

Auto Secure Private Car Package Policy

RENEWPOLICY-TrackOn-620374935023-17857218

Name : MR SHYAM TRILOKCHANDRA AGRAWAL

Address : C-15,TOWN CENTER,CIDCO N-1 AURANGABAD

AURÁNGABAD AURANGABAD MAHARASHTRA

431001

Phone : 8888849450

Dear MR SHYAM TRILOKCHANDRA AGRAWAL,

We thank you for reposing your faith in us by renewing your vehicle 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 : 19/11/2022

Your Policy Details

Policy Number : 3100109957 03 00

Own Damage Policy Period: From 22/11/2022 to. Midnight of

21/11/2023

Liability Policy Period: From 22/11/2022 to. Midnight of

21/11/2023

PA Cover to Owner Driver Policy Period: From 22/11/2022 to.

Midnight of 21/11/2023

Premium Paid : ₹25,333.00

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**



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



		of Insurance and F					tral Mo	tor Vehicle	Rules, 1989			
	JAINUINE IN	ISURANCE B	RO									
Agent License	e Code: 376			A	gent	t Contact	No : 9	985004940	00			
Policy No: 3100	109957 03 00				Polic	y Type: Auto	Secur	e Private Ca	r Package Poli	СУ		
					Cover Note No:			Co	Cover Note Issuance Date:			
Policy Code: 00/03/3184/02					Period of Insurance							
	Name & Addres				(Section - I Own Damage) From 00:00							
Name : MR SHYAM TRILOKCHANDRA AGRAWAL Address : C-15,TOWN CENTER,CIDCO N-1 AURANGABAD,,, ,AURANGABAD,AURANGABAD MAHARASHTRA 431001					Hours on 22/11/2022 To Midnight of 21/11/2023 . (Section - II Liability) From 00:00 Hours on 22/11/2022 To Midnight of 21/11/2023 .							
Contact Number: 8888849450 Customer Id: 6061009981 GSTIN: Place of Supply: MAHARASHTRA Supply Code: 27					(Section - III CPA Cover For Owner Driver) From 22/11/2022 To Midnight of 21/11/2023							
					ZONE : B							
RTO LOCATION : AURANGABAD					Hire Purchase / Hypothecation / Lease With: THE SARASWAT CO-OPERATIVE BANK LTD							
Geographical A					Lessor GSTIN:							
Geograpilical Al	iea . IIIula				Contract/Loan/Reference No:							
Registration Number	Make / Model / Bo Type	Engine Num	ber	Chassis Nur	nber	Mfg. Year	СС		r Registration No. cal Chassis No. Ca		Licensed carrying Capacity cluding drive	
MH 20 EE 3399	HYUNDAI/CRET CRDI 1.6 SX (O)/SUV	D4FBGM187	775	MALC381UL 68145	GM1	2016	1582				5	
			ı	Insured Declare	d Val	ue (IDV)₹						
Year	IDV Of Vehicle	Non Electrical Accessories		lectrical / Elec onic Accesso ries	В	ifuel / CNG / LPG Kit	,	Trailer	Side car	,	Total IDV	
1	677900	0		0		0		0			677900	
				SCHEDULE (OF PF	REMIUM						
	Section - I OW	N DAMAGE (A)						Section - II	LIABILITY (B)			
Own Damage Premium on Vehicle & Accessories				Third Party Premium Basic TP premium ₹ 7,897.00								
Basic OD Premiur	n			₹ 6,543.43	PA B	enefits						
	der Own Dama	ge Section			1 Year(s) Compulsory PA cover for Owner Driver ₹ 375						₹ 375.00	
_ess: No claim bo		J			PA cover to unnamed passengers (IMT 16) No. of passengers: 5 CSI per passenger: 100000 ₹ 250.0						₹ 250.00	
TOTAL OWN DA	MAGE PREMIUM ((A)	Ī			Liability	1 1-0	. 3-11 100				
Section 1 Add On Covers ©				Add: Legal liability to paid driver (IMT 28) Number of						₹ 50.00		

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.

₹ 6,304.47

₹ 110.00

₹ 110.00

₹ 265.00

₹ 1,559.17

₹ 949.06

per occurrence limit 50% of SI

Add: Consumable expenses (TA 18)

Add: Engine Secure (TA 16)

Insured:10000

Add: Depreciation Reimbursement (TA 01)

Add: Loss of personal belongings (TA 09) Sum

Any One Accident: 5000 Any One Year: 10000

Add: Emergency transport and hotel expenses (TA 10)

Add: Key Replacement (TA 15) Sum Insured: 25000

Tata AIG General Insurance Company Limited

persons: 1

NET PREMIUM

SGST/UGST @9%

TOTAL POLICY PREMIUM

CGST @9%

TOTAL LIABILITY PREMIUM (B)

COMPREHENSIVE PREMIUM (A+B+C))

₹ 8,572.41

₹ 20.519.94

₹ 21,469.00

₹ 1,932.00

₹ 1,932.00

₹ 25,333.00



TOTAL ADD ON PREMIUM (C)

₹ 8,348.64

Road Side Assistance (Inclusive of applicable

₹ 136.88

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 : 1 Year(s) Compulsory PA Cover for OwnerDriver	₹ 15,00,000.00	Number of claims covered under Depreciation Reimbursement Cover: 2 Basis of claim settlement for Tyre Secure cover:			
Deductible Under Section I	Compulsory Deductible: ₹2,000.00 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			UIN Numbers: , IRDAN108RP0002V01200001/A0001V01200910(TA 01), IRDAN108RP0002V01200001/A0054V01201819(TA 09), IRDAN108RP0002V01200001/A0055V01201819(TA 10), IRDAN108RP0002V01200001/A0056V01201819(TA 15), IRDAN108RP0002V01200001/A0058V01201819(TA 16), IRDAN108RP0002V01200001/A0058V01201819(TA 18), IRDAN108RP0002V0120001/A0022V01201213(TA 19), IRDAN108RP0002V01200001/A0005V01200910(TA 08)					

Subject to: A) IMT Endorsement Number: 16, 22, 28, 07

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

NOMINATION DETAILS

Name of the Nominee	Relationship with insured	Name of Appointee (If nominee is minor)	Relationship with Nominee		
mrs	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.

For TATA AIG General Insurance Company LTD.

In witness whereof this Policy has been signed at MUMBAI on 19/11/2022

Receipt No.(s):

The stamp duty of Rs0.25 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA-NO.CSD/434/2022/3588 dated the 18/08/2022

GSTIN: 27AABCT3518Q1ZW MAHARASHTRA Service Account Code: 997134

Authorized Signatory

Policy Servicing Office: 2ND FLOOR, C WING,,KANDI TOWER, JALNA ROAD,, AURANGABAD, MAHARASHTRA., AURANGABAD, MAHARASHTRA, 431001

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 the trough 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.

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.



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



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Auto Secure Private Car Package Policy



1 Name (Registered Owner of the Motor Vehicle)*: MR SHYAM TRILOKCHANDRA AGRAWAL

2 Address For Communication*: C-15,TOWN CENTER,CIDCO N-1 AURANGABAD,,,,AURANGABAD,

AURANGABAD, MAHARASHTRA, 431001.

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: 3100109957

Date of inception of TP portion: 22/11/2021 Date of Expiry of TP portion: 21/11/2022

Type of Cover: Package
Name of the Insurer: TATAAIG

7 Own Damage period of insurance desired from*: 22/11/2022 to midnight of 21/11/2023

8 Liability period of insurance desired from*: 22/11/2022 to midnight of 21/11/2023

9 Compulsory PA cover forowner driver period of insurance desired from : 22/11/2022 to midnight of 21/11/2023

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 : mrs Age : 39 RelationShip : Spouse

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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