

Auto Secure- Liability Only Policy

Renewal Business_1_MarutiCourier_14652348



Date : 11/07/2022

Name : **MR KANTIBHAI K PATEL**
 Address : APPOLO HOSPITAL NEAR NARAYANI HOSPITAL
 KRANTI NAGAR
 HIGHWAY GUJRAT MAHESANA
 MAHESANA
 MAHESANA
 GUJARAT
 384002
 Phone : 9714989898

Your Policy Details
 Policy Number : 0160009672 03 00
 Liability Policy Period : From 09/07/2022 to. Midnight of 08/07/2023
 PA Cover to Owner Driver Policy Period : From 09/07/2022 to. Midnight of 08/07/2023
 Premium Paid : ₹9,820.00

Dear MR KANTIBHAI K PATEL ,

We thank you for reposing your faith in us by renewing your vehicle insurance policy. Your policy has been renewed as per your advice and incorporates changes (if any) requested by you.

We are enclosing policy schedule cum certificate of insurance of your vehicle. You can access policy wordings, on our website www.tataaig.com. 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.

As our valued customer, you will continue to enjoy a host of value added benefits and give the extra protection that your vehicle needs.

We assure you of our best services at all times. Happy driving!

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



Tata AIG General Insurance Company Limited

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 : 9850049400
Policy Number : 0160009672 03 00	Policy Type:Auto Secure- Liability Only Policy
Policy Code : 00/03/3184/01	
Alternate Policy No.:	Cover Note No: _____ Cover Note Issuance Date: _____
Name & Address of Insured	Name & Address of Insured
Name : MR KANTIBHAI K PATEL Address : APPOLO HOSPITAL NEAR NARAYANI HOSPITAL KRANTI NAGARHIGHWAY GUJRAT MAHESANA MAHESANAMAHEASANA GUJARAT Contact Number : 9714989898 Customer Id : 6049227913 GSTIN : Place of Supply : GUJARAT Supply Code : 24	(Section - I Liability) From 00:00 Hours on 09/07/2022 To Midnight of 08/07/2023 . (Section - II CPA Cover For Owner Driver) From 09/07/2022 To Midnight of 08/07/2023
RTO LOCATION : GANDHINAGAR	ZONE : B
Geographical Area : India	Hire Purchase / Hypothecation / Lease With :
	Lessor GSTIN Number :
	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
GJ 18 AM 8074	HYUNDAI/VERNA FLUIDIC 1.6 CRDI SX/SEDAN	971034	18623	2011	1582		5

SCHEDULE OF PREMIUM
Section - I LIABILITY (B)

Third Party Premium	
Basic TP premium	₹ 7,897.00
PA Benefits	
1 Year(s) Compulsory PA cover for Owner Driver	₹ 375.00
Legal Liability	
Add: Legal liability to paid driver (IMT 28) Number of persons: 1	₹ 50.00
TOTAL LIABILITY PREMIUM (B)	₹ 8,322.00
NET PREMIUM	₹ 8,322.00
IGST @18%	₹ 1,498.00
TOTAL POLICY PREMIUM	₹ 9,820.00

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 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 I - 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 I - 1 (ii) of policy (Third Party Property Damage)	₹ 7,50,000.00	Under Section II : 1 Year(s) Compulsory PA Cover for OwnerDriver	₹ 15,00,000.00
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Subject to: A) IMT Endorsement Number: 22 , 28

NOMINATION DETAILS

Name of the Nominee	Relationship with insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
MRS PATEL	Spouse	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 11/07/2022

Receipt No.(s): 102601032390295 08/07/2022

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 : 27AABCT3518Q1ZW MAHARASHTRA

Service Account Code: 997134

For TATA AIG General Insurance Company LTD.




Authorized Signatory

Policy Servicing Office : 2ND FLOOR PREMISES NO. 25 & 26, KAPADIA COMMERCIAL COMPLEX, OPP-JANALAKSHMI BANK(HO) OLD AGRA ROAD, NASHIK, MAHARASHTRA, 422002

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, 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.

For Policy wordings, please scan the below QR code :



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, UIN:IRDAN108RP0008V01200001

RECEIPT

Receipt No. : 102601032390295

Receipt Date: 08/07/2022

Policy No: 0160009672

Received with thanks from MR KANTIBHAI K PATEL a sum of 9820 (Rupees Nine Thousand Eight Hundred Twenty And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXX dated 08/07/2022 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	0160009672	9,820.00	9,820.00	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 : 27AABCT3518Q1ZW MAHARASHTRA Service Accounting Code : 997134

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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, UIN: IRDAN108RP0008V01200001

- 1 **Name (Registered Owner of the Motor Vehicle)* :** MR KANTIBHAI K PATEL
- 2 **Address For Communication* :** APPOLO HOSPITAL NEAR NARAYANI HOSPITAL KRANTI NAGAR,HIGHWAY GUJRAT
MAHESANA,,MAHESANA,
MAHESANA,GUJARAT,384002.
- 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* : 0160009672 **Date of Expiry* :** 08/07/2022 **Type of Cover :** Standalone TP
Name of the Insurer* : TATAAIG
NCB in previous policy : 0 **Claim in the previous policy period :** No **NCB claimed :** 0
- 7 **Own Damage period of insurance desired from* :** to midnight of
- 8 **Liability period of insurance desired from* :** 09/07/2022 to midnight of 08/07/2023
- 9 **Compulsory PA cover for owner driver period of insurance desired from :** 09/07/2022 to midnight of 08/07/2023
- 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 : ₹
 Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law) :
Compulsory PACover for Owner Driver : ₹ 15,00,000.00 **Term:** 1 Year
Name of the Nominee : MRS PATEL **Age :** 34 **Relationship :** Spouse
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 :** (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 under take 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:**
 . 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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