

Certificate Of Insurance and Policy Schedule Form 51 of the Central Motor Vehicle Rules, 1989
Agent Name: LANDMARK INSURANCE BROKERS PVT LTD
Agent License Code: 216; Agent Contact No.: 9937123888(mobile or landline)

Policy No.: 6204485343	Policy Code: 00/000/3184/02	Policy Type:	Auto Secure - Private Car Package Policy
Alternate Policy Number:		Covernote No.:	Covernote Issuance Date:

Name & Address of Insured	Period of Insurance
Name : SANDEEP DHONDIRAM YEWALE Address : 2104, B-WING, MATOSHREE PEARL MUMBAI MAHARASHTRA MUMBAI - 400016 MUMBAI MAHARASHTRA INDIA Place of supply -MAHARASHTRA State code -27 Contact Number : 9821822857 Customer ID : 6161611578 GSTIN :	(Section - I Own Damage) From 00:00 Hours on 27/03/2025 To Midnight of 26/03/2026 (Section - II Liability) From 00:00 Hours on 27/03/2025 To Midnight of 26/03/2026 (Section - III PA cover for owner driver) From 27/03/2025 To Midnight of 26/03/2026

RTO Location: MUMBAI	Zone : A	Geographical Area : India	Hire Purchase / Hypothecation / Lease With: N/A
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Registration No.	Make/Model/Body Type	Engine No.	Chassis No.	Mfg. Year	CC/KW	Trailer Registration No. / Chassis No.	Licensed carrying Capacity including driver
MH 01 DX 7709	TATA MOTORS/NEXON EV / XZ PLUS/ SUV	TZ230XS56FJ21121503	MAT635003NLC02967	2022	95		5

Insured Declared Value (IDV) ₹

Year	IDV of Vehicle	Non-Electrical Accessories	Electrical / Electronic Accessories	Bi-Fuel/CNG/LPG Kit	Trailer	Side car	Total IDV
1	1091000	0	0	0	0	0	1091000

SCHEDULE OF PREMIUM

Section - I OWN DAMAGE (A)	Section - II LIABILITY (B)
Own Damage Premium on Vehicle & Accessories Basic OD Premium ₹ 6,823.11 Discounts Under Own Damage Section Less: No claim bonus (20%) ₹ 1,364.62 TOTAL OWN DAMAGE PREMIUM (A) ₹ 5,458.49 Section - I ADD ON COVERS (C) Add : Consumables Expenses(TA 18) ₹ 1,527.40 Add : Key Replacement (TA 15) Sum Insured: ₹ 25,000.00 per occurrence limit 50% of SI ₹ 315.00 Add : Depreciation Reimbursement (TA 01) ₹ 6,546.00 Add : Loss of personal belongings (TA 09) Sum Insured : ₹ 10,000.00 ₹ 135.00 Add : Emergency transport and hotel expenses (TA 10) ₹ 135.00 Any One Accident : 5000 Any One Year : 10000 TOTAL ADD ON PREMIUM (C) ₹ 8,658.40	Third Party Premium Basic TP premium ₹ 6,712.00 PA Benefits One Year Compulsory PA Cover for Owner Driver ₹1,500,000.00 ₹ 375.00 PA cover to unnamed passengers (IMT 16) No. of Passengers : 5 CSI per passenger: ₹ 50,000.00 ₹ 125.00 Legal Liability Add : Legal Liability to paid driver (IMT 28) Number of persons : 1 ₹ 50.00 TOTAL LIABILITY PREMIUM (B) ₹ 7,262.00 NET PREMIUM(A+B+C) ₹ 21,379.00 UGST/SGST @9 % ₹ 1,924.00 CGST @9 % ₹ 1,924.00 TOTAL POLICY PREMIUM ₹ 25,227.00 Road Side Assistance (Inclusive of All Applicable Taxes) ₹ 136.00

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	Under Section III : One Year Compulsory PA Cover for Owner Driver	₹ 1,500,000.00 /-	Number of claims covered under Depreciation Reimbursement Cover :2 Basis of claim settlement for Tyre
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Deductible Under Section I	Compulsory Deductible : ₹ 1,000.00 Voluntary Deductible : ₹ 0.00 Imposed Excess : ₹ 0.00 Franchisee : 0.00	UIN Numbers: IRDAN108RP0002V01200001/A0001V01200910 , IRDAN108RP0002V01200001/A0005V01200910 , IRDAN108RP0002V01200001/A0054V01201819 , IRDAN108RP0002V01200001/A0055V01201819 , IRDAN108RP0002V01200001/A0056V01201819 , IRDAN108RP0002V01200001/A0085V01201819	Secure cover : 0
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Subject to: A) IMT Endorsement No.: 16,22,28
B) TATA AIG Auto Secure endorsement No.(TA): 01, 08, 09, 10, 15, 18

NOMINATION DETAILS

Name of the Nominee	Relationship with Insured	Name of Appointee (If nominee is minor)	Relationship with Nominee
SHIBANI SANDEEP DHONDIRAM	Spouse		

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 25/03/2025

Receipt No.(s): 102001102507236 , 25/03/2025

Stamp Duty of ₹0.50/- is paid as provided under Article 47-B of Indian Stamp Act, 1899 and included in Consolidated Stamp Duty Paid to the Government of Maharashtra Treasury vide Order of Addl. Controller Of Stamps, Mumbai at General Stamp Office, Fort, Mumbai - 400001., vide this Order No. LOA/ENF1/CSD/90/2024/25/5 Validity Period Dt.16/01/2025 To Dt.31/12/2027/5 Date:01/01/2025



For TATA AIG General Insurance Company LTD.

Signature
Authorized Signatory

GSTIN : 27AABCT3518Q1ZW - MAHARASHTRA
Service Account Code: 997134

Policy Servicing Office : BUILDING NO. 28,GROUND AND MEZZANINE FLOOR, DR. ERNEST BORGES ROAD, PAREL EAST, OPP. SHIRODKAR HIGH,MUMBAI,MAHARASHTRA,MUMBAI-400012, Tel No:22-22-62606600

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.tataaiginsurance.in 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.

RECEIPT

Receipt No. : 102001102507236

Receipt Date : 25/03/2025

Policy No : 6204485343

Received with thanks from SANDEEP DHONDIRAM YEWALE a sum of ₹ **25,364.00** (Rupees Twenty Five Thousand Three Hundred Sixty Four And Paise Zero Only) vide Card no. XXXXXXXXXXXX

Sr. No.	Policy Number	Total Premium (₹)	Utilized from the receipt for policy (₹)	Balance (₹)
1	6204485343	25,227.00	25,363.00	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 : 27AABCT3518Q1ZW - MAHARASHTRA Service Accounting Code : 997134

Revenue (consolidated) Stamp Duty duly paid vide challan No.LOA/ENF1/CSD/83/2024/5365 date 30/11/2024 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 Ltd. Regd. Office: 15th floor, Tower A, Peninsula Business Park, Ganpatrao Kadam Marg, Off Senapati Bapat Marg, Lower Parel, Mumbai- 400 013.

IRDA Registration No.108, CIN No : U85110MH2000PLC128425, PAN : AABCT3518Q
Website: www.tataaig.com 24X7 Tollfree Helpline 1800-266-7780 E-mail: customersupport@tataaig.com

1. Name (Registered Owner of the Motor Vehicle)*: SANDEEP DHONDIRAM YEWALE

2. Address for Communication* : 2104, B-WING, MATOSHREE PEARL
MUMBAI
MAHARASHTRA
MUMBAI - 400016
MUMBAI
MAHARASHTRA
INDIA

3. Vehicle Details: **Please refer policy schedule cum certificate.**

4. Fuel Type: BATTERY

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

6. Previous Insurance Particulars*:

Bundle Previous Policy Details:

Policy Number:

Date of inception of TP portion:

Date of Expiry of TP portion:

Type of Cover: Package

Name of the insurer:

SAOD Policy Details:

Policy Number: N/A

Date of inception of OD portion: N/A

Date of Expiry of OD portion: N/A

Type of Cover: N/A

Name of the Insurer: N/A

OD claim in previous year(Yes/No): No

NCB in previous policy: N/A

NCB claimed: 20

7. Own Damage period of insurance desired from*:27/03/2025 to midnight of 26/03/2026

8. Liability period of insurance desired from*:27/03/2025 to midnight of 26/03/2026

9. Compulsory PA cover for owner driver period of insurance desired from:27/03/2025 **To Midnight of 26/03/2026**

10. Financier's Details: **Please refer policy schedule cum certificate.**

11. Extra Benefits opted

Un-Named Persons Personal Accident Cover for seating capacity, including driver: CSI ₹ 50000

Wider Legal Liability to Paid Driver (As per Workmen's Compensation Act, Fatal Accident Act & Common Law) : Yes

One Year Compulsory PA Cover for Owner Driver : ₹ 1,500,000.00 /-

Name of the Nominee & Age: SHIBANI SANDEEP DHONDIRAM 51 Relationship: Spouse

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

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 : ₹ N/A

Vehicle is fitted with Anti Theft Device approved by ARAI : No