

**Auto Secure - Standalone Own Damage Private Car Policy**

New Business-TrackOn-620331487001



Date : 10/08/2022

Name : **MRS CHIRUMARRI SUVARNADEVI**  
 Address : VILLA NO13,BLUELAGOON  
 VILLAS,NEKANAMPUR,MANIKONDA,,,,HYDERABAD  
 HYDERABAD,TELANGANA,500089.  
  
 Phone No: 9949224498

**Your Policy Details**  
 Policy Number : 6200523035 00 00  
  
 Own Damage Policy Period : From 12/08/2022 to. Midnight of  
 11/08/2023  
  
 Premium Paid : ₹20,104.00

Dear MRS CHIRUMARRI SUVARNADEVI ,  
 Welcome to Tata AIG General Insurance Company Limited's Family  
 and We Thank you For Choosing our Auto Secure - Standalone Own  
 Damage Private Car Policy for your vehicle insurance.

We are enclosing Policy schedule cum certificate of insurance of your  
 vehicle. You are requested to visit our website [www.tataaig.com](http://www.tataaig.com) for  
 policy wording.

We would like to inform you that 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 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 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, thank you once again, for choosing Tata AIG General Insurance  
 Company Limited for insuring your vehicle. We assure you of our best  
 services at all times. Happy driving!

Sincerely ,

For TATA AIG General Insurance Company Limited

Authorized Signatory

**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](http://www.tataaig.com)
- 3** ▶ INCASE OF THEFT, PROPERTY DAMAGE OR INJURY, INFORM THE POLICE



**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](mailto: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. : 9949224498**

<b>Policy Number:</b> 6200523035 00 00 <b>Policy Code:</b> 00/00/3184/05	<b>Policy Type:</b> Auto Secure-Standalone Own Damage Private Car Policy
<b>Alternate Policy Number:</b>	
<b>Name &amp; Address of Insured</b>	<b>Period of Insurance</b>
<b>Name :</b> MRS CHIRUMARRI SUVARNADEVI <b>Address :</b> VILLA NO13,BLUELAGOON VILLAS,NEKANAMPUR,MANIKONDA, , , , HYDERABAD,HYDERABAD, TELANGANA, 500089	<b>(Section - I Own Damage) From 00:00 Hours on 12/08/2022 To Midnight of 11/08/2023 .</b>
<b>Contact Number :</b> 9949224498 <b>Customer Id :</b> 6093041822 <b>GSTIN :</b> <b>Place of Supply :</b> TELANGANA <b>Supply Code :</b> 36	<b>ZONE : A</b> <b>Hire Purchase / Hypothecation / Lease With :</b> MAHINDRA & MAHINDRA FINANCIAL SERVICES LTD.
<b>RTO LOCATION :</b> HYDERABAD <b>Geographical Area :</b> India	<b>Lessor GSTIN Number :</b>
	<b>Contract / loan / Ref No. :</b>

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC/K W	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
TS 10 GTR 9122	MAHINDRA & MAHINDRA/THAR LX 4 STR CONVERTIBLE DIESEL AT/MUV	YFM4F43583	MA1UJ4YF7M2G 13607	2021	2184		4

**Insured Declared Value (IDV) ₹**

Year	IDV Of Vehicle	Non Electrical Accessories	Electrical / Electronic Accessories	Bifuel / CNG / LPG Kit	Trailer	Side car	Total IDV
1	1175625	0	0	0	0		1175625

**SCHEDULE OF PREMIUM**

Section - I OWN DAMAGE (A)	
<b>Own Damage Premium on Vehicle &amp; Accessories</b>	<b>NET PREMIUM</b> ₹ 17,038.00
	CGST @9% ₹ 1,533.00
	SGST/UGST @9% ₹ 1,533.00
	<b>TOTAL POLICY PREMIUM</b> ₹ 20,104.00
	Road Side Assistance (Inclusive of applicable taxes) ₹ 136.88
<b>Basic OD Premium</b>	₹ 10,110.38
<b>Discounts Under Own Damage Section</b>	
Less: No claim bonus (20%)	₹ 2,022.08
<b>TOTAL OWN DAMAGE PREMIUM (A)</b>	₹ 8,088.49

Section 1 Add On Covers ©	
Add: Depreciation Reimbursement (TA 01)	₹ 3,526.88
Add: Return to Invoice (TA 05)	₹ 1,410.75
Add: Loss of personal belongings (TA 09) Sum Insured:10000	₹ 110.00
Add: Emergency transport and hotel expenses (TA 10) Any One Accident : 5000 Any One Year : 10000	₹ 110.00
Add: Key Replacement (TA 15) Sum Insured: 25000 per occurrence limit 50% of SI	₹ 265.00
Add: Engine Secure (TA 16)	₹ 1,175.63
Add: Tyre Secure (TA 17)	₹ 1,763.44
Add: Consumable expenses (TA 18)	₹ 587.81

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**

<b>TOTAL ADD ON PREMIUM (C)</b>	₹ 8,361.70
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**Motor Third Party Policy Details**

Certificate & Policy No.	Policy Type	Insurance Company Name	TP Cover Start Date	TP Cover End Date
3101380736	PackageComprehensive	TATA AIG GENERAL INSURANCE CO.LTD.	12/08/2021	11/08/2024

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**

Number of claims covered under Depreciation Reimbursement Cover: 2

Basis of claim settlement for Tyre Secure cover : REPLACEMENT BASIS

Deductible Under Section I	Compulsory Deductible : ₹ 2,000.00	<b>UIN Numbers:</b> ,IRDAN108RP0001V01201920/A0003V01201920(TA 01) ,IRDAN108RP0001V01201920/A0005V01201920(TA 05) ,IRDAN108RP0001V01201920/A0008V01201920(TA 09) ,IRDAN108RP0001V01201920/A0009V01201920(TA 10) ,IRDAN108RP0001V01201920/A0010V01201920(TA 15) ,IRDAN108RP0001V01201920/A0012V01201920(TA 16) ,IRDAN108RP0001V01201920/A0013V01201920(TA 17) ,IRDAN108RP0001V01201920/A0014V01201920(TA 18) ,IRDAN108RP0001V01201920/A0015V01201920(TA 19) ,IRDAN108RP0001V01201920/A0007V01201920(TA 08)
	Voluntary Deductible : ₹ 0.00	
	Imposed Excess: ₹ 0.00	
	Franchisee: ₹ 0.00	
	Engine Secure Deductible- 5% of claim amount in case of repair and 10% of claim amount in case of replacement	

Subject to: A) IMT Endorsement Number : 22 , 07

B) TATA AIG Auto Secure Endorsement Number (TA): 10 , 09 , 15 , 18 , 01 , 16 , 08 , 05 , 17

**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 10/08/2022

Receipt No.(s): 106001033839318 10/08/2022

The stamp duty of Rs 0.50 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA\_NO.CSD/426/2022/3320 dated the 01/08/2022

GSTIN :36AABCT3518Q1ZX TELANGANA

Service Account Code: 997134



For TATA AIG General Insurance Company LTD.



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 HYDERABAD-500016

**For Roadside Assistance, Please Contact on 18005724029**

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:IRDAN108RP0001V01201920

#### 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](http://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](mailto:customersupport@tataaig.com) website: [www.tataaig.com](http://www.tataaig.com)  
IRDA of India Registration No : 108 CIN: U85110MH2000PLC128425, UIN: IRDAN108RP0001V01201920

RECEIPT

Receipt No. 106001033839318

Receipt Date: 10/08/2022

Policy No: 6200523035 00

Received with thanks from MRS CHIRUMARRI SUVARNADEVI a sum of 20241 ( Rupees Twenty Thousand Two Hundred Forty-One And Paise Zero Only ) vide Credit / Debit Card No 9999XXXXXXX dated 10/08/2022 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	6200523035	20,104.00	20,240.00	1.00

- 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

**Transcript of Proposal for Auto Secure - Standalone Own Damage Private Car Policy**

- 1 **Name (Registered Owner of the Motor Vehicle)\* :** MRS CHIRUMARRI SUVARNADEVI
- 2 **Address For Communication\* :** VILLA NO13,BLUELAGOON VILLAS,NEKANAMPUR,MANIKONDA,,,,HYDERABAD, HYDERABAD,TELANGANA,500089.
- 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 : 3101390736  
 Date of inception of OD portion : 12/08/2021 Date of Expiry\* : 11/08/2022 Type of Cover : Standalone TP  
 Date of inception of TP portion : 12/08/2021  
 Date of Expiry of TP portion : 11/08/2022 NCB claimed : 20  
 Type of Cover :  
 Name of the previous policy period : No NCB in previous policy : 0  
 Name of the Insurer : TATA AIG  
 CD claim in previous year (Yes/No) : 0

7 **Period of insurance desired from\* :** 12/08/2022 to midnight of 11/08/2023  
 Date of inception of OD portion :  
 NCB claimed : 0  
 8 **Period of insurance desired from\* :** 12/08/2022 to midnight of 11/08/2023  
 Date of inception of OD portion : Please refer policy schedule cum certificate

9 **Extra Benefits opted :**  
 Name of the Nominee : N/A Age : Relationship : NA  
 NCB claimed : 20 Cover for Owner Damage:  
 Name of Appointee (if Nominee is Minor) : NA Relationship to the Nominee : NA  
 7 **Period of the Nominee desired from\* :** 12/08/2022 to midnight of 11/08/2023 Relationship to the Nominee : NA

10 **Restriction of Cover/Discounts/Concessions/Extended Covers**  
 Name of Appointee (if Nominee is Minor) : NA Relationship to the Nominee : NA  
 8 **Name of Appointee (if Nominee is Minor) :** NA  
 Is Voluntary Deductible opted : No Amount of Deductible opted : 0  
 9 **Extra Benefits opted :** No

11 **Add on covers :** Please refer policy schedule cum certificate.  
 Name of Appointee (if Nominee is Minor) : NA Relationship to the Nominee : NA  
 12 **Bank Details (Required for Refund / Claims)**

10 **Add on covers :** Please refer policy schedule cum certificate  
 Name of Automobile : N/A Membership no : N/A  
 Is Voluntary Deductible opted : No Amount of Deductible opted : 0  
 11 **Add on covers :** Please refer policy schedule cum certificate.  
 Name of the Account Holder : Relationship to the Nominee : NA  
 12 **Bank Details (Required for Refund / Claims)**  
 Name of Bank & Branch : ,  
 Account Number : IFSC Code of Bank : ,  
 Name of the Account Holder : Relationship to the Nominee : NA  
 10 **Add on covers :** Please refer policy schedule cum certificate  
 Name of Automobile : N/A Membership no : N/A  
 Is Voluntary Deductible opted : No Amount of Deductible opted : 0  
 11 **Add on covers :** Please refer policy schedule cum certificate.  
 Name of the Account Holder : Relationship to the Nominee : NA  
 12 **Bank Details (Required for Refund / Claims)**  
 Name of Bank & Branch : ,  
 Account Number : IFSC Code of Bank : ,

13 **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

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