

#### Auto Secure Private Car Package Policy

## NEWPOLICY-TrackOn-620427520970-22409508

| Name    | : JIGARKUMAR KASHISHBHAI PATEL   |
|---------|--|
| Address | <sup>:</sup> 4 SURYODAYNAGAR SOCIETY, AERODRAME<br>ROAD, MAHESANA H.O, MAHESANA, GUJARAT,<br>AHMEDABAD<br>AHMEDABAD<br>GUJARAT<br>380010 |
| Phone   | :9714989898  |

Dear JIGARKUMAR KASHISHBHAI PATEL,

Welcome to Tata AIG General Insurance Company Limited's Family & We Thank you For Choosing our Auto Secure Private Car Package 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 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 asure you of our best services at all times.Happy driving!

Sincerely,

For TATA AIG General Insurance Company Limited

**Authorized Signature** 

Date : 13/06/2023

Your Policy Details

Policy Number : 6201607310 00 00

Own Damage Policy Period : From 16/06/2023 to. Midnight of 15/06/2024

Liability Policy Period : From 16/06/2023 to. Midnight of 15/06/2024

PA Cover to Owner Driver Policy Period  $\,:$  From  $\,16/06/2023$  to. Midnight of 15/06/2024

Premium Paid : ₹6,778.00

# 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









Tata AIG General Insurance Co. Ltd., 7<sup>th</sup> and 8<sup>th</sup> Floor, Romell Tech Park, Cama Industrial Estate, Western Express Highway, Goregaon(E), Mumbai, Maharashtra 400063 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,PAN : AABCT3518Q, UIN:IRDAN108RP0002V01200001 Page 1 of 6



| Agont Nome   | Certificate C<br>: JAINUINE IN                   | Of Insurance and F            | -   |  |  | ntral Mo             | otor Vehicle I | Rules, 1989      |   |
|--|--|-------------------------------|---|--|--|----------------------|----------------|------------------|---|
| 0  | $\frac{1}{10000000000000000000000000000000000$   | ISUKANCE D                    |   |  |  | No :                 | 98500494(      | )0               |   |
| 0  |  |                               |   | Polic  | cv Tvpe: Au  | to Secur             | e Private Ca   | r Package Polic  | cv  |
| Policy No: 6201  | 1607310 00 00                                    |                               |   |  | .,   |                      |                | i i donago i ont | .,  |
|  |  |                               |   |  | Cover Note No: Cover Note Issuance Date:   |                      |                |                  |   |
| Policy Code :  | 00/00/3184/02                                    |                               |   |  |  |                      | Period of In   | surance          |   |
|  | Name & Addres                                    | s of Insured                  |   | (Sec   | tion - I Own   | Damao                | e) From 00.0   | 0                |   |
| Name : JIGARKUMAR KASHISHBHAI PATEL<br>Address : 4 SURYODAYNAGAR SOCIETY, AERODRAME,ROAD,<br>MAHESANA H.O, MAHESANA, GUJARAT,,,<br>,AHMEDABAD,AHMEDABAD<br>GUJARAT 380010<br>Contact Number : 9714989898<br>Customer Id : 6136954525 |  |                               |   |  | <ul> <li>(Section - I Own Damage) From 00:00</li> <li>Hours on 16/06/2023 To Midnight of 15/06/2024 .</li> <li>(Section - II Liability) From 00:00</li> <li>Hours on 16/06/2023 To Midnight of 15/06/2024 .</li> <li>(Section - III CPA Cover For Owner Driver) From 16/06/2023 To Midnight of 15/06/2024</li> </ul> |                      |                |                  |   |
| GSTIN :<br>Place of Supply : GUJARAT<br>Supply Code : 24   |  |                               |   | <b>ZONE</b> : B  |  |                      |                |                  |   |
|  |  |                               |   | Hire Purchase / Hypothecation / Lease With :   |  |                      |                |                  |   |
| RTO LOCATION   | _  |                               |   | Lessor GSTIN :   |  |                      |                |                  |   |
| Geographical A   | rea : India                                      |                               |   | Contract/Loan/Reference No:  |  |                      |                |                  |   |
| Registration<br>Number   | Make / Model / Bo<br>Type                        | dy Engine Numb                | er Chassis Nu                             | mber   | Mfg. Year  | CC/KW                | / ClidSSIS NO. |                  | Licensed<br>carrying<br>Capacity<br>including drive |
| GJ 02 BH 6677  | HONDA/AMAZE <sup>2</sup><br>S MT<br>I-DTEC/SEDAN | N15A120096                    | 95 MAKDF255<br>04766                      | 2013 1 1498  |  |                      | 5              |                  |   |
|  |  | ·                             | Insured Decla                             | red Val  | lue (IDV)₹   |                      |                |                  |   |
| Year   | IDV Of Vehicle                                   | Non Electrical<br>Accessories | Electrical / Ele<br>tronic Access<br>ries | · R  | ifuel / CNG<br>LPG Kit   | G / Trailer Side car |                | Total IDV        |   |
| 1  | 328883   | 0                             | 0   |  | 0  |                      | 0              |                  | 328883  |
|  |  |                               | SCHEDULE                                  | OF P   | REMIUM   |                      |                |                  |   |
|  | Section - I OW                                   | N DAMAGE (A)                  |   |  |  |                      | Section - II   | LIABILITY (B)    |   |
| Own Damage   | e Premium on V                                   | /ehicle &                     |   |  | d Party P  |                      | m              |                  |   |
| Accessories  |  |                               |   |  | TP premiun   | n                    |                |                  | ₹ 3,416.00  |
| Basic OD Premiu  |  |                               | ₹ 3,306.26                                | PA Benefits  |  |                      |                |                  | ₹ 375.00  |
| Add: Repair Glas   |  |                               | ₹ 0.00                                    | 1 Year(s) Compulsory PA cover for Owner Driver<br>PA cover to unnamed passengers (IMT 16) No. of |  |                      |                |                  |   |
| Discount Under Own Damage Section  |  |                               |   | passengers: 5 CSI per passenger: 100000 ₹ 250.00   |  |                      |                |                  |   |
| ess: No claim bo   |  |                               | ₹ 1,653.13                                | -  | l Liability  |                      |                |                  |   |
| TOTAL OWN DAMAGE PREMIUM (A) ₹ 1,653.13  |  |                               |   | Add: Legal liability to paid driver (IMT 28) Number of   |  |                      |                |                  | ₹ 50.00   |
| TOTAL ADD ON PREMIUM (C) ₹ 0.00  |  |                               |   | persons: 1<br>TOTAL LIABILITY PREMIUM (B)  |  |                      |                |                  | ₹ 4,090.87  |
|  |  |                               |   |  |  |                      |                | <u>())</u>       | ,   |
|  |  |                               |   |  |  |                      | MIUM (A+B+     |                  | ₹ 5,744.00  |
|  |  |                               |   |  |  |                      |                |                  | ₹ 5,744.00  |
|  |  |                               |   |  | T @9%  |                      |                |                  | ₹ 517.00  |
|  |  |                               |   |  | T/UGST @9  |                      |                |                  | ₹ 517.00  |
|  |  |                               |   | TOT  | AL POLICY  | PREMIL               | IM             |                  | ₹ 6,778.00  |



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<br>Section II - 1<br>(i) of policy<br>(Death of or<br>bodily injury) | Such amount as<br>is necessary to<br>meet the<br>requirements of<br>the Motor<br>Vehicles Act,<br>1988. | Under<br>Section II -<br>1<br>(ii) of policy<br>(Third Party<br>Property<br>Damage) | ₹7,50,000.00 | Under Section III<br>: 1<br>Year(s)<br>Compulsory PA<br>Cover for<br>OwnerDriver | ₹ 15,00,000.00                  | Number of claims covered<br>under Depreciation<br>Reimbursement Cover: 0<br>Basis of claim settlement<br>for Tyre Secure cover : |
|--|---|---|--------------|--|---------------------------------|--|
| Deductible<br>Under Section<br>I   |   | •   | •            | UIN Numbers:   | , IRDAN108RP0002V01200001/A0005 | V01200910(TA 08)   |
|  | Compulsory Deductible :₹ 1,000.00Voluntary Deductible :₹ 0.00Imposed Excess:₹ 0.00Franchisee:₹ 0.00     |   |              |  |                                 |  |

| Subject to: A) IMT Endorsement Number : 16 , 22 , 28<br>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 |  |  |  |  |
| ANKITA   | 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.<br>In witness whereof this Policy has been signed at MUMBAI on 13/06/2023 |                           |   |                           |  |  |  |  |

Receipt No.(s): 102201050038100 13/06/2023

The stamp duty of Rs0.50 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA/CSD/30/2023/2079 dated the 03/05/2023



GSTIN :24AABCT3518Q1Z2 GUJARATService Account Code: 997134

Policy Servicing Office : OFFICE NO. 2-A, 2ND FLOOR,, TURQUOISE, PANCHAWATI CROSS ROAD, ,C.G.ROAD, AHMEDABAD, AHMEDABAD, GUJARAT, 380006

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.



#### 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 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 no 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 1 i.e. own damage section of the policy.

For Policy wordings, please scan the below QR code :





## RECEIPT Receipt No. 102201050038100 Receipt Date: 13/06/2023 Policy No: 6201607310 Received with thanks from JIGARKUMAR KASHISHBHAI PATEL a sum of 6778 ( Rupees Six Thousand Seven Hundred Seventy-Eight An d Paise Zero Only ) vide Credit / Debit Card No 9999XXXXXXXX dated 13/06/2023 Name as in credit/debit card - drawn on PAYABLE AT P AR branch towards SI.No. Policy Number Total Premium ₹ Utilized from the receipt for policy ₹ Balance ₹ 6201607310 0.00 1 6,778.00 6,778.00 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: 24AABCT3518Q1Z2 GUJARAT Service Accounting Code: 997134

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA-NO.CSD/507/4491 date 18/10/2022 for applicable cases



Auto Secure Private Car Package Policy Name (Registered Owner of the Motor Vehicle)\* : JIGARKUMAR KASHISHBHAI PATEL 1 4 SURYODAYNAGAR SOCIETY, AERODRAME, ROAD, MAHESANA H.O, MAHESANA, 2 Address For Communication\* : GUJARAT,,,,AHMEDABAD, AHMEDABAD, GUJARAT, 380010. 3 Vehicle Details : Please refer policy schedule cum certificate Fuel Type : DIESEL 4 Insured's Declared Value - Please refer policy schedule cum certificate. 5 Previous Insurance Particulars\*: 6 Policy Number : M00027775-R02 Date of inception of TP portion : 16/06/2022 Date of Expiry of TP portion : 15/06/2023 Type of Cover : Package Name of the Insurer : RAHEJA OD claim in previous year(YES/NO): No NCB in previous policy : 50 NCB claimed : 50 7 Own Damage period of insurance desired from\* : 16/06/2023 to midnight of 15/06/2024 8 Liability period of insurance desired from\* : 16/06/2023 to midnight of 15/06/2024 9 Compulsory PA cover forowner driver period of insurance desired from : 16/06/2023 to midnight of 15/06/2024 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: 100000 Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law) : Compulsory PA Cover for Owner Driver : ₹ 15,00,000.00 Term : 1 Years Name of the Nominee : ANKITA

Age : 39

RelationShip : Spouse

Name of Appointee (if Nominee is Minor) :NA

Relationship to the Nominee : NA

Battery No : **Charger No:** 

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.

#### 18 We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.