The General Insurance - V Motor Insurance Policy Number: Policy Start Date Insured Name: Policy End Date Insured Address: Address Line 1 City: District: Pincode: State: Mobile Number: Vehicle Details: Registration Number: Engine Number: RTA Name: Chassis Number: Vehicle Manufacturer: Purchase Date: Vehicle Model : Cubic Capacity: Type of Body: Seating Capacity: Own Damage Premium Premium: GST (18%): Total Amount :