

Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Commercial Vehicle - Package Policy

Dear RAMBAHADUR SHAMBAHADUR DHOBI

We wish to inform you that the contract under policy number 'OG-19-1901-1803-00006583' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

A. Proposer details

: RAMBAHADUR SHAMBAHADUR DHOBI 1. Proposer Name

: TA-1 SEGHNA 11 SANJAY NAGAR, ZOPADPATTI VIBHAG B A SUNAVALI,AGYARI MARG, " MUMBAI - $400016\,$ 2. Proposer Address

3. Proposer Mobile Number : NA 4. Proposer Residential Number : NA

5. Proposer e-mail id : dkinvestment9@gmail.com

6. Proposer Profession : NA

B.Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	GVW	Year Of Manufac- turing	Vehicle Seating Ca- pacity		Vehicle Engine Number
MH01LA967 7	TATA	CLOSED BODY	ACE HT	1550	2012	2	CZJ82324	JXYSJ7868

Vehicle IDV (in Rs.)		Non- Electrical Ac- cessories IDV (in Rs.)	Trailer Registration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum Insured
207684	0	0		0	207684

C. Coverage opted

1. Period of Insurance : From 29-Dec-2018 (Hrs) To

28-Dec-2019 Midnight

: NA

2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.

5. Is Voluntary Excess opted : No.
Amount of voluntary excess opted : Rs.NA.

6. Whether PA cover is opted for owner-driver
 7. Is any additional compulsory deductible imposed and agreed upon

 Amount of additional compulsory deductible imposed
 NA.

 8. Whether are a prophical area protocologies in a standard

8. Whether geographical area extension is opted : No. Details of Countries to which geographical area extension cover is given : NA.

9. Is LL to person for Paid driver/Operation/Maintenance opted10. Whether PA cover is opted for paid driver other than owner driver10. No.

Number Of Paid Driver(s): : NA
Sum Insured Per Paid Driver: : Rs.NA.

11. Whether PA cover is opted for passengers : No.

Number Of Passengers : NA

Sum Insured per Passenger : Rs.NA

12. Is TPPD restricted to statutory limit of Rs.6000?13. Pre Existing damages in the vehicleNA.

14. Premium for Liability coverage, quoted and agreed upon is : Rs.15140.

15. Premium for OD coverage, quoted and agreed upon is : Rs.559.

16. Do you have valid PUC certificate of the vehicle : NA

18. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :Rs.15699

19. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy :-50%.

20. About the last insurance company

Previous Insurer - SBI General Insurance Company LimitedPrevious Policy No -1360017-04 Expiry On - 28-DEC-18

21. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No.

Name of Pledgee: NA.

22. Add on Cover(s) opted: No.Plan name:NA

17. Do you have valid Fitness certificate of the vehicle

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-22-5858,1800-102-5858,1800-209-5858

Email address : Bagichelp@bajajallianz.co.in Website : www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co Ltd, 952/954 Appa Sahab Marathe Marg, Prabhadevi, Nr Chetanya Twr, Next to Saraswat Bhawan, Dadar (W), MUMBAI-400025 Phone No :022-66628666.





Bajaj Allianz General Insurance Company Ltd GE Plaza, Airport Road, Yerwada, Pune - 411006(India) **CERTIFICATE CUM POLICY SCHEDULE**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; Bajaj Allianz General Insurance Co Ltd, 952/954 Appa Sahab Marathe Marg, Prabhadevi, Nr Chetanya Twr, Next to Saraswat Bhawan, Dadar (W), MUMBAI-400025 Phone No :022-66628666

OG-19-1901-1803-00006583 **Policy Number Product** Commercial Vehicle - Package Policy

Vehicle Type Goods Carrying - Public Carrier

Period Of Insurance Policy issued on 28-Dec-2018 -From: 29-Dec-2018

> **Cover Note No** To: 28-Dec-2019 Midnight

Application No Scrutiny No 102806750 **Insured Name** RAMBAHADUR SHAMBAHADUR DHOBI

Zone Insured Address TA-1 SEGHNA 11 SANJAY NAGAR, ZOPAD-

PATTI VIBHAG B A SUNAVALI,AGYARI MARG, ,, MUMBAI - 400016

Customer ID 133271952 **Premium Payer ID** 133271952

Transaction Id

Policy Status ISSUED

Place of Supply/State 27 - Maharashtra **GSTIN / UIN** NA

Code/Name

108705504/1 Invoice No. **Company GST No** 27AABCB5730G1ZX AABCB5730G **Company PAN No**

Registration No.	Make	SubType	Model	GVW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH01LA9677	TATA	CLOSED BODY	ACE HT	1550	2012	2	CZJ82324	JXYSJ7868

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
207684	0	0			0	207684

SCHEDULE OF PREMIUM

OWN DAMAGE	=	LIABILITY		
Total Own Damage Premium:	559	Basic Third Party Liability	14390	
		PA Cover For Owner-Driver - SI - Rs. 1500000	750	
		Total Liability Premium:	15140	
Total premium	15699		•	
Special Discount	0			
Net Premium	15699			
State GST (9%)	1413			
Central GST (9%)	1413			
Final Premium Rs.	18525	***All premium Figures are in Rupees		

Geographical Area: No Claim Bonus: -50% Voluntary Excess : Nil **Nominee Details** Name: NA Relationship: NA

Compulsory Deductible: Rs.500 Additional Compulsory Deductible: Rs.0

Previous Insurer - SBI General Insurance Company LimitedPrevious Policy No -1360017-04 Expiry On -

28-DEC-18

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automoble Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tution, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury: Such amount as is necessary to meet there requirements of the Motor Vehicles Act,1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property: Rs.750000/-

LIMITATION 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 Subsection 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for: Organised racing, Pace Making, Reliability Trials, Speed Testing **DRIVER:** Any person including the insured: Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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 Vehicle Act, 1988 is recoverable from the Insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY".

Subject To IMT Endorsement Nos: 21 & Policy wordings attached herewith

Warranted that insured named herein or owner of the vehicle insured holds a valid Pollution Under Control (PUC) and / or Fitness Certificate on the date of commencement of the Policy. If the PUC and/or Fitness Certificate is not found to be valid on the date of commencement of the Policy, the Company reserves its right to consider the policy void ab ini-

Broker Code 10037456 Channel Name: ML

Broker Name: Probus Insurance Broker Private Limited

Contact No: 9731966708/0

Email - shalini.cs1@gmail.com

Damage Details as per Annexure I

ction Details :- [Receipt No/Collection No/Amount] 1901-01887712 / 102806750 / Rs. 18525 .

*** If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Damage Details Annexure : - NA

In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

102806750/-/10037456/0/-

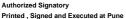




This is a one page Policy Document (without enclosing the Terms and Conditions (T&C) of the Policy) issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy or a variable on the Company's website and can be accessed by the Insured.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

y.





This document is digitally signed, hence counter signature / stamp is not required



Regd Office: Bajaj Allianz House, Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH007483221201819M Defaced No. 0004477940201819 Order No. CSD/224/2018/4914/18 order dated 15-Nov-2018 defaced dated dated 12-NOV-18 timing 19:55:13 of General Stamp Office, Mumbai, India.

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Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz General Insurance Co Ltd, 952/954 Appa Sahab Marathe Marg, Prabhadevi, Nr Chetanya Twr, Next to Saraswat Bhawan, Dadar (W), MUMBAI - 400025

Contact No: 022-66628666,67402424; Fax No: 022-66628621

RECEIPT

Receipt Number 1901-01887712

Receipt Date 28/12/2018

Business Channel ML

Received with thanks from RAMBAHADUR SHAMBAHADUR DHOBI

(Customer ID: 133271952) a total sum of Rupees Eighteen Thousand Five Hundred Twenty Five Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	6106865	28/12/2018			18,525

Total Amount

Rs. 18,525.00

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz 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.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

Regd.Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006

^{*} Cheque/DD/PO receipt is valid subject to realisation of the instrument.