

Auto Secure Private Car Package Policy

RENEWPOLICY-TrackOn-620417457053-21520828



Date : 06/05/2023

Your Policy Details

Policy Number : 6200316688 01 00

Own Damage Policy Period : From 21/05/2023 to. Midnight of 20/05/2024

Liability Policy Period : From 21/05/2023 to. Midnight of 20/05/2024

PA Cover to Owner Driver Policy Period : From 21/05/2023 to. Midnight of 20/05/2024

Premium Paid : ₹7,446.00

Name : JIGNESHBHAI SHAMJIBHAI PANSURIYA

Address : MATRU KRUPA GULABNAGAR ST NO 1
MASTER SOC MAIN ROAD KOTHARIYA MAIN
ROAD
RAJKOT
RAJKOT
GUJARAT
360002

Phone : 9904087516

Dear JIGNESHBHAI SHAMJIBHAI PANSURIYA ,

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. 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!

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



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 Co. Ltd.,
7th and 8th 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, UIN: IRDAN108RP0002V01200001

Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989
Agent Name : CLARION INSURANCE BROKING SERVICES PRIVATE LIMITED
Agent License Code : 712
Agent Contact No : 9898966631

Policy No: 6200316688 01 00		Policy Type: Auto Secure Private Car Package Policy	
Policy Code : 00/01/3184/02		Cover Note No:	Cover Note Issuance Date:
Name & Address of Insured		Period of Insurance	
Name : JIGNESHBHAI SHAMJIBHAI PANSURIYA Address : MATRU KRUPA GULABNAGAR ST NO 1, MASTER SOC MAIN ROAD KOTHARIYA MAIN ROAD,, ,RAJKOT,RAJKOT GUJARAT 360002 Contact Number : 9904087516 Customer Id : 6107822966 GSTIN : Place of Supply : GUJARAT Supply Code : 24		(Section - I Own Damage) From 00:00 Hours on 21/05/2023 To Midnight of 20/05/2024 . (Section - II Liability) From 00:00 Hours on 21/05/2023 To Midnight of 20/05/2024 . (Section - III CPA Cover For Owner Driver) From 21/05/2023 To Midnight of 20/05/2024	
RTO LOCATION : RAJKOT		ZONE : B	
Geographical Area : India		Hire Purchase / Hypothecation / Lease With :	
		Lessor GSTIN :	
		Contract/Loan/Reference No:	

Registration Number	Make / Model / Body Type	Engine Number	Chassis Number	Mfg. Year	CC/KW	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
GJ 03 EL 0322	HYUNDAI/I20 1.4 MAGNA/HATCH BACK	D4FCCU098259	MALBB51RLCM4 11551	2012	1396		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	202159	0	0	0	0		202159

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

Own Damage Premium on Vehicle & Accessories		Third Party Premium	
Basic OD Premium	₹ 2,773.62	Basic TP premium	₹ 3,416.00
Add: Repair Glass Fiber plastic	₹ 0.00	PA Benefits	
Discount Under Own Damage Section		1 Year(s) Compulsory PA cover for Owner Driver	₹ 375.00
Less: No claim bonus (20)	₹ 554.72	PA cover to unnamed passengers (IMT 16) No. of passengers: 5 CSI per passenger: 100000	₹ 250.00
TOTAL OWN DAMAGE PREMIUM (A)	₹ 2,218.90	Legal Liability	
TOTAL ADD ON PREMIUM (C)	₹ 0.00	Add: Legal liability to paid driver (IMT 28) Number of persons: 1	₹ 50.00
		TOTAL LIABILITY PREMIUM (B)	₹ 4,091.10
		COMPREHENSIVE PREMIUM (A+B+C)	₹ 6,310.00
		NET PREMIUM	₹ 6,310.00
		CGST @9%	₹ 568.00
		SGST/UGST @9%	₹ 568.00
		TOTAL POLICY PREMIUM	₹ 7,446.00

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 : 1 Year(s) Compulsory PA Cover for Owner/Driver	₹ 15,00,000.00	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
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
SHAMJIBHAI	Father	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 06/05/2023

For TATA AIG General Insurance Company LTD.

Receipt No.(s): 102151047682805 06/05/2023

The stamp duty of Rs0.25 paid in cash or demand draft or by pay order,vide Receipt/Challan no:LOA/CSD/655/2023/1021 dated the 21/03/2023




Authorized Signatory

GSTIN :24AABCT3518Q1Z2 **GUJARATService Account Code:** 997134

Policy Servicing Office : UNIT NO. 301 TO 304, 3RD FLOOR, ARIHANT COMPLEX, TAGORE ROAD ,NEAR BHARAT TRAVEL, VIRANI CHOWK, RAJKOT, GUJARAT, 360002

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. 102151047682805

Receipt Date: 06/05/2023

Policy No: 6200316688

Received with thanks from JIGNESHBHAI SHAMJIBHAI PANSURIYA a sum of 7446 (Rupees Seven Thousand Four Hundred Forty-Six And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXX dated 06/05/2023 Name as in credit/debit card - drawn on PAYABLE AT P AR branch towards

Sl.No.	Policy Number	Total Premium ₹	Utilized from the receipt for policy ₹	Balance ₹
1	6200316688	7,446.00	7,446.00	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: 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

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- 1 **Name (Registered Owner of the Motor Vehicle)* :** JIGNESHBHAI SHAMJIBHAI PANSURIYA
- 2 **Address For Communication* :** MATRU KRUPA GULABNAGAR ST NO 1, MASTER SOC MAIN ROAD KOTHARIYA MAIN ROAD,,,RAJKOT, RAJKOT, GUJARAT, 360002.

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 : 6200316688

Date of inception of TP portion : 21/05/2022

Date of Expiry of TP portion : 20/05/2023

Type of Cover : Package

Name of the Insurer : TATAAIG

7 **Own Damage period of insurance desired from* :** 21/05/2023 to midnight of 20/05/2024

8 **Liability period of insurance desired from* :** 21/05/2023 to midnight of 20/05/2024

9 **Compulsory PA cover for owner driver period of insurance desired from :** 21/05/2023 to midnight of 20/05/2024

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 : SHAMJIBHAI

Age : 56

Relationship : Father

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 Money Laundering 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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