (C) ₹ 21,546.00

## Section II Liability (B)

## Third Party Premium

Basic TP premium ₹ 24,596.00

Legal Liability

Add: Legal liability to paid driver (IMT 28) ₹ 150.00

Number of persons:1

Total Liability Premium (B) ₹ 24,746.00

Net Premium (A+B+C) ₹ 77,175.00

SGST/UGST @9% ₹ 6,946.00

CGST @9% ₹ 6,946.00

Total Policy Premium

₹ 91,067.00

Agent Name : amjad shaikh

Agent License Code : AGINCDS5122E • Agent Contact No. : 9067887858(or landline)



## 3 Years Auto Secure – Private Car Package



### Limitations as to Use

The Policy covers use of the vehicle for any purpose other than : a) Hire or Reward other than for (i) purpose of driving tuitions 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

**Warranted that** the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy.

**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 to Owner Driver CSI : NA

#### Nominee details :

Name of the Nominee :NA • Nominee Age :NA • Relationship of the Nominee with the Insured :NA

Number of claims covered under Depreciation Reimbursement Cover :5 • Basis of claim settlement under Tyre Secure Cover :NA

This Policy does not cover pre-existing damages as per Inspection Photographs and Report. Inspection Lead no NA

**Deductible under Section - I :** ₹ 2,000.00 (Compulsory Deductible ₹ 2,000, Voluntary Deductible: 0.00, Imposed Excess: 0.00) Franchisee:NA

**Deductible under Engine Secure:** NA **Add-On Cover :** Repair of Glass, Rubber & Plastic Parts, Depreciation Reimbursement

**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.

Subject to: (A) IMT Endorsement No. :28,32,22  
TATA AIG Auto Secure endorsement No. (TA): 08, 01

GSTIN: 27AABCT3518QIZW MAHARASHTRA 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 Mumbai on: Receipt (s) :  
PD300016109944 28/07/2025

Consolidated Stamp Duty has been paid to the State Exchequer.

Policy Number :6205052896/00/00 • GSTN Number :27AABCT3518QIZW  
MAHARASHTRA Service Accounting Code : 997134

For & On Behalf of Tata AIG General Insurance Company Ltd.



**Policy Servicing Office :** FURSUNGI - (VO), 3RD FLOOR, THE ORION, KOREGAON PARK ROAD, OPP., ST. MIRA'S COLLEGE FOR GIRLS, ARJUN MANSUKHANI PATH,, FURSUNGI - (VO)  
411001 • Tel. No :8888889959

### 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](http://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](http://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 mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured 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 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 be read together and any 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 and the Company shall not be liable for any liability whatsoever arising from such changes unless written request is made to the Company and the Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement.

### Receipt

Receipt No.: PD300016109944

Receipt Date: 28/07/2025

Policy No.: 6205052896 00 00

| Sr. No. | Policy Number    | Mode of Payment     | Total Premium (₹) | Utilized from the receipt for policy (₹) | Balance (₹) |
|---------|------------------|---------------------|-------------------|------------------------------------------|-------------|
| 1       | 6205052896 00 00 | paymentLinkCustomer | 91067             | 91067                                    | 0           |

Payer Name: Directorate Of Forensic Science Laboratories

#### Note:

- This is a computer generated receipt and does not require a signature
- Upon issuance of this Receipt, all previously issued temporary receipts, if any, related to this Policy shall be considered null and void
- Amounts received by cheque shall be subject to realisation
- Any amount received in excess of the Premium is being/shall be refunded by the Company

GSTIN : 27AABCT3518QIZW MAHARASHTRA Service Accounting Code : 997134

Revenue (consolidated) Stamp Duty duly paid vide challan No.NA date NA for applicable cases

Issuance of this receipt does not amount acceptance of the risk by Tata AIG General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the insurance policy if and when issued.



### Transcript of Information/Declaration

#### Insured and Vehicle Details

1. Name (Registered Owner of the Motor Vehicle) : **Directorate Of Forensic Science Laboratories**
2. Vehicle Details : **FORCE MOTORS / TRAVELLER / DIESEL / MUV**
3. Address for Communication : **AP Regional Sub Forensic Laboratory, PUNE-411007, MAHARASHTRA, India**
4. Vehicle Type : **MUV**
5. Fuel Type : **DIESEL**
6. Insured's Declared Value : **₹ 2,520,000**
7. Date of Registration : **28/07/2025**
8. Proposed Period of Insurance  
OD cover period : **28 Jul '25 (19:13 Hrs) to 27 Jul '28 (Midnight)**  
TP cover period : **28 Jul '25 (19:13 Hrs) to 27 Jul '28 (Midnight)**

#### Previous Insurance Details

| Name Of The Insurer: NA                                                                                                                                                       | Name Of The Insurer: NA                                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 1. Policy Number: NA                                                                                                                                                          | 1. Policy Number: NA                                                              |
| 2. Date of expiry: NA                                                                                                                                                         | 2. Date of expiry: NA                                                             |
| 3. Type of cover: NA                                                                                                                                                          | 3. Type of cover: <b>TP/CPA</b>                                                   |
| 4. Address if the Insurer: NA                                                                                                                                                 | 4. Address if the Insurer: NA                                                     |
| 5. Claim in Previous Policy Period: <b>No</b>                                                                                                                                 | 5. Claim in Previous Policy Period: <b>NA</b>                                     |
| 6. NCB in previous policy: <b>NA</b>                                                                                                                                          | 6. NCB in previous policy: <b>NA</b>                                              |
| 7. NCB Claimed: <b>NA</b>                                                                                                                                                     | 7. NCB Claimed: <b>NA</b>                                                         |
| 8. Period of insurance<br>OD cover period: <b>NA(00:00 Hrs) to NA(Midnight)</b><br>TP cover period: <b>NA(00:00 Hrs) to NA(Midnight)</b><br>CPA cover period: <b>NA to NA</b> | 8. Period of insurance<br>TP cover period: <b>NA (00:00 Hrs) to NA (Midnight)</b> |

#### Nominee Details

1. Name of Nominee: **NA**
2. Age of Nominee: **NA**
3. Relationship: **NA**
4. Name of Appointee (if Nominee is minor): **NA**

#### Restriction of Cover / Discounts / Concessions / Extended Covers

1. ARAI Membership Number: **NA**
2. Third Party Property Damage Cover restricted to ₹ 6,000/ only: **No**
3. Is Voluntary Deductible opted: **No**
4. Amount of Deductible opted: **NA**
5. Vehicle is fitted with Anti Theft Device approved by ARAI: **NA**
6. Add-on Covers opted: **Repair of Glass, Rubber & Plastic Parts, Depreciation Reimbursement**
7. PUC Certificate Number and PUC Expiry Date: **NA – NA**

#### 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 Own Damage Section I of the Policy will stand forfeited.
- ☒ I hereby give my consent to receive one page insurance policy

#### AML Guidelines :

- ☒ I / we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
- ☒ I / we are not Politically Exposed Persons \* nor are their close relatives/family members/ associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person/close relative / family member / associate of Politically Exposed Persons. "Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

**Disclaimer :** Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings on [www.tataaig.com](http://www.tataaig.com) carefully, before concluding a sale. Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis. #Add On covers can only be purchased with the base product and on payment of an additional premium

**Prohibition of Rebates:** – Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs.

**Grievance Redressal Procedure :** As per Regulation 17 of IRDA of India (Protection of Policyholders Interests) Regulation, 2017.

**Section 64 VB of the Insurance Act 1938 :** Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

3 Years Auto Secure – Private Car Package Policy – UIN : IRDANI08RPMT0002V02200001.Repair of Glass, Rubber & Plastic Parts – UIN : IRDANI08RP0002V01200001/A0005V01200910 (TA 08) . Depreciation Reimbursement – UIN : IRDANI08RP0002V01200001/A0001V01200910 (TA 01)

**Tata AIG General Insurance Company Limited**

Registered Office : Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai – 400013, Maharashtra, India • 24x7 Toll Free No: 1800 266 7780 • Email : [customersupport@tataaig.com](mailto:customersupport@tataaig.com) • website : [www.tataaig.com](http://www.tataaig.com)

• IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425

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