

Auto Secure Private Car Package Policy

RENEWPOLICY-SpeedPost-1-15803706

Name : M/S NAVA BARATH FERTILIZERS LTD

Address : SRI BASAVESHWARA NILAYAM

1ST FLOOR 60 FEET ROAD VINOBHA NAGAR

SHIMOGA KARNATAKA

SHIMOGA SHIMOGA KARNATAKA 577204

Phone : 0

Dear M/S NAVA BARATH FERTILIZERS LTD,

We thank you for reposing your faith in us by renewing yourvehicle insurance policy. Your policy has been renewed as per youradvice 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 helpline1800 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!

Sincerely,

For TATA AIG General Insurance Company Limited

Authorized Signature

Date : 02/08/2022

Your Policy Details

Policy Number : 0158603493 04 00

Own Damage Policy Period: From 03/08/2022 to. Midnight of

02/08/2023

Liability Policy Period: From 03/08/2022 to. Midnight of

02/08/2023

Premium Paid : ₹11,530.00

In case of an accident, notify us first

Benefits:



7000+ network garages



Less deductions on repair claims*



4 hr. TAT for claims inspection

*No salvage value deducted









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



Agent Name	Certificate C	of Insurance and I					tral Mo	tor Vehicle I	Rules, 1989	
Agent Name . Agent Licenso		ISUNANCE D	KO				No : 2	257222574	1 7	
					Polic	y Type: Auto	o Secur	e Private Car	r Package Polic	<u></u> ;у
Policy No: 0158603493 04 00										
Policy Code: 00/04/3184/02						r Note No:		Period of In:		ince Date:
Policy Code:	Name & Addres	s of Insured			(0)					
Address : SRI VIN ,SH	B NAVA BARATH F BASAVESHWARA NI OBHA NAGAR,SHIMO IIMOGA,SHIMOGA RNATAKA 577204 r: 0 6024025360	LAYAM,1ST FLOOR		EET ROAD	Hou (Sect	rs on 03/08/2 ion - II Liab	2022 To	rom 00:00	of 02/08/2023 .	
GSTIN : Place of Supply Supply Code :	: KARNATAKA 29				ZONE : B Hire Purchase / Hypothecation / Lease With : Lessor GSTIN :					
RTO LOCATION Geographical A										
Geograpilical A	ica . mula				Contract/Loan/Reference No:					
Registration Number	Make / Model / Bo	Engine Num	ber	Chassis Nu	mber	/ Chassis No.		Licensed carrying Capacity including drive		
KA 14 P 7648	MARUTI/SWIFT	I D13A28527	33	MA3FJEB1S 20320	2016 1248				5	
				Insured Declar	ed Val	ue (IDV)₹				
Year	IDV Of Vehicle	Non Electrical Accessories		lectrical / Electrical / Electr	l Ri	Bifuel / CNG / Trailer Side ca		Side car	Total IDV	
1	416624	0		0	0 0			416624		
				SCHEDULE	OF PR	REMIUM				
	Section - I OWI	N DAMAGE (A)						Section - II	LIABILITY (B)	
Own Damage Premium on Vehicle &					Third Party Premium Basic TP premium ₹ 3,416.00					
Accessories				₹ 3,141.24	PA Benefits					
Basic OD Premiu		no Soction		3,141.24	PA cover to unnamed passengers (IMT 16). No. of					
Less: No claim bo	der Own Damag	ye section		₹ 1,570.62	passengers: 5 CSI per passenger: 2000000 ₹ 500.00					
				₹ 1,570.62	Legal Liability Add: Legal liability to paid driver (IMT 28) Number of ₹ 50.00					
Section 1 Add On Covers ©				persons: 1 ₹ 50.00						
•				₹ 3,749.62	TOTAL LIABILITY PREMIUM (B) ₹ 3					₹ 3,965.76
Add: Loss of personal belongings (TA 09) Sum				₹ 110.00			E PREI	MIUM (A+B+	C))	₹ 9,771.00
Insured:10000 Add: Emergency transport and hotel expenses (TA 10)				-	PREMIUM				₹ 9,771.00	
Any One Accident: 5000 Any One Year: 10000				₹ 110.00	IGST @18% ₹ 1,			₹ 1,759.00		
Add: Key Replacement (TA 15) Sum Insured: 25000 per occurrence limit 50% of SI				₹ 265.00	Road Side Assistance (Inclusive of applicable				₹ 11,530.00	
	TOTAL ADD ON PREMIUM (C)			₹ 4,234.62	taxes				1-1	₹ 136.88

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



Authorized Signatory

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: 2 Basis of claim settlement for Tyre Secure cover :		
Deductible Under Section I	Compulsory D Voluntary Ded Imposed Exce Franchisee:	uctible : ₹(0,000.00 0.00 0.00 0.00	IRDAN108RP0002V IRDAN108RP0002V		/01201819(TA 09), IRDAN108RP0002V01200001/A0055V01201819(TA 10), /01201819(TA 15), IRDAN108RP0002V01200001/A0022V01201213(TA 19),		

Subject to: A) IMT Endorsement Number: 16, 22, 28

B) TATA AIG Auto Secure Endorsement Number (TA): 10 , 09 , 15 , 01 , 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.

For TATA AIG General Insurance Company LTD.

In witness whereof this Policy has been signed at MUMBAI on 02/08/2022

Receipt No.(s): 106001033443128 02/08/2022

The stamp duty of Rs0.25 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA/CSD/403/2022/3025 dated the 11-JUL-22

GSTIN: 36AABCT3518Q1ZX TELANGANA Service Account Code: 997134

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 in some standard of the company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to the Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to the company shall not be issued by the Company. You are advised to the company shall not be issued by the Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement to be issued by the Company. You are advised to standard the policy of the policy of the policy of the policy and the policy of the policy of this policy 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 confirmati

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Tata AIG General Insurance Company Limited



For Policy wordings,	please	scan	the	below	QR	code	:
ETI. VAN ANDRESSO ETI							



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RECEIPT

Receipt No. 106001033443128 Receipt Date: 02/08/2022

Policy No: 0158603493

Received with thanks from M/S NAVA BARATH FERTILIZERS LTD a sum of 11667 (Rupees Eleven Thousand Six Hundred Sixty-Seven And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXXXX dated 02/08/2022 Name as in credit/debit card - drawn on PAYABLE AT PAR branch towards

SI.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	0158603493	11,530.00	11,667.00	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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Auto Secure Private Car Package Policy



1 Name (Registered Owner of the Motor Vehicle)*: M/S NAVA BARATH FERTILIZERS LTD

2 Address For Communication*: SRI BASAVESHWARA NILAYAM,1ST FLOOR 60 FEET ROAD VINOBHA NAGAR,SHIMOGA

KARNATAKA,,SHIMOGA,

SHIMOGA, KARNATAKA, 577204.

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: 0158603493

Date of inception of TP portion: 03/08/2021 Date of Expiry of TP portion: 02/08/2022

Type of Cover: Package
Name of the Insurer: TATAAIG

- 7 Own Damage period of insurance desired from*: 03/08/2022 to midnight of 02/08/2023
- 8 Liability period of insurance desired from*: 03/08/2022 to midnight of 02/08/2023
- 9 Compulsory PA cover forowner 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 toreceive 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 MoneyLaundering 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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