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: Chassis Number: RTA Name: Vehicle Manufacturer: Purchase Date : Vehicle Model : Cubic Capacity: Type of Body: Seating Capacity: Own Damage Premium Premium: GST (18%): Total Amount :