

Auto Secure Private Car Package Policy

RENEWPOLICY-TrackOn-1-15415674



Date : 11/08/2022

Your Policy Details

Policy Number : 3100492349 02 00

Own Damage Policy Period : From 17/08/2022 to. Midnight of 16/08/2023

Liability Policy Period : From 17/08/2022 to. Midnight of 16/08/2023

Premium Paid : ₹5,246.00

Name : **NAVA BARATH FERTILIZERS LIMITED**
 Address : C/O RAJENDRA PRASAD, D.NO 7-1-621/98, OPP. AXIS BANK SR NAGAR, SANJEEV REDDY NAGAR, HYDERABAD HYDERABAD HYDERABAD TELANGANA 500038

Phone : 9949224498

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

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: 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: 3100492349 02 00	Policy Type: Auto Secure Private Car Package Policy
Policy Code: 00/02/3184/02	Cover Note No: Cover Note Issuance Date:
Name & Address of Insured	Period of Insurance
Name : NAVA BARATH FERTILIZERS LIMITED Address : C/O RAJENDRA PRASAD, D.NO 7-1-621/98, OPP. AXIS BANK,SR NAGAR, SANJEEV REDDY NAGAR, HYDERABAD,, ,HYDERABAD,HYDERABAD TELANGANA 500038 Contact Number : 9949224498 Customer Id : 6078440994 GSTIN : 36AACCN1059M1ZA Place of Supply : TELANGANA Supply Code : 36	(Section - I Own Damage) From 00:00 Hours on 17/08/2022 To Midnight of 16/08/2023 . (Section - II Liability) From 00:00 Hours on 17/08/2022 To Midnight of 16/08/2023 .
RTO LOCATION : MALDA	ZONE : B
Geographical Area : India	Hire Purchase / Hypothecation / Lease With : ICICI BANK LTD
	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
WB 66 K 5280	HYUNDAI/SANTRO GLS/HATCH BACK	G4HGBM32290 2	MALAA51HLBM6 97279	2011	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	124429	0	0	0	0		124429

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

Own Damage Premium on Vehicle & Accessories		Third Party Premium	
Basic OD Premium	₹ 960.28	Basic TP premium	₹ 3,416.00
Discount Under Own Damage Section		PA Benefits	
Less: No claim bonus (50)	₹ 480.14	PA cover to unnamed passengers (IMT 16) No. of passengers: 5 CSI per passenger: 200000	₹ 500.00
TOTAL OWN DAMAGE PREMIUM (A)		Legal Liability	
₹ 480.14		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		₹ 3,965.86	
		COMPREHENSIVE PREMIUM (A+B+C)	
		₹ 4,446.00	
		NET PREMIUM	
		₹ 4,446.00	
		CGST @9%	
		₹ 400.00	
		SGST/UGST @9%	
		₹ 400.00	
		TOTAL POLICY PREMIUM	
		₹ 5,246.00	

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 , 07

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 11/08/2022

For TATA AIG General Insurance Company LTD.

Receipt No.(s): 106001033918227 11/08/2022

The stamp duty of Rs0.25 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 **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. 106001033918227

Receipt Date: 11/08/2022

Policy No: 3100492349

Received with thanks from NAVA BARATH FERTILIZERS LIMITED a sum of 5246 (Rupees Five Thousand Two Hundred Forty-Six And Pa ise Zero Only) vide Credit / Debit Card No 9999XXXXXXX dated 11/08/2022 Name as in credit/debit card - drawn on PAYABLE AT PAR br anch towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	3100492349	5,246.00	5,246.00	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* :** C/O RAJENDRA PRASAD, D.NO 7-1-621/98, OPP. AXIS BANK,SR NAGAR, SANJEEV REDDY NAGAR,
 HYDERABAD,,,HYDERABAD,
 HYDERABAD,TELANGANA,500038.

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 : 3100492349

Date of inception of TP portion : 17/08/2021

Date of Expiry of TP portion : 16/08/2022

Type of Cover : Package

Name of the Insurer : TATAAIG

7 **Own Damage period of insurance desired from* :** 17/08/2022 to midnight of 16/08/2023

8 **Liability period of insurance desired from* :** 17/08/2022 to midnight of 16/08/2023

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 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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