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Bajaj Allianz General Insurance Company Ltd.
GE Plaza, Airport Road, Yerwade, Pune - 411006(India)

Relationship Beyond Insurance

CERTIFICATE CUM POLICY SCHEDULE

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; 2nd Floor, Bajaj Allianz House, Besides Holy Family Church, Chakala, Andheri Kurla Road, Andheri (E), MUMBAI-400093 Phone No :022-67527777

Policy Number **OG-19-1934-1803-00005015** Product **Commercial Vehicle - Package Policy**
Vehicle Type **Goods Carrying - Public Carrier**
Period Of Insurance **From: 03-Jul-2018 10:45 To: 02-Jul-2019 Midnight** Policy Issued on **03-Jul-2018 -**
Cover Note No **/**
Application No **90306246** Scrutiny No **90306246**
Insured Name **TUKARAM PANDURAND DHAVAL** Zone **C**
Insured Address **N G ACHARYA MARG NEAR SUDARSHAN FLOOR MILL, R NO 10 CHAWL NO 1 NR HANUMAN SEVA SOC KHADAV NGR, CHEM-BUR,, MUMBAI - 400071**
Customer ID **122356252** Premium Payer ID **88437715**

HYPOTHECATED WITH : M/S ADANI CAPITAL PVT LTD

GSTIN / UIN

NA

Transaction Id

Policy Status

ISSUED

STATE CODE / NAME 27 - Maharashtra

Registration No.	Make	SubType	Model	GVW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH04HD5542	TATA	HALF DECK LOAD BODY (GVW 9050)	SFC 909 EX	9050	2016	3	07470	11028

Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
921000	0	0			0	921000

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	4770	Basic Third Party Liability	24190
		PA Cover For Owner-Driver - SI - Rs. 200000	100
		LL For Operation/Maintenance For 2 Person	100
		Total Liability Premium:	24390
Total premium	29160	***All premium Figures are in Rupees	
Special Discount			
Net Premium	29160		
State GST (9%)	2624		
Central GST (9%)	2624		
Final Premium Rs.	34408		

Geographical Area : INDIA

No Claim Bonus : 0%

Voluntary Excess : Nil

Compulsory Deductible : Rs.1000 Additional Compulsory Deductible : Rs.0

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

LIMITS OF LIABILITY: Under Section II-I(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-I(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 Sub-section 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 : 7, 21, 39(Load and/or Unloading), & Policy wordings attached herewith

Broker Code 36971063

Channel Name : MD

Broker Name : Bharat Re Insurance Brokers Pvt Ltd

Contact No : 00000000000/00000000000

Email -

Damage Details as per Annexure I

Premium Collection Details - [Receipt No/Collection No/Amount] / Rs. 34408 By Float No : 1934-00225842

*** 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 I : Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per inspection report reference number 2018-03701467 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.

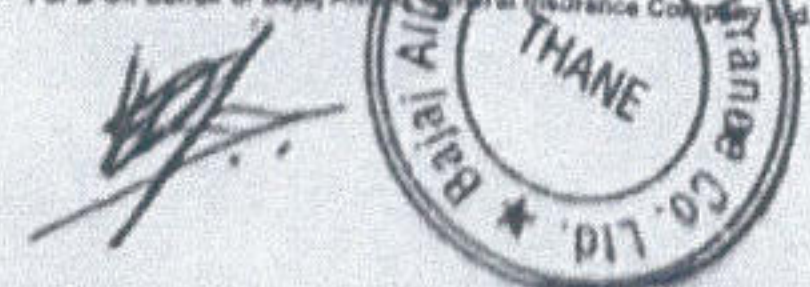
Remarks

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 'customercare@bajajallianz.co.in'.

90306246/36971063/36971063

This is a non-assignable Policy Document (without endorsement) issued by the Company pursuant to the authorization of the Insured to the Insured. The TAC of the Policy is available on the Company's website (www.bajajallianz.co.in) that insures against the Insured.

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



Regd. Office : GE Plaza, Airport Road, Yerwade, 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.173, Corporate Identification Number (CIN) 1000007200007, C015329 BASIC GST No : 27AABC05730012X | Principal Location : GE Plaza, Airport Road, Yerwade, Pune - 411006 PII: 90026000 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services. | Invoice No : 99977541 | Latest Schedule : 16-Jul-2018 16:02:00 PM (West)

Shanker Sir

GOODS			
TRAILERS			
EX-SHOWROOM COST			
IDV			850000
OD PREMIUM			14671
GVW	9050	0	0
TRAILER GVW	0		0
NET			14671
DISCOUNT IN %	0	70	10270
NET OD			4401
IMT 23		0	0
TOTAL			4401
NCB IF ANY IN %		20	880
TOTAL PREMIUM			3521
TP			26935
GEO EXTN			
TOWING			
DRIVER COOLIE			475
TOTAL			30931
TP GST	@	12.00%	3232
OD GST	@	18.00%	719
TOTAL PREMIUM			34883

RELIANCE

General Insurance

Undertaking – cum – Declaration Letter

Date: 02/07/2019

To,
Reliance General Insurance Company LimitedSub: Declaration of No Claim Bonus (NCB) Entitlement (Vehicle no AMH-04-HD-5542)

We wish to renew our Motor Vehicle Insurance from Reliance General Insurance Company Limited (here in after referred as RGICL) and are unable to furnish a Renewal Notice from my existing insurer as proof of my NCB entitlement.

Under the circumstances, we are furnishing relevant information of our expiring insurance policy, which we certify to be correct:

A. Name of Registered Owner of vehicle: Tukaram Pandurang DHADALE
B. Expiring Policy No. / Cover Note No: CG-19-1934-1803-00005015
C. Name & Address of Insurance Company: Bayaj Allianz
D. Type of cover: Package Policy / Liability Only / Other (to be described) package policy
E. Policy Period: From 03/07/2018 To 02/07/2019
F. NCB % availed on the expiring policy, if any: 0%

We declare that the rate of NCB stated by us (at item F above) is correct and that no claim has arisen in the expiring policy period (copy of the policy enclosed). We further undertake that if this declaration is found to be incorrect, all benefits under the policy will stand forfeited.

Further we understand and agree that RGICL will seek confirmation of above stated details from our previous insurers. We agree that pending receipt of necessary confirmation by RGICL coverage under the Policy will be available to us. However RGICL will be liable to release the payment towards any claims under the Policy only after a confirmation in this regard is received. In the event, this declaration is found to be incorrect, then all coverage available under Section 1 of the Policy from the date of commencement of the Policy shall stand automatically forfeited.

We also shall endeavor to procure the Renewal Notice and pass on the same to RGICL immediately upon the receipt of such Renewal Notice.

Tukaram Place: _____
(Signature of Registered Owner of vehicle proposed for Insurance)

Date: 02/07/2019

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for Insurance

Name & Signature of the IRDA Agent/Broker

Place: _____

Date: 02/07/2019.

(In case of Direct Business, Name & signature of CSO/SM to be taken)