

Auto Secure Private Car Package Policy

RENEWPOLICY-TrackOn-1-13950002



Date : 18/06/2022

Your Policy Details

Policy Number : 0159933342 03 00

Own Damage Policy Period : From 19/06/2022 to. Midnight of 18/06/2023

Liability Policy Period : From 19/06/2022 to. Midnight of 18/06/2023

Premium Paid : ₹5,374.00

Name : **NAVA BARATH FERTILIZERS LIMITED**
 Address : CHAITANYA HOSPITAL, RAJENDRA PARK Q
 NEAR GURGAON GRAMINA BANK
 BAJGERA ROAD, GURGAON, HARYANA-122001
 GURGAON
 GURGAON
 HARYANA
 122001

Phone : 0

**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
 Renew Online

Quick steps incase of a claim

1

- ▶ FIRST ATTEND TO ANY INJURY
- ▶ RECORD THE INCIDENT
- ▶ KEEP REQUIRED DOCUMENTS HANDY

2

- ▶ SCAN THE QR CODE TO REGISTER YOUR CLAIM or
- ▶ CONTACT US ON OUR TOLL FREE NOS. or
- ▶ REGISTER CLAIM ON OUR WEBSITE www.tataaig.com



3

- ▶ INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE

Sincerely ,

For TATA AIG General Insurance Company Limited

Authorized Signature



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@tataaig.com



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IRDA of India Registration No : 108 CIN: U85110MH2000PLC128425, UIN: IRDAN108RP0002V01200001

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

Agent Name : JAINUINE INSURANCE BROKERS PVT LTD

Agent License Code : 376

Agent Contact No : 2572225747

Policy No: 0159933342 03 00	Policy Type: Auto Secure Private Car Package Policy	
Policy Code : 00/03/3184/02	Cover Note No:	Cover Note Issuance Date:
Name & Address of Insured		Period of Insurance
Name : NAVA BARATH FERTILIZERS LIMITED Address : CHAITANYA HOSPITAL, RAJENDRA PARK Q, NEAR GURGAON GRAMINA BANK, BAJGERA ROAD, GURGAON, HARYANA-122001, GURGAON, GURGAON HARYANA 122001 Contact Number : 0 Customer Id : 6048378874 GSTIN : 06AACCN1059M1ZD Place of Supply : HARYANA Supply Code : 06		(Section - I Own Damage) From 00:00 Hours on 19/06/2022 To Midnight of 18/06/2023 . (Section - II Liability) From 00:00 Hours on 19/06/2022 To Midnight of 18/06/2023 .
RTO LOCATION : GURGAON	ZONE : B	
Geographical Area : India	Hire Purchase / Hypothecation / Lease With :	
	Lessor GSTIN :	
	Contract/Loan/Reference No:	

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
HR 26 CA 0371	HYUNDAI/SANTRO GLS/HATCH BACK	G4HGDM67675 1	MALAA51HLDLM8 04764	2013	1086		5

Insured Declared Value (IDV) ₹							
Year	IDV Of Vehicle	Non Electrical Accessories	Electrical / Electronic Accessories	Bifuel / CNG / LPG Kit	Trailer	Side car	Total IDV
1	155854	0	0	0	0		155854

SCHEDULE OF PREMIUM	
Section - I OWN DAMAGE (A)	Section - II LIABILITY (B)

Own Damage Premium on Vehicle & Accessories		Third Party Premium	
Basic OD Premium	₹ 1,175.10	Basic TP premium	₹ 3,416.00
Discount Under Own Damage Section		PA Benefits	
Less: No claim bonus (50)	₹ 587.55	PA cover to unnamed passengers (IMT 16) No. of passengers: 5 CSI per passenger: 200000	₹ 500.00
TOTAL OWN DAMAGE PREMIUM (A)		Legal Liability	
	₹ 588.00	Add: Legal liability to paid driver (IMT 28) Number of persons: 1	₹ 50.00
TOTAL ADD ON PREMIUM (C)		TOTAL LIABILITY PREMIUM (B)	
	₹ 0.00		₹ 3,966.00
		COMPREHENSIVE PREMIUM (A+B+C)	
		₹ 4,554.00	
		NET PREMIUM	
		₹ 4,554.00	
		IGST @18%	
		₹ 820.00	
		TOTAL POLICY PREMIUM	
		₹ 5,374.00	

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.

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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 other than for the 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

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)	₹ 7,50,000.00	Under Section III : Year(s) Compulsory PA Cover for OwnerDriver	₹ 0.00	Number of claims covered under Depreciation Reimbursement Cover: 0 Basis of claim settlement for Tyre Secure cover :
Deductible Under Section I	Compulsory Deductible : ₹ 1,000.00 Voluntary Deductible : ₹ 0.00 Imposed Excess: ₹ 0.00 Franchisee: ₹ 0.00			UIN Numbers : , IRDAN108RP0002V01200001/A0005V01200910(TA 08)		

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

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 18/06/2022

For TATA AIG General Insurance Company LTD.

Receipt No.(s): 106001031739210 17/06/2022

The stamp duty of Rs0.25 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA/CSD/318/2022/1601 dated the 08/04/2022

GSTIN :36AABCT3518Q1ZX **TELANGANAService Account Code:** 997134





Authorized Signatory

Policy Servicing Office : 5TH AND 6TH FLOOR, IMPERIAL TOWERS,, H.NO 7-1-6-617/A, GHMC NO - 615,616, ,AMEERPET, HYDERABAD - 500016, HYDERABAD, TELANGANA, 500016

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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For Policy wordings, please scan the below QR code :



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RECEIPT

Receipt No. 106001031739210

Receipt Date: 17/06/2022

Policy No: 0159933342

Received with thanks from NAVA BARATH FERTILIZERS LIMITED a sum of 5373 (Rupees Five Thousand Three Hundred Seventy-Three And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXX dated 17/06/2022 Name as in credit/debit card - drawn on PAYABLE AT PAR branch towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	0159933342	5,374.00	5,373.00	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: 36AABCT3518Q1ZX TELANGANA **Service Accounting Code:** 997134

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA_NO.CSD/270/2022/727 date 10/02/2022 for applicable cases

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1 **Name (Registered Owner of the Motor Vehicle)* :** NAVA BARATH FERTILIZERS LIMITED
 2 **Address For Communication* :** CHAITANYA HOSPITAL, RAJENDRA PARK Q, NEAR GURGAON GRAMINA BANK, BAJGERA ROAD,
 GURGAON, HARYANA-122001,, GURGAON,
 GURGAON, HARYANA, 122001.

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

4 **Fuel Type :** PETROL

5 **Insured's Declared Value - Please refer policy schedule cum certificate.**

6 **Previous Insurance Particulars*:**

Policy Number : 0159933342

Date of inception of TP portion : 19/06/2021

Date of Expiry of TP portion : 18/06/2022

Type of Cover : Package

Name of the Insurer : TATAAIG

7 **Own Damage period of insurance desired from* :** 19/06/2022 to midnight of 18/06/2023

8 **Liability period of insurance desired from* :** 19/06/2022 to midnight of 18/06/2023

9 **Compulsory PA cover for owner driver period of insurance desired from** N/A **to midnight of** N/A

10 **Financier's Details:** Please refer policy schedule cum certificate

11 **Extra Benefits opted**

Unnamed Persons Personal Accident Cover for seating capacity, including driver CSI : 200000

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law) :

Compulsory PA Cover for Owner Driver : N/A **Term :** N/A

Name of the Nominee : NA

Age :

Relationship : NA

Name of Appointee (if Nominee is Minor) : NA

Relationship to the Nominee : NA

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 :** 0

Vehicle is fitted with Anti Theft Device approved by ARAI : N/A

13 **Add on covers :** N/A.

14 **Bank Details (Required for Refund / Claims)**

Name of the Account Holder :

Name of Bank & Branch :

Account Number :

IFSC Code of Bank :

15 **Declaration for No Claim Bonus :** N/A .

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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