

Auto Secure - Standalone Own Damage Private Car Policy New Business-TrackOn-620449080560

Name : THE MANAGING DIRECTOR

: SHIPMENT SOLUTIONS PVT LTD,1STFLOOR, SRI Address

SIDHIVINAYAKA APARTMENTS, 39/3202E,ILLOM

ROAD, COCHIN, ERNAKULAM,,,,KOCHI

ERNAKULAM, KERALA, 682016.

Phone No: 8129602302

Dear THE MANAGING DIRECTOR,

Welcome to Tata AIG General Insurance Company Limited's Family and We Thank you For Choosing our Auto Secure - Standalone Own Damage Private Car 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 Signatory

Date: 25/09/2023

Your Policy Details

Policy Number : 6201985513 00 00

Own Damage Policy Period: From 29/09/2023 to. Midnight of

28/09/2024

Premium Paid : ₹38,968.00

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









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





| Agent Name: MABITHA K M | le Form 51 of the Central Motor Vehicle Rules, 1989 |
|---|---|
| Agent License Code: 8571817 | Agent Contact No. : 9745300350 |
| Policy Number: 6201985513 00 00 Policy Code: 00/00/3184/05 | Policy Type: Auto Secure-Standalone Own Damage Private Car Policy |
| Alternate Policy Number: Q300177399880 Name & Address of Insured | Period of Insurance |
| Name: THE MANAGING DIRECTOR Address: SHIPMENT SOLUTIONS PVT LTD, 1STFLOOR, SRI SIDHIVINAYAKA APARTMENTS, 39/3202E,ILLOM ROAD,COCHIN, ERNAKULAM,, , , KOCHI,ERNAKULAM, KERALA, 682016 | (Section - I Own Damage) From 00:00 Hours on 29/09/2023 To Midnight of 28/09/2024 . |
| Contact Number: 8129602302 Customer Id: 6145150407 GSTIN: Place of Supply: KERALA Supply Code: 32 | ZONE : B Hire Purchase / Hypothecation / Lease With : |
| RTO LOCATION : ERNAKULAM | Lessor GSTIN Number : |
| Geographical Area : India | Contract / Ioan / Ref No. : |

| Registration Number | Make / Model / Bo Type | dy Engine Number | Chassis Number | • | Mfg. Year | CC/K W | Trailer Registration No. / Chassis No. | | Licensed carrying Capacity including driver | |
|--|---------------------------------------|-------------------------------|---|-----------------------------|-------------------------|-----------|---|-------------|---|-----------|
| KL 07 CZ 5152 | TATA MOTORS/NEXOI EV XZ PLUS/SU | 1 22041683 | FJ MAT635003N 1293 | NLJ1 | 2022 | 95 | | | 5 | |
| | | | Insured Declar | ed V | alue (IDV) ₹ | | | | | |
| Year | IDV Of Vehicle | Non Electrical Accessories | Electrical / Electronic Accessories | | Bifuel / CNG LPG Kit | i/ | Trailer Side car | | r | Total IDV |
| 1 | 1450000 | 0 | 0 | | 0 | | 0 | | | 1450000 |
| | | | SCHEDULE | OF F | PREMIUM | | | | | |
| Section - I OWN DAMAGE (A) | | | | Section - II ADDONS (B) | | | | | | |
| Own Damage Premium on Vehicle & | | | | | | | | | ₹ 33,024.00 ₹ 2,972.00 | |
| Accessories | | | ,,, | | | | ₹ 2.972.00 | | | |
| Basic OD Premium ₹ 26,439.30 | | | | TOTAL POLICY PREMIUM ₹ 38,9 | | | | ₹ 38,968.00 | | |
| Add: Repair Glass Fiber plastic ₹ 0.00 | | | Road Side Assistance (Inclusive of applicable taxes) ₹ 136.88 | | | | ₹ 136.88 | | | |
| TOTAL OWN DAMAGE PREMIUM (A) ₹ 26,439.00 | | | | | | • | | · | | • |
| Section 1 Ad | d On Covers © | | |] | | | | | | |
| Add: Depreciation Reimbursement (TA 01) ₹ 5,800.00 | | | | | | | | | | |
| Add: Loss of personal belongings (TA 09) Sum Insured:10000 ₹ 180.00 | | | | | | | | | | |
| Add: Emergency transport and hotel expenses (TA 10) Any One Accident : 5000 Any One Year : 10000 ₹ 180.00 | | | | | | | | | | |

| TOTAL ADD ON PREMIUM | (C) ₹ 6,5 | 85.00 | | | | | |
|----------------------------------|----------------------|---|------------------------|----------------------|--|--|--|
| Motor Third Party Policy Details | | | | | | | |
| Certificate & Policy No. | Policy Type | Insurance Company Name | TP Cover Start Date | TP Cover End Date | | | |
| OG-23-9910-1825-00051 512 | PackageComprehensive | BAJAJ ALLIANZ GENERAL INSURANCE CO.LTD | 29/09/2022 | 28/09/2025 | | | |

₹ 425.00

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

per occurrence limit 50% of SI



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

Number of claims covered under Depreciation Reimbursement Cover: 2

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

Engine Secure Deductible- 5% of claim amount in case of repair and 10% of claim amount in case of replacement

UIN Numbers: ,IRDAN108RP0001V01201920/A0007V01201920(TA 08)

,IRDAN108RP0001V01201920/A0003V01201920(TA 01)

,IRDAN108RP0001V01201920/A0008V01201920(TA 09)

,IRDAN108RP0001V01201920/A0009V01201920(TA 10) ,IRDAN108RP0001V01201920/A0010V01201920(TA 15)

,IRDAN108RP0001V01201920/A0015V01201920(TA 19)

Subject to: A) IMT Endorsement Number: 22

B) TATA AIG Auto Secure Endorsement Number (TA): 10 , 09 , 15 , 01 , 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 25/09/2023

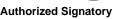
Receipt No.(s): 103201056860369 25/09/2023

Stamp Duty of Rs.0.50/ - is paid as provided under Article 47-B ofIndian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. ControllerOf Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., videhis Order No. LOA/CSD/120/2023/3624/23 Validity Period Dt.04/09/2023To

Dt.24/08/2025/3624 Date:01/09/2023

For TATA AIG General Insurance Company LTD.

alge (



GSTIN :32AABCT3518Q1Z5 KERALA Service Account Code: 997134

Policy Servicing Office: GRAND BAY, COCHIN CORPORATION NO. 64/2451 F1, 3RD FLOOR,KATTAKARA JUNCTION KALOOR KADAVANTHRA ROAD, KALOOR KOCHI KERALA KALOOR-682017

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 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.

For Policy wordings, please scan the below QR code:





RECEIPT

Receipt No. 103201056860369 Receipt Date: 25/09/2023

Policy No: 6201985513 00

Received with thanks from THE MANAGING DIRECTOR a sum of 39105 (Rupees Thirty-Nine Thousand One Hundred Five And Paise Zero Only) vide Credit / Debit Card No 9999XXXXXXXXX dated 25/09/2023 Name as in credit/debit card - drawn on PAYABLE AT PAR branch towards

| SI.No. | Policy Number | Total Premium ₹ | Utilized from the receipt for policy ₹ | Balance ₹ | |
|--------|---------------|-----------------|--|-----------|--|
| 1 | 6201985513 | 38,968.00 | 39,104.00 | 1.00 | |

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: 32AABCT3518Q1Z5 KERALA Service Accounting Code: 997134

Revenue (Consolidated) Stamp Duty paid vide challan No. LOA/CSD/47/2023/2581 date 22/05/2023 for applicable cases

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.

Tata AIG General Insurance Company Limited

Transcript of Proposal for Auto Secure - Standalone Own Damage Private Car Policy



1 Name (Registered Owner of the Motor Vehicle)*: THE MANAGING DIRECTOR

SHIPMENT SOLUTIONS PVT LTD,1STFLOOR, SRI SIDHIVINAYAKA APARTMENTS, 39/3202E,ILLOM 2 Address For Communication*:

ROAD, COCHIN, ERNAKULAM,,,,KOCHI,

ERNAKULAM, KERALA, 682016.

3 Vehicle Details: Please refer policy schedule cum certificate

Fuel Type: BATTERY

5 Insured's Declared Value - Please refer policy schedule cum certificate.

6 Previous Insurance Particulars*:

Policy Number*: Type of Cover: Standalone TP

Name of the Insurer*: **BAJAJ ALLIANZ** NCB claimed: 0

Claim in the previous policy period: NCB in previous policy: 0

7 Period of insurance desired from*: 29/09/2023 to midnight of 28/09/2024

8 Financier's Details: Please refer policy schedule cum certificate

9 Extra Benefits opted

Personal Accident Cover for Owner Damage:

Name of the Nominee: NA Age: RelationShip: NA

Name of Appointee (if Nominee is Minor): NA Relationship to the Nominee: NA

Battery No: Charger No:

10 Restriction of Cover/Discounts/Concessions/Extended Covers

Name of Automobile: No Membership no: No

Is Voluntary Deductible opted: No Amount of Deductible opted: 0

Vehicle is fitted with Anti Theft Device approved by ARAI: N/A

11 Add on covers: Please refer policy schedule cum certificate.

12 Bank Details (Required for Refund / Claims)

Name of the Account Holder: Name of Bank & Branch:, IFSC Code of Bank: Account Number :

13 Declaration for No Claim Bonus: (If NCB Confirmation is not submitted but NCB claimed)

I/We declare that the rate of NCB claimed by me/us is correct and that NO CLAIM has arisen in the expiring Policy Period (Copy of Policy enclosed). I/We further undertake that if this declaration is found incorrect all benefits under the Policy in respect of Section 1 of the Policy will stand forfeited.

- 14 I hereby give my consent to receive one page insurance policy.
- 15 AML Guidelines:
 - I/we hereby confirm that all premiums paid / payable in future will be from bonafide sources and not paid out of proceeds of crime and that such premiums are not disproportionate to my/our income. I / we understand that the Company has the right to call for documents to establish sources of funds and to cancel the insurance policy in case I / we are found guilty by any competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering law in India.
 - I / we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person.
 - "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time

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