

### Auto Secure Private Car Package Policy

RENEWPOLICY-TrackOn-1-15851408



**Name** : SHIVASHAKTI BIO TECHNOLOGIES LTD  
**Address** : SHOP NO B10 2ND FLOOR SARDAR PATEL MALL  
 , ABOVE BANK OF BARODA NIKOL GAM ROAD  
 THAKARBAPA NAGAR, BAPUNAGAR,  
 AHMEDABAD GUJARAT - 382350  
 AHMEDABAD  
 AHMEDABAD  
 GUJARAT  
 382350

**Phone** : 0

Date : 30/07/2022

#### Your Policy Details

Policy Number : 0160102561 03 00

Own Damage Policy Period : From 01/08/2022 to. Midnight of 31/07/2023

Liability Policy Period : From 01/08/2022 to. Midnight of 31/07/2023

Premium Paid : ₹7,097.00

Dear SHIVASHAKTI BIO TECHNOLOGIES LTD ,

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](http://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!

Sincerely ,

For TATA AIG General Insurance Company Limited

Authorized Signature

## 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

To Register Claim

Download the **Tata AIG App**



OR

Visit [tataaig.com](http://tataaig.com)



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**

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: 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**

<b>Policy No:</b> 0160102561 03 00	<b>Policy Type:</b> Auto Secure Private Car Package Policy
<b>Policy Code :</b> 00/03/3184/02	<b>Cover Note No:</b>   <b>Cover Note Issuance Date:</b>
<b>Period of Insurance</b>	
<b>Name &amp; Address of Insured</b>	
<b>Name :</b> SHIVASHAKTI BIO TECHNOLOGIES LTD <b>Address :</b> SHOP NO B10 2ND FLOOR SARDAR PATEL MALL,, ABOVE BANK OF BARODA NIKOL GAM ROAD,THAKARBAPA NAGAR, BAPUNAGAR, AHMEDABAD GUJARAT - 382350, AHMEDABAD,AHMEDABAD GUJARAT 382350 <b>Contact Number :</b> 0 <b>Customer Id :</b> 6050819331 <b>GSTIN :</b> 24AAECS1718G1ZN <b>Place of Supply :</b> GUJARAT <b>Supply Code :</b> 24	<b>(Section - I Own Damage) From 00:00</b> <b>Hours on 01/08/2022 To Midnight of 31/07/2023 .</b>  <b>(Section - II Liability) From 00:00</b> <b>Hours on 01/08/2022 To Midnight of 31/07/2023 .</b>
<b>RTO LOCATION :</b> AHMEDABAD EAST	<b>ZONE :</b> A
<b>Geographical Area :</b> India	<b>Hire Purchase / Hypothecation / Lease With :</b>
	<b>Lessor GSTIN :</b>
	<b>Contract/Loan/Reference No:</b>

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
GJ 27 BE 0541	MARUTI/SWIFT DZIRE VDI/SEDAN	D13A2861004	D13A2861004	2016	1248		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	402965	0	0	0	0		402965

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

<b>Own Damage Premium on Vehicle &amp; Accessories</b>		<b>Third Party Premium</b>	
Basic OD Premium	₹ 3,125.30	Basic TP premium	₹ 3,416.00
<b>Discount Under Own Damage Section</b>		<b>PA Benefits</b>	
Less: No claim bonus (50)	₹ 1,562.65	PA cover to unnamed passengers (IMT 16) No. of passengers: 5 CSI per passenger: 200000	₹ 500.00
<b>TOTAL OWN DAMAGE PREMIUM (A)</b>		<b>Legal Liability</b>	
₹ 1,563.00		Add: Legal liability to paid driver (IMT 28) Number of persons: 1	₹ 50.00
<b>Section 1 Add On Covers ©</b>		<b>TOTAL LIABILITY PREMIUM (B)</b>	
Add: Loss of personal belongings (TA 09) Sum Insured:10000	₹ 110.00	₹ 3,966.00	
Add: Emergency transport and hotel expenses (TA 10) Any One Accident : 5000 Any One Year : 10000	₹ 110.00	<b>COMPREHENSIVE PREMIUM (A+B+C )</b>	
Add: Key Replacement (TA 15) Sum Insured: 25000 per occurrence limit 50% of SI	₹ 265.00	₹ 6,014.00	
<b>TOTAL ADD ON PREMIUM (C)</b>		<b>NET PREMIUM</b>	
₹ 485.00		₹ 6,014.00	
		<b>IGST @18%</b>	
		₹ 1,083.00	
		<b>TOTAL POLICY PREMIUM</b>	
		₹ 7,097.00	
		<b>Road Side Assistance (Inclusive of applicable taxes)</b>	
		₹ 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.

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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

<b>Under Section II - 1 (i) of policy (Death of or bodily injury)</b>	Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988.	<b>Under Section II - 1 (ii) of policy (Third Party Property Damage)</b>	₹ 7,50,000.00	<b>Under Section III :</b>  <b>Year(s) Compulsory PA Cover for Owner/Driver</b>	₹ 0.00	<b>Number of claims covered under Depreciation Reimbursement Cover:</b> 0 <b>Basis of claim settlement for Tyre Secure cover :</b>
<b>Deductible Under Section I</b>	<b>Compulsory Deductible :</b> ₹ 1,000.00 <b>Voluntary Deductible :</b> ₹ 0.00 <b>Imposed Excess:</b> ₹ 0.00 <b>Franchisee:</b> ₹ 0.00	<b>UIN Numbers:</b> , IRDAN108RP0002V01200001/A0054V01201819(TA 09), IRDAN108RP0002V01200001/A0055V01201819(TA 10), IRDAN108RP0002V01200001/A0056V01201819(TA 15), IRDAN108RP0002V01200001/A0022V01201213(TA 19), IRDAN108RP0002V01200001/A0005V01200910(TA 08)				

**Subject to: A) IMT Endorsement Number :** 16 , 22 , 28  
**B) TATA AIG Auto Secure Endorsement Number (TA):** 10 , 09 , 15 , 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 30/07/2022

**For TATA AIG General Insurance Company LTD.**

**Receipt No.(s):** 106001033326457 30/07/2022

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



*(Handwritten Signature)*  
**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](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 wereceive 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.

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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For Policy wordings, please scan the below QR code :



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RECEIPT

Receipt No. 106001033326457

Receipt Date: 30/07/2022

Policy No: 0160102561

Received with thanks from SHIVASHAKTI BIO TECHNOLOGIES LTD a sum of 7233 ( Rupees Seven Thousand Two Hundred Thirty-Three And Paise Zero Only ) vide Credit / Debit Card No 9999XXXXXXX dated 30/07/2022 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	0160102561	7,097.00	7,233.00	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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IRDA of India Registration No : 108 CIN: U85110MH2000PLC128425, UIN: IRDAN108RP0002V01200001

1 **Name (Registered Owner of the Motor Vehicle)\* :** SHIVASHAKTI BIO TECHNOLOGIES LTD  
 2 **Address For Communication\* :** SHOP NO B10 2ND FLOOR SARDAR PATEL MALL,, ABOVE BANK OF BARODA NIKOL GAM ROAD,THAKARBAPA NAGAR, BAPUNAGAR, AHMEDABAD GUJARAT - 382350,,AHMEDABAD, AHMEDABAD,GUJARAT,382350.

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 :** 0160102561

**Date of inception of TP portion :** 01/08/2021

**Date of Expiry of TP portion :** 31/07/2022

**Type of Cover :** Package

**Name of the Insurer :** TATAAIG

7 **Own Damage period of insurance desired from\* :** 01/08/2022 to midnight of 31/07/2023

8 **Liability period of insurance desired from\* :** 01/08/2022 to midnight of 31/07/2023

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 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 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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