

# Bajaj Allianz General Insurance Company Ltd.

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

## Transcript of Proposal for Motor Comprehensive Policy-PC through CSC

### Dear UJJAWAL MAJI.

We wish to inform you that the contract under policy number 'OG-20-2406-1801-00005012' 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

1. Proposer Name : UJJAWAL MAJI

2. Proposer Address : S/O MANIK MAJI VILL BANKHET, PO SAGJURIA PS NALA DIST JAMTARA

, SAGJORIA, JAMTARA, JHARKHAND-815355

3. Proposer Mobile Number : 9693420400

4. Proposer Residential Number : NA

5. Proposer e-mail id : GOBIND107@GMAIL.COM

6. Proposer Profession : NA

# **B.Vehicle Details**

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model		Cubic Capa- city/Kilowatt	<b>7</b> I	Year of Man- ufacture	Seating Ca- pacity
JH04N3407	JAN/2017	MAHINDRA	BOLERO	SLE 7	2523	Diesel	2016	7
		AND		SEATER				
		MAHINDRA						

Engine Number	Chassis Number	Vehicle IDV (in	Electrical	Non-Electrical	Non-Electrical   CNG/LPG Unit	
		Rs.)	Accessories	Accessories	(Extra fitted)	Rs.)
			IDV (in Rs.)	IDV (in Rs.)	IDV (in Rs.)	
GRHF59001	MA1WY2GRKH	6,30,900.00	0	0	0	6,30,900.00
	5F05010					

### C. Coverage opted

1. Period of Insurance : From 26-DEC-2019 00:01(Hrs)

To 25-DEC-2020 Midnight

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 : Yes.

7. Is any additional compulsory deductible imposed and agreed upon : No. Amount of additional compulsory deductible imposed : NA.

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 opted : No.

10. Whether PA cover is opted for paid driver other than owner driver : No.

Sum Insured for Paid Driver : Rs.NA. 11. Whether PA cover is opted for passengers : Yes.

Sum Insured per Passenger : Rs. 12. Is TPPD restricted to statutory limit of Rs.6,000? : No. : NA.

13. Pre Existing damages in the vehicle 14. 1 Premium for Liability coverage, quoted and agreed upon is

15. 1 Premium for OD coverage, quoted and agreed upon is

16. Do you have valid PUC certificate of the vehicle : NA 17. Do you have valid Fitness certificate of the vehicle : NA

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

- 19. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous previous policy: -25 %.
- 20. About the last insurance company
- (i) Insurance Provider: Bajaj Allianz General Insurance Co Ltd..
- (ii) Previous Policy No: OG-19-2406-1801-00005446, Previous Policy Expiry Date: 25-DEC-19
- 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) optedm2: Yes, Plan Name: 24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 2,00,000.00 Plan Description: 24x7 spot assistance, , accidental medical expenses cover with sum insured Rs.200000.00 Please call us on 1800 103 5858 for any emergency.
  - 23. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

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.

 $:\ 1800\hbox{-}22\hbox{-}5858,1800\hbox{-}102\hbox{-}5858,1800\hbox{-}209\hbox{-}5858$ Toll free Number

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

 $Contact \ our \ policy \ servicing \ branch \ at: 501, 502, 5th \ Floor,, Pranami \ Heights,, Circular \ Road, Near \ Lalpur \ Chowk, \ , Ranchi-834001 \ PH: 0651-2531500/9262897654.$ 





### BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada, Pune-411006(India) IRDAI Registration No. 113

Corporate Identity Number: U66010PN2000PLC015329

### Certificate of Insurance (Motor Comprehensive Policy-PC through CSC)

### UIN: BAL-MO-P16-05-V01-16-17

Policy Number: OG-20-2406-1801-00005012 **Customer ID:** 132918339

## **Particulars of Vehicle Insured:**

<b>Registration Number</b>	Place of Registration	Engine Number	Chassis Number	Make & Model
JH04N3407	DUMKA	GRHF59001	MA1WY2GRKH5F05 010	MAHINDRA AND MAHINDRA - BOLERO

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
SLE 7 SEATER	2016	-25	2523	7

Name of Registration Authority : DUMKA

Name and Address of Insured : UJJAWAL MAJI

S/O MANIK MAJI VILL BANKHET, PO SAGJURIA PS NALA DIST JAMTARA, SAGJORIA, JAMTARA, JHARKHAND-815355

**Geographical Area** : India **Business or Profession** : NA

# Effective date of commencement of Insurance for the purpose of act:

Policy Inception Date: From 00:01 O' Clock on 26-DEC-2019

Policy Expiry Date: Midnight on 25-DEC-2020

### Persons or Class of Persons entitled to drive:

Any person including the insured:

a) Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.

b) Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

## **IMT-Endorsements/Add on Package**

22, & Plan Name: 24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 2,00,000.00 & Plan Description: 24x7 spot assistance, accidental medical expenses cover with sum insured Rs. 200000.00

# **Limitations as to Use:**

The Policy covers use for any purpose other than

a) Hire or Reward, b) Carriage of goods (other than samples or personal luggage), c) Organized racing, d) Pace Making, e) Speed testing, f) Reliability Trials, g) Any purpose in connection with Motor Trade

I/We hereby certify that the Policy to which this certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and Chapter XI of M.V. Act, 1988.

# Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:

501, 502, 5th Floor,, Pranami Heights,, Circular Road, Near Lalpur Chowk, , Ranchi-834001 PH:0651-2531500/9262897654

## Date of issue :25-DEC-2019

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

Now carry your m-policy on your mobile. Click here to download. https://bagic.page.link/KqDDGT

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, 1800-22-5858, Toll Free: 30305858( chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Authorized Signatory





# BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

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

# MOTOR COMPREHENSIVE POLICY-PC THROUGH CSC SCHEDULE UIN: BAL-MO-P16-05-V01-16-17

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc: 501, 502, 5th Floor,, Pranami Heights,, Circular Road, Near Lalpur Chowk,, Ranchi-834001 PH:0651-2531500/9262897654

	INSURED DETAILS						
Insured Name	UJJAWAL MAJI						
Insured Address	S/O MANIK MAJI VILL BANKHET, PO SAGJURIA PS NALA DIST JAMTARA , SAGJORIA, JAMTARA, JHARKHAND- 815355						
Geographical Area	India						
Customer ID	132918339						
Bank Reference No 1							
GSTIN / UIN	NA						
Place of Supply/ State Code/Name	20 - Jharkhand						

POLICY DETAILS					
Policy Number	OG-20-2406-1801-00005012				
Policy Issued on	25-DEC-2019 08:06 AM				
	From: 26-DEC-2019 00:01 (Hrs)				
Policy Period	To: 25-DEC-2020 Midnight				
Cover Note Details	/				
Previous Policy No	OG-19-2406-1801-00005446				
Invoice No	108378755/2				
Company GST No	20AABCB5730G1ZB				
Company PAN	AABCB5730G				

<b>Registration Number</b>		Place of Registration	Engine Number		Chassis Number	Make & Mod- el	Sı	ubType	
JH04N3407		DUMKA	GRHF59001		MA1WY2GRKH5 F05010	MAHINDRA AND MAHINDRA - BOLERO	SLE	7 SEAT- ER	
NCB %	CC/KW	Seating Capacity	Year Of Manufactur- ing		Trailer Registra- tion Number	Hypothecatio		on Details	
-25	2523	7		2016		-,-			
Vehicl	le IDV	Value For Trailers		on electric accessorie		Electrical/Electronic accessories Value of CNG/LPG kit		Tot	tal Value
6,30,9	00.00	0 0 0		0	0	6,30,900.00			
	Own 1	Damage Premium(Rs.)	Liability Premium(Rs.)						
Own Dama	ge Premium							7,890.00	
								331.00	
Special Dis				0.00	Total A	Act Premium - B			8,221.00
Total OD P	remium - A			11,481.00					
Total Premium (Net Premium) (A+B)				19,702.00					
State GST (9%)				1,773.00					
Central GST (9%)				1,773.00					
Final Premi Hundred For		Twenty Three Thousandly)		23,248.00					

<sup>\*\*</sup>Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, Imported Vehicle Etc. wherever Applicable)

### For help and more information

 $Contact our 24 \ Hour \ Call \ Centre \ at \ 1800-102-5858, 1800-209-5858, 1800-22-5858, Toll \ Free: 30305858 (\ chargeable, \ add\ area\ code\ before\ this\ number\ in\ case\ of\ mobile\ call) \\ Email\ us\ at\ Bagichelp@bajajallianz.co.in\ or\ Visit\ our\ Website\ www.bajajallianz.com$ 





As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

VLE Code	710229360012	Contact No.	9631510727
VLE Name	GOBIND NATH MAJI		
E-Mail ID.	gobind107@gmail.com		

Limitation as to Use	The Policy covers use of the vel	hicle for any purpose other than	: Hire or reward, Carriage of			
	goods (other than samples or pe	ersonal luggage),Organised racin	g,Pace making, Speed testing,			
	Reliability trials. Any purpose i	n connection with Motor Trade.				
	Any person including the insured provided that a person driving holds an effective driving li-					
Driver	Any person meruding the insure	to a 1 is seed 1 is a 1 if it I form to	1 1' a same let a la l			
	cense at the time of the acciden	t and is not disqualified from no	lding or obtaining such a license.			
		olding an effective Learner's lice				
	when not used for the transport	of goods/passengers at the time	of the accident and that such a			
	person satisfies the requirement	s of Rule 3 of the Central Motor	Vehicle Rules, 1989.			
Timita of Linkilita			Such amount is necessary to meet			
Limits of Liability			ion II-I(ii) of the policy -> Dam-			
			ion n-i(n) of the policy -> Dam-			
	age to Third Party Property: Rs	s. 7,50,000.00				
Existing Damage Details						
Nominee Details	Name :NA - Relationship :NA					
Subject to Warranties/	22. & Plan Name: 24x7 Spot As	sistance And Accidental Medica	al Expenses, SI Rs.			
IMT-Endorsements/						
Add on Package	2,00,000.00 & Plan Description: 24x7 spot assistance, accidental medical expenses cover with sum insured Rs.200000.00					
Additional Details	Coinsurance Details: Transaction Id: -					
Premium Details	Receipt No. NF, Date ** If Premium paid through Cheque, the Policy is void ab-initio in case of					
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	dishonour of Cheque.					
Excess Details	Compulsory Excess:	Additional Excess: Rs.0	Voluntary Excess: Rs00			
LACCOS Details	Rs.2,000.00					
	110.2,000.00	i e	1			

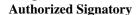
IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY.

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 initio.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.





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

Consolidated Stamp Duty of Rs.0.25/- paid towards Insurance Stamps vide Challan No. MH006357478201920M Defaced No. 0003534430201920 ORDER NO.CSD/169/2019/4519 ORDER DATED 03.10.2019DEFACED DATE dated 03-OCT-19 timing 11:07:41 of General Stamp Office, Mumbai, India.

Principal Location: 501, 502, 5th Floor, Pranami Heights, Circular Road, Near Lalpur Chowk, Ranchi - 834001
PH:0651-2531500/9262897654 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.







# MOTOR COMPREHENSIVE POLICY-PC THROUGH CSC: ADD ON COVERS(Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 2,00,000.00): POLICY WORDINGS

### S1 - 24x7 SPOT ASSISTANCE

### A. Endorsement Wordings

In consideration of the payment of additional premium, it is hereby agreed and declared that **You** shall be entitled to one or more of the below mentioned benefits depending on the plan opted by **You** and as shown on the **Schedule**:

(A) Flat Battery: In the event of the Insured Vehicle being immobilized due to a flat battery, We will make alternative arrangements to make the Insured Vehicle mobile again provided the event has occurred within 100 kilometers from the center point of the city of Your residence and the Insured Vehicle. We will arrange for the pick up and delivery of spare keys to the spot where the Insured Vehicle is located provided the event has occurred within 100 kilometers from the center point of the city of Your residence and the Insured Vehicle has not reached a workshop/repairer. (C) Flat Tyre: In the event of the Insured Vehicle being immobilized due to flat tyres, We will arrange for the refill of the flat tyres and/or replacement of the flat tyres with a usable spare tyre to make the Insured Vehicle mobile again provided the event has occurred within 100 kilometers from the center point of the city of Your residence and the Insured Vehicle has not reached a workshop/repairer. (D) Minor Repairs: In the event of the Insured Vehicle being immobilized due to mechanical and/or electrical breakdown, We will arrange for minor mechanical and/or electrical repairs to make the Insured Vehicle breakdown, We will arrange for minor mechanical and/or breakdown, We shall arrange for minor mechanical and/or breakdown, We shall arrange for towing away of the Insured Vehicle from the spot of immobilization to Our nearest preferred workshop provided the event has occurred within 100 kilometers from the center point of the city of Your residence. (F) Urgent Message Relays: In the event of the Insured Vehicle from the spot of immobilization to Our nearest preferred workshop provided the event has occurred within 100 kilometers from the spot of immobilization to Our nearest preferred workshop provided the event of the Insured Vehicle from the spot of immobilization to Our nearest preferred workshop provided the event of the Insured Vehicle meeting with an Accident, You can call Us on our Toll Free Number, mentioned on the Schedule, to o

The accommodation benefits would be offered subject to a per day limit of Rs. 2,000 per occupant and a maximum total limit of Rs. 16,000 for all the occupants of the **Insured Vehicle** through out the Policy Period. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a hotel accommodation for the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a pre-communicated amount for re-imbursement to Us. (K)Legal Advice: In the event of the **Insured Vehicle** meeting with an Accident, **You** shall be entitled for a free legal advice from a legal advisor over the phone for a maximum duration of 30 minutes. Subsequent to the expiry of the specified period of 30 minutes, **You** may continue with the same legal advisor on direct payment basis

### **B.** Conditions

(1) . In case of transfer of ownership of the **Insured Vehicle** , the cover under '24x7 Spot Assistance' shall expire. (2) The benefits under '24x7 Spot Assistance' can be utilized for a maximum of 4 times during the Policy Period except for 'Fuel Assistance', 'Taxi Benefits', 'Accommodation Benefits' and 'Legal Advice' for which the aggregate utilization limit is 2 times during the Policy Period

### C. Exclusions

(1) Where the **Insured Vehicle** can be safely transferred on its own power to nearest dealer/workshop. (2) Any Accident, loss, damage and/or liability caused, sustained or incurred whilst the **Insured Vehicle** is being used otherwise than in accordance with the limitations as to use. (3) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (4) Any Accident, loss, damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to/by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences. (5) Any loss or damage caused due to riots, strikes and Act of God perils like flood, earthquake etc. (6) Claims pertaining to theft losses. (7) Any consequential loss arising out of claims lodged under '24x7 Spot Assistance' .(8) Where a loss is covered under **Motor Insurance Policy** or any



# MOTOR COMPREHENSIVE POLICY-PC THROUGH CSC: ADD ON COVERS(Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 2,00,000.00): POLICY WORDINGS

other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time. (9) Replacement cost of battery and/or any associated repair cost. (10) Cost of supply of parts or replacements elements or consumables. (11)Repair cost of tyre and/or parts or replacement cost of any part of consumable at a third party workshop/repairer. (12)Any taxes, levy and expenses incurred in excess of the limit described under the plan opted by You. (13)Loss of valuables and personal belongings kept in the Insured Vehicle. (14) Any loss or damage to the Insured Vehicle arising out of participation in a motor racing competition or trial runs. (15)Where it is proved that You have abused the benefits under '24x7 Spot Assistance'. (16)Any loss or damage caused due to pre-existing damages. (17)Any loss or damage arising out of intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies. (18)Any loss or damage resulting from the use of Insured Vehicle against the recommendations of the owners manual and/or manufacturer's manual. (19)Any loss resulting from Your deliberate or intentional and/or unlawful or criminal act (20)Benefits under 'Taxi Benefits' and 'Accommodation Benefits' for occupants in excess of the seating capacity as per the registration certificate of the Insured Vehicle. (21)Additional cost incurred in towing the Insured Vehicle to a dealer/workshop as specified by You instead to Our specified nearest authorized workshop. (22)Services organized without Our prior consent for the various assistance services. (23)If You or Your personal representative is already at a garage for delivery of the Insured Vehicle or at the place of recovery in case of theft (24)Mechanical and/or electrical breakdowns that require replacement of spare parts and/or specialized tools/equipments that are usually available only in automotive workshops

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

### **D.** Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You, Your, Yourself: The person or persons We insure as set out in the Schedule . (2) We, Our, Us: Bajaj Allianz General Insurance Company Limited and/or the Service Provider with whom Bajaj Allianz General Insurance Company Limited has entered into a contract to provide the benefits under this cover to You . (3) Accident, Accidental: A sudden, unintended and fortuitous external and visible event. (4) Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended. (5) Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy. (6) Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule . (7) Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details and the type of insurance cover in force

### **S15: ACCIDENTAL MEDICAL EXPENSES COVER**

### A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that if You/Your family members (named in the Schedule) are Hospitalized on advice of a Doctor because of an Accidental Bodily Injury sustained during the Policy Period while travelling in the Insured Vehicle, then We will reimburse You, the reasonable and customary medical expenses incurred up to a maximum Sum Insured as shown in the Schedule for this Cover aggregate in any one Policy Period. The medical expenses reimbursable would include: i) the reasonable charges that You/Your family members (named in the Schedule) necessarily incur on the advice of a Doctor for In-patient Care in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables. ii) Ambulance charges for carrying You/Your family members (named in the Schedule) from the site of accident to the nearest hospital, subject to a limit of Rs. 1,000 per claim.

# **B.** Conditions

(1) Claims made by You against Us under #Accidental Medical Expenses Cover# are subject to the conditions set forth under the Motor Insurance Policy (2)In case of transfer of ownership of the Insured Vehicle, the cover under #Accidental Medical Expenses Cover# shall expire

### C. Exclusions

In addition to the exclusions mentioned under **under Motor Insurance Policy, We** will not be liable to indemnify **You** for the following events:

1. Where the **Own Damage Claim** made by You against Us under the Motor Insurance Policy is not payable. 2. Accidental Bodily Injury that You/Your family members (named in the Schedule) meet with: a) Through suicide, attempted suicide or self inflicted injury or illness b) While under the influence of liquor or drugs c) Arising or resulting from You/Your family members (named in the Schedule) committing any breach of law with criminal intent d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs f) As a result of any curative treatments or interventions that You/Your family members (named in the Schedule) carry out or have carried out on your body g) Arising out of participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic 3. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever 4. Any injury/dis-



# MOTOR COMPREHENSIVE POLICY-PC THROUGH CSC: ADD ON COVERS(Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 2,00,000.00): POLICY WORDINGS

ablement/death directly or indirectly arising out of or contributed to any pre-existing condition 5. Venereal or sexually transmitted diseases 6. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused 7. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these 8. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority 9. Nuclear energy, radiation If You do not agree whether any of these exclusions apply to Your claim, You agree to accept the burden of proving that they do not apply.

#### **D. Claims Process**

1) Making a Claim If You/Your family members (named in the Schedule) meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to Our liability: a) You or someone claiming on behalf must inform Us in writing immediately and in any event within 30 days b) You must immediately consult a Doctor and follow the advice and treatment that he recommends c) You must take reasonable steps to lessen the consequence of Bodily injury d) You must have Yourself examined by Our medical advisors if We ask for this e) You or some one claiming on behalf must promptly give Us documentation and other information We ask for to verify the claim or Our obligation to make payment for it f) In the event of Your/Your family members (named in the Schedule) death, someone claiming on deceased#s behalf must inform Us in writing immediately and send Us a copy of the post-mortem report within 30 days Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Your family members (named in the Schedule) were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit. 2) Claim Settlement a) You agree that We need only make payment when You or someone claiming on behalf has provided a claim to Our satisfaction b) We will make payment to You or to Your Assignee. If there is no Assignee, We will pay to Your legal heir, executor or validly appointed legal representative as per succession certificate and any payment We make in this way will be a complete and final discharge of Our liability to make payment

#### E. Definitions

The words and phrases listed have special meanings We have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the fenale the context permits and if appropriate. I. Accident, Accidental: A sudden, unintended and fortuitous external and visible event 2. Assignee: The person named in the proposal or Schedule to whom the benefits under the cover are assigned by You/Your family members (named in the Schedule) 3. Bodily Injury: Physical bodily harm or injury but not any mental sickness, disease or illness 4. Doctor: A person who holds a recognized qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license. 5. Hospital: means any institution in India established for the indoor care and treatment of disease and injury, which: a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a registered medical practitioner OR b) Complies with minimum criteria of: i) At least 15 inpatient beds (10 in Class C towns) ii) Fully equipped OT of its own where surgical operations are carried out iii) Fully qualified nursing staff under employment round the clock iv) Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place 6. Hospitalized/Hospitalization: Your/Your family members (named in the Schedule) required stay of as an inpatient in a Hospital within India for medically necessary treatment following and due to an insured event 7. In-patient Care: The treatment for which You/Your family members (named in the Schedule) have to stay in a Hospital for more than 24 hours for a covered event 8. Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy 9. Own Damage Cl