



WITH YOU ALWAYS

## Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle

|             |                                                                                                                                                   |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| Name        | RAMESHWAR TOURS AND TRAVELS                                                                                                                       |
| Address     | RAMESHWAR ANERAU, S NO 33 SURYA NARAYAN AP<br>ARTMENT SHOP NO 2 SHIVAJI NAGAR, JAMBHULWADI<br>RD AMBEGAON KHURD Pune, PUNE-MAHARASHTRA,<br>411046 |
| Contact No. | 90**88**58                                                                                                                                        |
| Email ID    | amj*****@sparkinsure.in                                                                                                                           |

### Unlock Policy Details at Your Fingertips

Download now

 **TATA AIG App**  
<https://taig.in/551c26a>

You can also visit our website  
[www.tataaig.com](http://www.tataaig.com)

Scan QR Code



AND

WhatsApp us at  
[+91 9136160375](https://wa.me/919136160375)

### Drive with confidence, we have got you covered!

Thank you for choosing our Motor Vehicle Insurance Policy.

We've attached your Policy Schedule cum Certificate of Insurance. Visit [www.tataaig.com](http://www.tataaig.com) for your Policy wording.

#### What is Covered



##### Loss of/Damage to the Vehicle Insured

We will provide coverage for any loss or damage to the vehicle caused by both Man made & Act Of God perils specified in the policy like fire, theft, explosion, burglary, riots and many more.



##### Third-Party Liabilities

We will indemnify the insured for third-party damages, including injury or death of a third party or damage to third-party property resulting from vehicle use as per provisions of Motor Vehicles Act 1988 and amendments thereto.



##### Owner-Driver Personal Accident Cover (If Opted)

We will compensate the owner-driver for death or bodily injury caused by violent, accidental, external and visible means in direct connection with the insured vehicle.

This cover pays up to 15 lakhs for injury/death. In the event of death compensation shall be paid to legal representative.

#### What is not Covered



##### Losses Outside the Covered Geographical Area

Any losses that may occur outside the geographical area as mentioned in policy schedule.



##### Consequential Loss

A consequential loss is a loss that follows another loss that is caused by a peril.



##### Unlawful Actions

Driving without valid driving license or under influence of intoxicants, overloading etc. Vehicle being used for purpose other than it is allowed.



##### War & War like Perils

Damages due to nuclear weapons, war or war-like activities, hostilities, invasions, or the act of foreign enemies.



##### Other Exclusions as mentioned in Policy Wordings

#### TATA AIG GENERAL INSURANCE COMPANY LIMITED

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IRDA of India Registration No: 108 • CIN: U85110MH2000PLC128425

Auto Secure - Commercial Vehicle Package Policy - Passenger Carrying Vehicle - UIN: IRDAN108RPMT0077V03201819



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*Here's your go-to guide to understand CV terminology. [Click here to explore.](#)*

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### Certificate of Insurance Cum Policy Schedule

Agent Name: pranam prakash  
tupat

Agent License Code:  
POSPANSPT0966F

Agent Contact No.:  
7021686596

#### Policy Details:

|                      |                                                                                                                                                                    |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Policy No.           | 6303094967 00 00                                                                                                                                                   |
| Insured's Name       | RAMESHWAR TOURS<br>AND TRAVELS                                                                                                                                     |
| Address              | RAMESHWAR ANERA0,<br>S NO 33 SURYA NARAY<br>AN APARTMENT SHOP<br>NO 2 SHIVAJI NAGAR, JA<br>MBHULWADI RD AMBE<br>GAON KHURD Pune, P<br>UNE, MAHARASHTRA, 4<br>11046 |
| Period of Insurance  | 30/05/2025 18:41<br>Hours To 29/05/2026<br>Midnight                                                                                                                |
| Insured/Lessor GSTIN | 27AVWPA7103K2ZA                                                                                                                                                    |
| Insured ID           |                                                                                                                                                                    |
| Alternate Policy No. | N/A                                                                                                                                                                |
| Policy Code          | 00/00/3188/01                                                                                                                                                      |
| Place of Supply      | MAHARASHTRA                                                                                                                                                        |
| State Code           | 27                                                                                                                                                                 |

#### POSP Details

|                  |                      |
|------------------|----------------------|
| POSP Name        | pranam prakash tupat |
| POSP Code        | 2137530000           |
| POSP PAN No.     | ANSPT0966F           |
| POSP Aadhar      |                      |
| POSP Contact No. | 7021686596           |

#### Vehicle Details:

|                                                   |                                                           |
|---------------------------------------------------|-----------------------------------------------------------|
| Registration No.                                  | MH12QW4292                                                |
| Make / Model / Body<br>Type / Segment             | HYUNDAI/XCENT/VTVT<br>PRIME T PLUS CNG/SED<br>AN/MID SIZE |
| Engine No. / Motor<br>No. (for EV)                | G4LAJM014192                                              |
| Chassis No.                                       | MALA741CLJM340386                                         |
| CC/KW                                             | 1197                                                      |
| Licensed Carrying<br>Capacity Including<br>Driver | 5                                                         |
| Mfg. Year                                         | 2018                                                      |
| Hire Purchase /<br>Hypothecation /<br>Lease with  | NA                                                        |
| Contract / Loan /<br>Reference No.                |                                                           |
| RTO Location                                      | PUNE                                                      |
| Zone                                              | A                                                         |
| Geographical Area                                 | INDIA                                                     |
| No. of Batteries                                  | 0                                                         |
| Battery No.                                       | 0                                                         |
| Cost of Battery                                   | 0                                                         |
| No. of Charger                                    | 0                                                         |

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### Insured Declared Value (IDV) ₹:

| Policy Year | Vehicle IDV | Body IDV | Chassis IDV | Non Electrical Accessories IDV | Electrical/ Electronic Accessories | Bi-Fuel/CNG /LPG Kit | Trailer IDV | Total IDV |
|-------------|-------------|----------|-------------|--------------------------------|------------------------------------|----------------------|-------------|-----------|
| 1           | 435000      | 0        | 435000      | 15000                          | 0                                  | 0                    | 0           | 450000    |

### Schedule of Premium

#### Section - I Own Damage Premium Details (A): (Coverage for damage, theft, or loss to your own vehicle)

| Own Damage Premium on Vehicle and Accessories           |                  |
|---------------------------------------------------------|------------------|
| Basic OD Premium                                        | ₹ 3074.58        |
| Add: Non Electrical Accessories                         | ₹ 106.02         |
| Add: CNG / LPG Kit-IMT 25                               | ₹ 153.73         |
| <b>Total Own Damage Premium (A)</b>                     | <b>₹ 3334.33</b> |
| Section - I Add on Covers                               |                  |
| Add: Repair of glass, plastic, fibre and Rubber (TA 06) | ₹ 0              |
| <b>Total Add on Premium (C)</b>                         | <b>₹ 0</b>       |

#### Section - II Liability Premium Details (B): (Provides coverage for third-party damages, including injury or death of a third party or damage to third-party property resulting from your vehicle use.)

| Third-Party Premium                                              |                  |
|------------------------------------------------------------------|------------------|
| Basic TP premium                                                 | ₹ 11852.00       |
| Add: CNG / LPG kit TP                                            | ₹ 60.00          |
| Legal Liability                                                  |                  |
| Add: Legal liability to paid driver - IMT 28 Number of persons:1 | ₹ 50.00          |
| <b>TOTAL LIABILITY PREMIUM (B)</b>                               | <b>₹11962.00</b> |
| <b>Net Premium (A+B+C)</b>                                       | <b>₹15296.00</b> |
| SGST@9%                                                          | ₹ 1377.00        |
| CGST@9%                                                          | ₹ 1377.00        |
| <b>Total Policy Premium</b>                                      | <b>₹ 18050</b>   |

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**Drivers Clause: Persons or Classes of Persons Entitled to Drive:** Any person including 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 when not used for the transport of passengers at the time of the accident 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 only under a permit within the meaning of the Motor Vehicle Act 1988 or such a carriage falling under Sub-Section (3) of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for a) Organised Racing b) Pace Making c) Reliability Trials d) Speed Testing e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle.

### Limits of Liability:

|                                                                      |                                                                                       |                                                                          |            |                           |  |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|---------------------------|--|
| <b>Under Section II- 1 (i) of policy (Death of or Bodily Injury)</b> | Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. | <b>Under Section II - 1 (ii) of policy (Third Party Property Damage)</b> | ₹ 7,50,000 | <b>Under Section IV :</b> |  |
|----------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|------------|---------------------------|--|

**PUC & Fitness Certificate:** 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.

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|                                   |                                                                                 |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------------------------|---------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Deductible Under Section I</b> | Compulsory Deductible: ₹ 500.00<br>Imposed Excess: ₹ 0.00<br>Franchisee: ₹ 0.00 | <b>No Claim Bonus</b> | The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the Policy, if no claim is made or pending during the preceding year(s), as follows:<br>The preceding year 20%,<br>preceding two consecutive years 25%, preceding three consecutive years 35%, preceding four consecutive years 45%, preceding five consecutive years 50% of NCB on OD Premium. NCB will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous Policy. |
|-----------------------------------|---------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**Subject to: A) IMT Endorsement Number:** IMT 28, IMT 25,  
**B) TATA AIG Auto Secure Endorsement Number (TA):** TA 06,

### Nomination Details:

| Name of the Nominee | Relationship with Insured | Name of Appointee (If nominee is minor) | Relationship with Nominee |
|---------------------|---------------------------|-----------------------------------------|---------------------------|
| NA                  | NA                        | NA                                      | NA                        |

We hereby certify that the Policy to which this Certificate relates as well as the Certificate of Insurance are issued in accordance with the provisions of Chapter XI of the Motor Vehicles Act, 2019.  
Consolidated Stamp Duty has been paid to the State Exchequer.

**Policy Number: 6303094967 00 00**

**| GSTIN: 27AABCT3518Q1ZW**

**Service Account Code: 997134**

**For TATA AIG General Insurance Company Limited**

**Authorized Signatory**

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### 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: 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 established fraud of the insured will lead to cancellation of Policy ab initio with forfeiture of premium and non-consideration of claim, if any. 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 read together and 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.

**Please carefully read the Customer Information Sheet (CIS) attached to your Policy.**

**Policy Servicing Office:** 1ST FLOOR, WEST SIDE, APEEJAY EXPRESS PLOT NO. 87, SECTOR 17, VASHI NAVI MUMBAI , MAHARASHTRA. , VASHI , MAHARASHTRA , 400703

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### Receipt

|             |                  |                     |              |                   |            |                                          |  |                  |
|-------------|------------------|---------------------|--------------|-------------------|------------|------------------------------------------|--|------------------|
| Receipt No. |                  | PD300015026378      | Receipt Date |                   | 30/05/2025 | Policy No.                               |  | 6303094967 00 00 |
| Sr. No.     | Policy Number    | Mode of Payment     |              | Total Premium (₹) |            | Utilized from the receipt for policy (₹) |  | Balance (₹)      |
| 1.          | 6303094967 00 00 | paymentLinkCustomer |              | 18050             |            | 18050                                    |  | 0.00             |

**Payer Name: RAMESHWAR TOURS AND TRAVELS**

#### Notes:

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 realization.
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. date for applicable cases.  
Issuance of this receipt does not amount to acceptance of the risk by TATA AIG General Insurance Company Limited. The Insurance cover for the risk shall be as per the terms conditions of the Insurance Policy if and when issued.

**Grievance Redressal Procedure:** As per Chapter 7 of the IRDAI (Protection of Policyholders' Interests, Operations and Allied Matters of Insurers) Regulations, 2024.

**UIN Numbers:** Repair of Glass, Fibre, Plastic & Rubber - UIN :  
IRDAN108RP0004V02200001/A0016V01201213 (TA 06).

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### Transcript Of Proposal

1. **Name (Registered Owner of the Motor Vehicle)\*:** RAMESHWAR TOURS AND TRAVELS
2. **Address for Communication\*:** RAMESHWAR ANERAU, S NO 33 SURYA NARAYAN APARTMENT SHOP NO 2 SHIVAJI NAGAR, JAMBHULWADI RD AMBEGAON KHURD Pune, 411046, PUNE, MAHARASHTRA, INDIA
3. **Vehicle Details:**

|                                                                  |                                                                                         |                       |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------|
| <b>Registration number:</b> MH12QW4292                           | <b>Make/Model/Body type/Segment:</b> HYUNDAI/XCENT/VTVT PRIME T PLUS CNG/SEDAN/MID SIZE | <b>Mfg Year:</b> 2018 |
| <b>Engine/ Motor Number:</b> G4LAJM014192                        | <b>Chassis Number:</b> MALA741CLJM340386                                                | <b>CC/KW:</b> 1197    |
| <b>Licensed Carrying Capacity Including Driver:</b> 5            | <b>No. of Batteries:</b> 0                                                              | <b>Battery No.:</b> 0 |
| <b>Cost of Battery:</b> 0                                        | <b>No. of Charger:</b> 0                                                                |                       |
| <b>Vehicle purchased on dated:</b> 2018-12-11                    |                                                                                         |                       |
| <b>Is battery provided by manufacturer(YES/NO):</b> No           |                                                                                         |                       |
| <b>Is battery a part of Ex-showroom price of the vehicle:</b> No |                                                                                         |                       |
4. **Fuel Type:** CNG
5. **Nature of goods carried (Hazardous/Non-Hazardous goods.):**
6. **Insured's Declared Value:** 435000
7. **Previous Insurance Particulars\*:**

|                                                   |                                  |                                    |
|---------------------------------------------------|----------------------------------|------------------------------------|
| <b>Policy Number*:</b> 14130231230100001682       | <b>NCB Claimed:</b> NA           | <b>Date of Expiry*:</b> 16/11/2024 |
| <b>Name of the Insurer*:</b> NA                   | <b>NCB in previous Policy:</b> 0 |                                    |
| <b>Accident in the previous Policy period:</b> NA | <b>Type of Cover:</b> Package    |                                    |
8. **Policy Period desired from\*:** 30/05/2025 to Midnight of 29/05/2026
9. **Compulsory PA Cover for Owner Driver Period of Insurance desired from:** NA to Midnight of NA
10. **CPA Declaration Opted (Y/N) & Reason for not opting:** No, None
11. **Financier's Details:** NA
12. **Extra Benefits opted:**

Cover Taken for Wider Legal Liability to Paid Driver (Y/N): Yes & Count of Person (1)  
Liability to Employees Travelling/Driving the Vehicle (Other than Paid Driver) - No  
Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law): 1  
Legal Liability to Non-fare Paying Passengers other than Statutory Liability Except the Fatal Accidents Act): NA  
Compulsory PA cover for Owner Driver: ₹ NA      Term: NA Years  
Name of the Nominee & Age: NA, NA      Relationship: NA  
Name of Appointee (If Nominee is Minor): NA      Relationship to the Nominee: NA
13. **Restriction of Cover/Discounts/Concessions/Extended Covers:**

Third-Party Property Damage Cover Restricted to 6,000 only: NO  
Vehicle is Fitted with Anti-Theft Device Approved by ARAI: NO

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**14.Add on Covers:** Repair of glass, plastic, fibre and Rubber

**15.Bank Details (Required for Refund / Claims): Name of the Account Holder:**

**Name of Bank & Branch:**

**Account No.:**

**IFSC Code of Bank:**

**16.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.

**17. I hereby give my consent to receive one page Insurance Policy.**

**18.AML Guidelines:** 1. 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.

2. 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.

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