



Name : Mr VINOD BALASAHEB | +91 98**97**03 | alo*****@gmail.com
SHINDE

Address : 01361 JAY SHIV SHANKAR SOCIETY NO 1,,
MHETRE WASTI, CHIKHALI PUNE,
PUNE-411062,
MAHARASHTRA

Valid from → Valid till

TP Cover Period	09 Apr '25 (00:00 Hrs)	08 Apr '26 (Midnight)
CPA Cover for Owner Driver Period	09 Apr '25 (00:00 Hrs)	08 Apr '26 (Midnight)

Premium amount : ₹ 10,232

Dear Mr VINOD BALASAHEB SHINDE,

Welcome to Tata AIG General Insurance Company Limited family & we thank you for choosing our policy for your motor vehicle insurance. Your Policy No. **6204561677** has been issued based on the information and declaration provided by you. You are requested to visit our website www.tataaig.com for full policy wordings

Certificate of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989

Policy Details

Policy No & Certificate No : **6204561677 00 00**

Insured Name : **Mr VINOD BALASAHEB SHINDE**

Address : **01361 JAY SHIV SHANKAR SOCIETY NO 1,,
MHETRE WASTI, CHIKHALI PUNE,
PUNE-411062,
MAHARASHTRA**

TP cover period : **09 Apr '25 (00:00 Hrs) to 08 Apr '26 (Midnight)**

CPA to Owner driver cover Period : **09 Apr '25 (00:00 Hrs) to 08 Apr '26 (Midnight)**

Policy Issuance Date : **08 Apr '25**

Customer / Lessor GSTIN : **NA**

Customer ID : **NA**

Customer contact number : **98**97**03**

Proposal No : **PR/25/6201291575**

Covernote no / Issuance date : **NA**

Alternate Policy No : **NA**

Vehicle Details

Registration no : **MH 12 EM 0210**

Registration Authority : **PUNE MH 12**

Make/Model : **TOYOTA/INNOVA**

Fuel Type : **DIESEL**

Variant : **2.5 G 7STR**

Engine Number/Battery Number : **2KD9976109/NA**

Chassis number : **MBJ11JV40073520360712**

Engine/Battery Capacity (CC/ KW) : **2494**

Seating Capacity (including driver) : **7**

Mfg Year : **2007**

Date of Registration : **15/11/2007**

Body Type : **MUV**

Trailer Regn No. / Chassis No. : **NA**

HP/HYP/Lease : **NA**

Zone : **A**

Geographical Area : **India**

Schedule Of Premium

Section II Liability (B)

Third Party Premium

Basic TP premium ₹ 7,897.00

PA Benefits

1Year(s) Compulsory PA cover for Owner Driver 15,00,000.00 ₹ 375.00

PA cover to unnamed passengers (IMT 16) ₹ 350.00

No. of passengers:7

CSI per passenger:100000

Legal Liability

Add: Legal liability to paid driver (IMT 28) ₹ 50.00

Number of persons:1

Total Liability Premium (B) ₹ 8,672.00

Net Premium (B) ₹ 8,672.00

SGST/UGST @9% ₹ 780.00

CGST @9% ₹ 780.00

Total Policy Premium ₹ 10,232.00



Agent Name : **AMJAD SHAIKH**

Agent License Code : **AGINCDSPS5122E** • Agent Contact No. : **9067887858(or landline)**

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

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) 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.

Limits of Liability : Under Section I - 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 I - 1 (ii) of policy (Third Party Property Damage) : ₹ 7,50,000 • Under Section II : Under Section III: PA to Owner Driver CSI : ₹ ₹ 15,00,000

Nominee details :

Name of the Nominee : **LEGAL HEIR** • Nominee Age : **50** • Relationship of the Nominee with the Insured : **Spouse**

Subject to: (A) IMT Endorsement No. : 16,28,32,22
TATA AIG Auto Secure endorsement No. (TA): 08

GSTIN : 27AABCT3518Q1ZW MAHARASHTRA Service Accounting Code : 997134

I/We hereby certify that the Policy to which this Certificate relates as well as this Certificate of Insurance are issued in accordance with provisions of Chapter X and XI of Motor Vehicles Act, 1988.

In witness whereof this Policy has been signed at Mumbai on: Receipt (s) :
PD300014112524 08/04/2025

Consolidated Stamp Duty has been paid to the State Exchequer.

Policy Number : 6204561677/00/00 • GSTN Number : 27AABCT3518Q1ZW
MAHARASHTRA Service Accounting Code : 997134

For & On Behalf of **Tata AIG General Insurance Company Ltd.**



Policy Servicing Office : FURSUNGI - (VO), 3RD FLOOR, THE ORION, KOREGAON PARK ROAD, OPP., ST. MIRA'S COLLEGE FOR GIRLS, ARJUN MANSUKHANI PATH,, FURSUNGI - (VO)
411001 • Tel. No : 8888889959

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".

Note: You are advised to go through the policy schedule cum certificate of insurance which is issued based on information and declaration provided by you. Transcript of Information & Declaration is also provided herewith to enable you to go through the same again and if any error/ discrepancy is found in respect of vehicle details, No Claim Bonus or any other information provided by you, 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 to be correct. You may visit the company website at www.tataaig.com for detailed benefits, terms & conditions and exclusions of the policy issued and held by you. 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 are available at the company website www.tataaig.com. You may also reach us at our 24*7 helpline 1800 266 7780 for grievance redressal procedure and details about ombudsman. Please note that any mis-representation, fraud, non-disclosure of material facts or non-cooperation of the insured 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 intimate you to pay the No claim Bonus Amount within 20 days. In case we don't receive the No Claim Bonus recovery then it will be adjusted against claim amount payable to you if any. This Schedule, Policy terms and conditions available on the company website and Endorsements mentioned herein above shall be read together and any word or expression to which a specific meaning has been attached to/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 the Company shall not be liable for any liability whatsoever arising from such changes unless written request is made to the Company and the Company accepts the requested amendments/modifications/alterations and records the same through separate endorsement.

Receipt

Receipt No.: **PD300014112524**

Receipt Date: **08/04/2025**

Policy No.: **6204561677 00 00**

Sr. No.	Policy Number	Mode of Payment	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	6204561677 00 00	paymentLinkCustomer	10232	10232	0

Payer Name: **VINOD BALASAEH SHINDE**

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 : 27AABCT3518Q1ZW MAHARASHTRA Service Accounting Code : 997134

Revenue (consolidated) Stamp Duty duly paid vide challan No.NA date NA for applicable cases

Issuance of this receipt does not amount acceptance of the risk by Tata AIG General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the insurance policy if and when issued.



Transcript of Information/Declaration

Insured and Vehicle Details

1. Name (Registered Owner of the Motor Vehicle) : **Mr VINOD BALASAHEB SHINDE**
2. Vehicle Details : **TOYOTA / INNOVA / 2.5 G 7STR / MUV**
3. Address for Communication : **01361 JAY SHIV SHANKAR SOCIETY NO 1, MHETRE WASTI, CHIKHALI PUNE, PUNE-411062, MAHARASHTRA, India**
4. Vehicle Type : **MUV**
5. Fuel Type : **DIESEL**
6. Insured's Declared Value : **₹ 0**
7. Date of Registration : **15/11/2007**
8. Proposed Period of Insurance
TP cover period : 09 Apr '25 (00:00 Hrs) to 08 Apr '26 (Midnight)
CPA cover period : 09 Apr '25 (00:00 Hrs) to 08 Apr '26 (Midnight)

Previous Insurance Details

1. Policy Number: **NA**
2. Date of expiry: **01 Jan '00**
3. Type of cover: **NA**
4. Name & address if the Insurer: **NANA**
5. Claim in Previous Policy Period: **No**
6. Period of insurance
OD cover period: NA(00:00 Hrs) to NA(Midnight)
TP cover period: NA(00:00 Hrs) to NA(Midnight)
CPA cover period: NA to NA

Nominee Details

1. Name of Nominee: **LEGAL HEIR**
2. Age of Nominee: **50**
3. Relationship: **Spouse**
4. Name of Appointee (if Nominee is minor): **NA**

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 Own Damage Section I of the Policy will stand forfeited.
- ☒ I hereby give my consent to receive one page insurance policy

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/family members/ associates. I / we shall keep the company informed if we subsequently become a Politically Exposed Person/close relative / family member / associate of Politically Exposed Persons.
"Politically Exposed Persons" shall have the meaning assigned to it under Prevention of Money-Laundering (Maintenance of Records) Amendment Rules, 2023 as amended from time to time.

Disclaimer : Insurance is the subject matter of solicitation. For more details on benefits, exclusions, limitations, terms & conditions, please refer sales brochure/ policy wordings on www.tataaig.com carefully, before concluding a sale. Purchase of Tata AIG General Insurance Company Limited products are purely on voluntary basis.

Prohibition of Rebates: - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

1. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakhs.

Grievance Redressal Procedure : As per Regulation 17 of IRDA of India (Protection of Policyholders Interests) Regulation, 2017.

Section 64 VB of the Insurance Act 1938 : Commencement of risk cover under the policy is subject to receipt of premium by Tata AIG General Insurance Company Limited.

Auto Secure – Liability Only Policy – UIN : IRDANI08RP0008V01200001.

Tata AIG General Insurance Company Limited

Registered Office : Peninsula Business Park, Tower A, 15th Floor, G.K. Marg, Lower Parel, Mumbai - 400013. • 24X7 Toll Free No : 1800 266 7780 • Email : customersupport@tataaig.com • website : www.tataaig.com • IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425

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