

**Bajaj Allianz General Insurance Company Ltd.**

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

**Transcript of Proposal for Liability Only Policy For Private Car**

Dear AMARNATH GANGIGUNTA

We wish to inform you that the contract under policy number 'OG-23-9906-1805-00128714' has been finalized based on the in- formation 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 sat- isfied 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/dis- closed 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:

1. **Proposer details**
   1. Proposer Name : AMARNATH GANGIGUNTA
   2. Proposer Address : FLAT 501, SOWJANYA ARCADE, KAMALAPURI GAS STATION ROAD, HY-

DERABAD, TELANGANA, ,, - 500073

* 1. Proposer Mobile Number : 9966609269
  2. Proposer Residential Number : NA
  3. Proposer e-mail id : [amarnath.gangigunta@gmail.com](mailto:amarnath.gangigunta@gmail.com)
  4. Proposer Profession : NA

1. **Vehicle Details**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration Number** | **Month / Year of Regn** | **Vehicle Make** | **Vehicle Model** | **Vehicle Sub Type** | **Fuel Type** | **Cubic Ca- pacity/ Kilowatt** | **Year of Man- ufacture** | **Seating Capa- city** |
| AP29AN097 1 | FEB-2010 | MARUTI | RITZ | VDI | DIESEL | 1248 | 2010 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Engine Num- ber** | **Chassis Num- ber** | **Vehicle IDV (in Rs.)** | **Electrical IDV (in Rs.)** | **Non-Electrical Ac- cessories IDV (in Rs.)** | **CNG/LPG Unit (Extra fitted) IDV (in Rs.)** | **Total IDV (in Rs.)** |
| D13A1472248 | MA3FDEB1S0 0208523JA | 0 | 0 | 0 | 0 | 0 |

1. **Coverage opted**
   1. Period of Insurance : From 15-Feb-2024 (Hrs) To

14-Feb-2025 Midnight

* 1. Is your vehicle fitted with external LPG/CNG kit : No.
  2. Whether PA cover is opted for owner-driver : No.
  3. Whether geographical area extension is opted : No. Details of Countries to which geographical area extension cover is given : NA.
  4. Is LL to person for Paid driver/Operation/Maintenance opted : No.
  5. Whether PA cover is opted for paid driver other than owner driver : No. Number Of Paid Driver(s) : : NA

Sum Insured Per Paid Driver : : Rs.NA.

* 1. Whether PA cover is opted for passengers : No. Number Of Passengers : : NA

Sum Insured per Passenger : Rs.NA

* 1. Is TPPD restricted to statutory limit of Rs.6,000? : Yes.
  2. Premium for Liability coverage, quoted and agreed upon is : Rs.3,316.00.
  3. Do you have valid PUC certificate of the vehicle : NA
  4. Do you have valid Fitness certificate of the vehicle : NA
  5. About the last insurance company

Previous Insurer - ICICI Lombard General Insurance Company Limited.Previous Policy No -PPN6273627637 Expiry On - 14-NOV-22

* 1. 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.

Toll free Number : 1800-102-5858,1800-209-5858

Email address : [Bagichelp@bajajallianz.co.in](mailto:Bagichelp@bajajallianz.co.in)

Website : [www.bajajallianz.com](http://www.bajajallianz.com/)

Contact our policy servicing branch at: Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune-411014 Phone No :1800-209-0144.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE

WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.Bajaj Allianz General Insurance Co Ltd





**Bajaj Allianz General Insurance Company Ltd.**

**Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006(India)**

**LIABILITY ONLY POLICY FOR PRIVATE CAR CERTIFICATE CUM POLICY SCHEDULE UIN : IRDAN113RP0040V01200102**

**Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc;** Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune-411014 Phone No :1800-209-0144

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Number Period Of Insurance** | **OG-23-9906-1805-00128714**  **From: 15-Feb-2024**  **To: 14-Feb-2025 Midnight** | **Product**  **Policy issued on Cover Note No** | Liability Only Policy For Private Car 14-Feb-2024 -  / |
| **Application No** |  | **Scrutiny No** | 339477675 |
| **Insured Name** | **AMARNATH GANGIGUNTA** | **Zone** | B |
| **Insured Address** | FLAT 501, SOWJANYA ARCADE, KAMAL- APURI GAS STATION ROAD, HYDERABAD, TELANGANA, ,, - 500073 |  |  |
| **Customer ID** | 337426652 | **Premium Payer ID** | 337426652 |
|  |  | **Transaction Id** |  |
|  |  | **Policy Status** | ISSUED |
| **GSTIN / UIN** | NA | **Place of Supply/State Code/Name** | 36 - Telangana |
| **Invoice No.** | 373920125/1 |  |  |
| **Company GST No** | 27AABCB5730G1ZX |  |  |
| **Company PAN No** | AABCB5730G |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Registration No.** | **Make** | **SubType** | **Model** | **CC/KW** | **Mfg year** | **Seat Cap** | **Vehicle/ Trailer Chassis No** | **Engine Number** |
| AP29AN0971 | MARUTI | VDI | RITZ | 1248 | 2010 | 5 | MA3FDEB 1S0020852  3JA | D13A1472248 |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Fuel Type** | **Vehicle IDV** | **Elec Acc** | **Non Elec Acc** | **Trailer** | **Trailer Reg No** | **CNG/LPG Unit** | **Total Sum Insured** |
| DIESEL | 0 | 0 | 0 |  |  | 0 | 0 |

**SCHEDULE OF PREMIUM**

|  |  |  |  |
| --- | --- | --- | --- |
| **OWN DAMAGE** | | **LIABILITY** | |
| Total Own Damage Premium: |  | Basic Third Party Liability | 3,316.00 |
|  | | Total Liability Premium: | 3,316.00 |
| Additional loading @ 0% | 0 |
| Total premium | 3,316.00 |  | |
| Special Discount | 0 |
| Net Premium | 3,316.00 |
| Integrated GST (18%) | 597 |
| **Final Premium Rs.** | **3,913.00** | **\*\*\*All Premium Figures are in Rupees** | |

**Geographical Area : No Claim Bonus :** 0%

**Nominee Details Name :** NA **Relationship :** NA

Previous Insurer - ICICI Lombard General Insurance Company Limited.Previous Policy No - PPN6273627637 Expiry On - 14-NOV-22

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

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**Nominee Details Name : Relationship :**

**LIMITS OF LIABILITY:** Under Section II-1(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-1(ii) of the policy -> Damage to Third Party Property : Rs.6,000.00/-

**LIMITATION AS TO USE:** The Policy covers use of the vehicle for any purpose other than : Hire or reward, Carriage of goods(other than samples or personal luggage), Organised racing, Pace making, Speed testing, Reliability trials, Any purpose in connection with Motor Trade.

**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 disquali- fied from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle 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 : 20 & Policy wordings attached herewith

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 ini- tio.

|  |  |
| --- | --- |
| **Broker Code 10043080** | **Channel Name : WS** |
| **Broker Name : POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMTED** | |
| **Contact No : 0/1800-103-3999** | |
| **Email -** | |

**Damage Details as per Annexure I**

Premium Collection Details :- [Receipt No/Collection No/Amount] 9906-07728170 / 339477675 / Rs. 3,913.00 ,

\*\*\* 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 :** - **NA**



**Remarks** PDA MODULE



**In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.**

**339477675/-/10043080/99060001/-**

**This is a one page Policy Document [without enclosing the Terms and Conditions (T&C) of the Policy] issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.com) that enables access by the In- sured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.**

**Kindly contact our nearest / local office(s) for No Claim Bonus Confirmations.**

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



**Stamp Duty Rs.0.5**

**Authorized Signatory This document is digitally signed, hence counter signature / stamp is not required Printed , Signed and Executed at Pune**



**Regd Office : Bajaj Allianz House,Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by In- surance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.**

**Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH002223565202223M Defaced No. 0001502897202223 ORDER NO.CSD/371/2022/2472 ORDER DATED 10.06.2022DEFACED DATE dated 10-JUN-22 timing 11:08:23 of General Stamp Office,Mumbai,India.**

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**Bajaj Allianz General Insurance Company Ltd.**

Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune - 411014 Contact No:Contact No: 1800-209-0144

**RECEIPT**

**Receipt Number 9906-07728170**

**Receipt Date 13/02/2023**

**Business Channel WS**

Received with thanks from AMARNATH GANGIGUNTA

(Customer ID : 337426652 ) a total sum of Rupees Three Thousand Nine Hundred Thirteen Only by,

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Instrument Type | Instrument No. | Instrument Date | Bank Name | Branch Name | Amount |
| Online Pay- ment | PBPB6655300 7 | 13/02/2023 | NA | NA | 3,913 |

**Total Amount Rs. 3,913.00**

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General In- surance Company Limited. The insurance cover for the risk shall be as per the terms and con- ditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

**Regd.Office: Bajaj Allianz House,Airport Road, Yerwada, Pune - 411006**