



## "A" Policy for Act Liability Insurance (Private Car)- Policy Schedule

Policy Number : 131522023470035228	Proposal/Covernote No:R29072009311
Insured's Name :	Period of Insurance:
MR. KRISHAN SINGH	From 00:01 Hrs on 31-Jul-2020 to 23:59 Hrs of 30-Jul-2021
Communication Address: PLOT NO C-2/A, KH.NO112/15 GROUND FLOOR VIIL. KARALA RAJEEV NAGAR, DELHI, NORTH WEST DELHI, DELHI, INDIA,110086	Policy Servicing Branch: C-1, 3RD FLOOR, NEW KRISHNA PARK, ADJUSTANT TO JANAKPURI METRO STATION WEST NEW DELHI DELHI 110018
Mobile No :: 9268494797	Tax Invoice No. & Date: R29072009311 & 29/07/2020
Email-ID: SANTOSHKMR365@GMAIL.COM	GSTIN/UIN &Place of Supply:
Nominee Name: SACHIN HOODA	

Insured Vehicle Details			
Registration No.	DL03CAZ4182	Mfg. Month & Year	JUL-2008
Make / Model	MARUTI SUZUKI/OMNI / 5 STR BS-IV	CC/HP/Watt	796
Engine No./Chassis No.	948882 / 1023619	Seating Capacity of side car (if any) including driver	5
Type of Body / LCC	NA / 4	Total Premium ₹	2946.00
RTO Location	DELHI - Delhi South Sheikh Sarai	Total IDV ₹	NA
Hypothecation/Lease	NA		

Premium Summary			
Own Damage	Amount (₹)	Liability	Amount (₹)
Basic OD	0.00	Basic Liability (TPPD 1)	2072.00
TOTAL OWN DAMAGE PREMIUM	0.00	Total Basic Liability Premium	2072.00
		PA Benefits - Section III	
		Compulsory PA cover to Owner Driver	375.00
		Total PA Premium	375.00
		Legal Liability to paid driver	50.00
		TOTAL LIABILITY PREMIUM	2497.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	2497.00
		CGST (@9.00 %)	225.00
		SGST (@9.00 %)	225.00
TOTAL PREMIUM PAYABLE (₹)			2946.00

GSTIN:07AABCR6747B1ZI, HSN:9971, Description of services:Motor vehicle insurance services Subject to I.M.T.Endt.Nos.IMT 15,28

Nominee Details				
PA Owner Driver	Nominee Name	Age	Relationship with Owner Driver	Appointee name
1	SACHIN HOODA	30	Son	

Limits of liability

: (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- (TPPD 1 Sum Insured -₹ 7,50,000/-,TPPD 2 Sum Insured -₹ 6000/-)(iii) PA Cover for owner driver CSI ₹ 1500000.0 /-

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

Persons/Classes of persons entitled to drive

. Any person including the Insured:

Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid Learner's License may drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Special Conditions** : NA

21BRG189/Smc Insurance Brokers Pvt Ltd	9311088057	girecon@smcinsurance.com
Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID

"It is hereby declared and agreed that all pre-existing damages to the vehicle having occurred prior to the commencement of cover are excluded from the scope of the policy"

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/337/2020/864/2020 dated 27th Feb 2020\*\* Not Applicable for the State of J&K

This document shall be trated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

Statutory Provisions:
"As per Section 146 of the Motor Vehicle Act, 1988 it is Mandatory to have your vehicle insured against third party risk.

As per section 196 of the above act, driving a vehicle without valid insurance is punishable with fine up to ₹ 1,000/-or imprisonment up to 3 months or both."

I/We hereby certify that the Policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988. Note: In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Safeguard your transaction by paying your premium via crossed cheque/DD in favour of Reliance General Insurance Co. Ltd.

Subject to Reliance General Insurance Endorsement Numbers printed herein/attached hereto. NA

The policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. Subject otherwise to the terms, conditions and exclusions of the Reliance Private Car Liability Policy. In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

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 appealing 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'. For legal interpretation, English version will hold good.

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAl website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.Smt. Sandhya Baliga Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokoal.delhi@dbic.co.in 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in

NOTE: Kindly acknowledge receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately.

In the unfortunate event of a claim, please call quoting your Policy No. on 1800 3009 (toll free) or (022) 48903009 and register your claim immediately within 7days from the date of loss.

For Customer service, please call along with your Policy No. on 1800 3009 (toll free) or (022) 48903009 or visit www.reliancegeneral.com In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal. For Reliance General Insurance Co. Ltd

**Authorised Signatory** 



## A Policy for Act Liability Insurance (Private Car-Liability Insurance Proposal Form) (The Liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

Private Car Two Wheelers	are company and the premium to received.)
For Office Use Only	
Policy Number 131522023470035228	Date 07/28/2020
Intermediary Details (To be filled in BLOCK LETTERS)	
Intermediary Name SMC INSURANCE BROKERS PVT LTD	Code 21BRG189
Branch Name Janakpuri	Code 1315
Sales Manager Name Keshav Gupta	Code 70305852
Proposer's/Owner Details (To be filled in BLOCK LETTERS)	
1. Propser/Owner's Full Name  Mr. Mrs. KRISHAN SINGH	
2. Address (Where the Vehicle is normally kept)	
Flat/Building PLOT NO C-2/A	Road/Street/Sector KH.NO112/15 GROUND FLOOR VIIL. KARALA
Area Pin Code 110086 State DELHI.	City DELHI, Country India
Phone	Mobile 9268494797
Emergency Contact No.	Blood Group
Email SANTOSHKMR365@GMAIL.COM PAN No.:	Fax
3. Do you have a GST Registration Number Yes No	UID Aadhaar No.
If Yes, please specify	
Monthly Income Upto ₹20,000 □₹ 20,001 to ₹ 50,000 □  5. Occupation / Business	Agricultural Income Savings Others ₹50,001 to ₹ 1,00,000
<ol> <li>Type of Cover Liability Only Policy</li> <li>Period of Insurance From 31/07/2020 To 30/07/2021</li> </ol>	
Details of the Vehicle	
8. Registration Number DL03CAZ4182	9. Date of Registration 14-Jul-2008
10. Registering Authority & Location DELHI - DELHI SOUTH SHEIKH SARAI	
11. Year & Month of Manufacture JUL-2008 13. Chassis Number 1023619	<ul><li>12. Engine Number 948882</li><li>14. Make of Vehicle MARUTI SUZUKI</li></ul>
<ul><li>13. Chassis Number 1023619</li><li>15. Type of Body/Model NA / OMNI</li></ul>	14. Make of Vehicle MARUTI SUZUKI
16. Cubic Capacity 796	17. Seating Capacity including Driver: 5
Details of the Vehicle Type and Use	
18. Whether the Vehicle is driven by Non-conventional source of power?	Yes No
If Yes, please give details	Bi Fuel CNG LPG
40. Whether the use Vehicle is limited to some Description	
<ul><li>19. Whether the use Vehicle is limited to own Premises?</li><li>20. Whether the use Vehicle is used for Commercial Purposes?</li></ul>	☐ Yes ☑ No ☐ Yes ☐ No
21. Whether the use Vehicle is used for Driving Tutions?	Yes No
, and the second	

Reliance General Insurance Company Limited. IRDAI Registration No. 103. An ISO 9001:2015 Certified Company Registered Office: Reliance Centre, South Wing, 4 th Floor, Off. western Express Highway, Santacruz (East), Mumbai - 400055.

Corporate Office: Reliance Centre, South Wing, 4 th Floor, Off. western Express Highway, Santacruz (East), Mumbai - 400055.

RGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver.1.2/300117. Corporate Identity Number U66603MH2000PLC128300.UIN:IRDAN103P0003V01200102

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	is under		Hire Purchase	Lease Agreement	avH	otheca	ation Agreement
If so, give name and addre		arties			,,,,,,	,	
Full Name M/s							
Address							
ability Coverage							
	et Third Party Bioke (Dec	oth or Boo	tily Injury) required	in reapost of:			
Coverage for liability again: i) Owner Driver Only	st Tillu Party Risks (Dea	atii oi bot	iny injury) required	in respect of.	V Y	⁄es	No
ii) Any person other than P	aid Driver					⁄es	No No
If 'Yes', give details of sucl					_		_
a							
b							
C							
Note:							
1. Section 146 of Motor Vehim to drive a vehicle in pub							
2. As per section 147(2)(a)	the ability is 'as incurred'	' in case o	of death/bodily injur	y of athird party.			
1. Do you wish to have statu	itory Third Party Property	Damage	e (TPPD) liability of	Rs. 6000/- only?		⁄es	✓ No
5. Legal liability to persons e	employed in connection w	vith opera	tion of the vehicle	vho are 'workmen'.		⁄es	No
The liability of the employ Motor Vehicle Act 1988	er under the Workmen's	Compen	sation Act 1923 is o	covered under the			
a. Drivers	No. of persons:		_				
b. Employees (Workmen	n) No. of persons:						
Note: The Motor Vehicle A Compensation Act 1923	Act1988 under sec.147(1	)(ii)(i) co\	vers liability to empl	oyees who are workmen w	vithin the m	eaning	g of the Workmen's
26. The Policy provides addi two Wheelers and ₹. 7,5				. 1,00,000/- for cover the additional limit?		⁄es	No No
27. Do you wish to cover wide	er legal liability to employ	yees who	are 'workmen' ?			⁄es	No
(This information is sough Act 1855 and the Common		ability un	der the Workmen's	Compensation Act 1923, a	also liability	under	the Fatal Accidents
Note: The additional liabili are workmen is covered u		nd Fatal A	accidents Act in resp	pect of emplyees who			
8. Do you wish to cover wid	er legal liability to employ	yees who	are NOT 'workme	n' ?		⁄es	No
Note: The additional liabilit are NOT workmen is cover	y under common law and red under this endorseme	d Fatal Ad ent	ccidents Act 1855 ir	respect of emplyees who			
9. Personal Accidents Cove	r for Owner Driver is com	npulsory i	n the Liability Only	Cover. Please give details	of nominat	ion :	
Name of the	Nominee	Age	Relationship	Name of the Appoint	ee	Relation	onship of the Nominee
	Hooda	30					Son
Sachin							
							SID0731200210
ote :	ar for Owner Driver is con	maulaani	for our Inquired of	Do 1500000 0/			
ote : i) Personal Accident Cove						_	
lote :	o owner driver cannot be	granted	where a vehicle is		partnership	firm o	r a similar body corpora
lote : i) Personal Accident Cove ii) Complusory PA Cover to where the owner-driver do	to owner driver cannot be ses not hold an effective o	granted driving lic	where a vehicle is ense				
lote : i) Personal Accident Cove ii) Complusory PA Cover to where the owner-driver do b. Do you wish to include Per	to owner driver cannot be sees not hold an effective of rsonal Acident Cover for	granted driving lic	where a vehicle is ense			firm o	r a similar body corpora
ote : i) Personal Accident Cove ii) Complusory PA Cover to where the owner-driver do	to owner driver cannot be sees not hold an effective of rsonal Acident Cover for	e granted driving lic Named p	where a vehicle is ense			⁄es	No



Details of Previous History			
33. Date of purchase of the vehicle by the Pr	roposer:		4-Jul-2008
34. Whether the vehicle was new or second	hand at the time of purchase		New Second Hand
35. Will the vehicle be used exclusively for			
i) Private, Social, Domestic, Pleasure & F	Professional Purpose?		Yes No
ii) Carriage of goods other than samples			Yes No
36. Is the vehicle is in good condition?			Yes No
If 'NO' please give details		,	
37. Name of the previous insurer			<del></del>
38. Address of the previous insurer	-		
Flat Building	Road/Stre	eet/Sector	
Area	City	, or oction	
Pin Code Sta	te Country		
Phone	Mobile		
Email SANTOSHKMR365@GMAIL.C	OM Fax		
39. Previous Policy Number PREVIO	OUS_HIDE		
40. Period of Insurance	From 31/07/2020	To 30/07/2021	
41. Claim loged during the preceding 3 years	5		
Year	No. of claims	Claim Amount (Rs.)	
		<del>                                     </del>	
Driver Details			
If 'Yes', please give details of such infi  45. Has the Driver ever been involved/convicte If 'Yes', give details as under including the Driver's Name: Date of Accident: Circumstances of Accident / Loss:	ed for causing any accident of loss pending prosecutions:	?	/es
Payment Details			
Cheque DD			
Cheque or DD Amount	/- Amount in words		SID073120021
Bank Name			
Cheque/DD No.	Cheque/DD	Date	
Proposer's Bank Details			
46. Name of the Bank Account Holder 47. Bank Account No. 49. Name of the Bank 50. Branch	Mr. Mrs. Ms. 48. Account:	Saving Current	SID07312002
51. MICR Code (9 digit MICR code number of to the state of the state o	on your cheque leaf) lyment / any paymeny / claims to b	e directly credited to my aforesaid B	ank Account.*





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AML Odideilles					
I / We hereby confirm that all premiums have been / will be related to any of the offence listed in Prevention of Money establish source of funds. The insurance company has the of law under any of the statues, directly indirectly governing	Laundering Act 2002.I underst right to cancel the insurance of	and that the company ontract in case I am /	y has the right to	call for the docum	nents to
Nationality: Indian Non -Indian ,If Nor	n Indian please specify the cou	ntry		<u>()</u>	
Type of Organization : Corporations Govern  Partnership International Organization	nment Non Governme Cooperatives	nt Organizations  Section 25 Compar	Society	Trust	SID07312002
Declaration					
I/We hereby declare that te statements made by me/us that, this declartion shall form the basis of the contract be additions or alterations are carried out after the submiss hereby declare that the contents of the form and docume proposed contract. I/We agree to accept a policy subject me/us is correct and that no claim has arisen in the expiri incorrect, all benefits under the policy in respect of sect Insurance will seek confirmation of above stated details to coverage under the policy will be available to me/us, REL of the policy only after a confirmation in this regard is resection I of the policy from the date of commencement of General Insurance of the motor vehicle, pending confirmation dremedies available to RELIANCE General Insurance that, Pending receipt of confirmation of the declaration Insurance shall stand suspended. I/We also shall endimmediately upon the receipt of such renewal notice. Mo This policy shall be voidable at the option of the company the Poposer. Any person who knowingly and with intent information, or conceals for the purpose of misleading, render the policy voidable at the company's sole discret registered mobile number/ email id through mail or SMS of	etween me/us and RELIANCE sion of this proposal form, thents have been fully explained at to the condition prescribed Ing policy (copy of the policy erion I of the policy will stand for from my/our previous insurers. LIANCE General Insurance will aceived, In the event this declar the policy shall stand automation of the declaration from my eas contained herein and une from my our previous insurers away or to procure the renewed of Payment: Secure your production of the defraud thr Insurance Compain of defraud thr Insurance Compainformation, information conceition and result in a denial of ir	General Insurance Cen the same would be to me/us and that I/N by the company. I/Who closed/) I/We further unfeited. Furth	company Limited to conveyed to we conveyed to we have fully use declare that it undertake that, understand and lecessary confirthe payment towincorrect, any aer, any survey ars, shall be with and regulation repair facility" pind the same to D favouring Relinof non-disclosufiles a proposaltial thereto, come hereby agree	d . I/We also declar the insurers immenderstood the sign he rate of NCB staif this declaration is agree that RELIAI mation, I/We agree wards any claims und all coverage avarranged/ allowed bout prejudice to ans. I/We acknowled; and the result of any material on insurance contain mits a fraudulent in to be notified by i	re that, if any diately. If We ifficanceof the ited above by s found to bre NCE General et hat, though nder section I vailable under by RELIANCE by of the rights ge and agree NCE General ral Insurance ance CO. Ltd. particulars by ning any false act which will
I/We further agree and undertake not to receive from Relipublished prospectus in accordance with the provisions S I / We here by state that the above mentioned address sh	Section 41 of the Insurance Act,	1938 as amended by	y Insurance Law		
Place:		CID 072420	0240		
Date:		SID073120	0210	Signature of Prop	oser
Prohibition of rebates - Section41 of the Insurance Act	, 1938 as amended by Insura	nce Laws (Amendm	ent) Act, 2015		
No person shall allow or offer to allow, either directly or respect of any kind of risk relating to livesor properly in In shown on the policy, nor shall any person taking out or republished prospectuses or tables of the insurer	idia, any rebate of the whole or enewing or continuing a policya	part of the commission country any rebate as r	on payableor ar may be allowed	ny rebate of the prei in accordance with	mium
2.Any person making default in complying with the provis	ions of this section shall be liab	oir for a penalty which	i may extend to	ten lakn rupees.	SID07312002
IMPORTANT NOTICE  1. In the event of a claim, please immediately call our 24 hour casettlement/denial of claim.  2. For preferred cashless garage list please logon to our website those in our network list*  3. Please intimate us your mobile number and we shall keep you procedure. Also view claim status on our website. Insurance is the subject matter of solicitation	e or speak to customer care execut	ive. RGICL cannot provid	de cashless claim	settlement at garages	07 31 20

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