The General Insurance - V

Motor Insurance

Policy Number: Policy Start Date:

Insured Name: Policy End Date:

Insured Address :

Address Line 1

City: District:

State: Pincode:

Mobile Number:

Vehicle Details :

Registration Number: Engine Number:

RTA Name : Chassis Number :

Purchase Date: Vehicle Manufacturer:

Vehicle Model: Cubic Capacity:

Type of Body: Seating Capacity:

Own Damage Premium

Premium:

GST (18%):

Total Amount: