



**Reliance Private Car Package Policy- Schedule**

<b>Policy Number:</b>	920222023110499361	<b>Proposal/Covernote No:</b>	R05042006656
<b>Insured's Name :</b> Mr. ANUJ KUMAR MISRA	<b>Period of Insurance:</b> From 00:01 Hrs on 21-Apr-2020 to 23:59 Hrs of 20-Apr-2021		
<b>Communication Address :</b> B 108 SRUTHIKA SPRINGFIELDS, SINGAPURA MAIN ROAD, JALAHALLI EAST, BANGALORE NORTH, BANGALORE, KARNATAKA, INDIA, 560097	<b>Policy Servicing Branch:</b> RELIANCE CENTER, SOUTH WING, 4TH FLOOR, OFF. WESTREN EXPRESS HIGHWAY, SANTACRUZ EAST MUMBAI MAHARASHTRA 400055		
<b>Mobile No :</b> 9738951239	<b>Tax Invoice No. &amp; Date :</b> R05042006656 & 05/04/2020		
<b>Email-ID :</b> arjunmisra195@gmail.com	<b>GSTIN/UIN &amp; Place of Supply:</b>		
<b>Insured's Blood Group:</b>			

**Insured Vehicle Details**

Registration No.	KA04MU7415	Mfg. Month & Year	APR-2018
Make / Model & Variant	MARUTI SUZUKI / BALENO / ALPHA 1.2	CC/HP/Watt	1197
Engine No. / Chassis No.	7221615 / 450085	Seating Capacity Including Driver	5
Geographical Extension	INDIA	LCC Excluding Driver	4
RTO Location	KARNATAKA - Bangalore North (Yeshwanthpur)	Total Premium ₹	11880.00
Hypothecation/Lease	NA		

**Insured Declared Value (IDV)**

Vehicle IDV ₹	576000.00	CNG / LPG Kit ₹	0.00
Electrical / Electronic Accessories ₹	0.00	Trailer / Side Car ₹	0.00
Non Electrical Accessories ₹	0.00	Total IDV ₹	576000.00

**Premium Summary**

Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD including Add-on	8265.02	Basic Liability (TPPD 1)	3221.00
<b>Total Basic Own Damage Premium</b>	<b>8265.02</b>	<b>Total Basic Liability Premium</b>	<b>3221.00</b>
<b>Less</b>		<b>PA Benefits - Section III</b>	
Deduct 25 % for NCB	-1418.26	<b>TOTAL LIABILITY PREMIUM</b>	<b>3221.00</b>
<b>Sub Total of Deductions</b>	<b>-1418.26</b>	<b>TOTAL PACKAGE PREMIUM (Sec I + II + III)</b>	<b>10068.00</b>
<b>Add on Cover/s Opted</b>		IGST (@18.00 %)	1812.00
Nil Depreciation			
<b>TOTAL OWN DAMAGE PREMIUM</b>	<b>6846.76</b>		
<b>TOTAL PREMIUM PAYABLE (₹)</b>			<b>11880.00</b>

GSTIN :27AABCR6747B1ZG, HSN :9971,  
Description of services : Motor vehicle insurance services

Subject to I.M.T.Endt.Nos. IMT 22

Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/274/2019/6344 dated 27th Dec 2019\*\* Not Applicable for the State of J&K

**11W00007 / Policybazaar Insurance  
Web Aggregator Pvt Ltd**

**1800208878**

**crtmotor@policybazaar.com**

**Intermediary Code/Name**

**Intermediary Contact No.**

**Intermediary E-mail ID**

**Special Conditions** : NA

**Limits of liability**

: Under Section III of the policy - PA cover for owner driver CSI ₹ 0.0/-  
(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 or control of the insured up to the limits specified- (TPPD 1 Sum Insured - ₹ 7,50,000/- , TPPD 2 Sum Insured - ₹ 6,000/-).

- 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 of 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.
- Deductible under Section-I** : (i) Compulsory deductible ₹ 1000.0/- (ii) Additional compulsory deductible ₹ 0/- (iii) Voluntary deductible ₹ 0.0/-

**Compulsory PA cover for owner driver :**

Insured is not eligible for compulsory PA cover for owner driver in the policy as the same has not been opted for the reasons allowed as per motor tariff and/or basis insured's declaration given below:

"I/ we hereby declare that I/ we hold an effective personal accident insurance policy covering death and permanent disability (total & partial) and/ or compulsory personal accident (CPA) for owner driver in other vehicles; whereby the Sum Insured limit is of Rs 1,500,000 or more in all such above mentioned conditions." In case you have missed it, please opt for compulsory PA cover by payment of additional premium as applicable. Liability of insurance company shall commence from the date of receipt of such additional premium.

\*No Claim Bonus is subject to no claim on the previous policy. Benefits under the policy stands forfeited if claim is/was made in previous policy.

"It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy."

"This policy provides you with benefit of "Anywhere Assist"."

The policy wording with detailed terms, conditions and exclusions are available on our website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in).

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. No Claim Bonus will be allowed, provided the policy is renewed within 90 days of the expiry of the previous 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 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'. 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.

**Grievance Clause :-** 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](mailto: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](mailto: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](mailto: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 IRDAI website [www.irda.gov.in](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: [bimalokpal.mumbai@gbic.co.in](mailto:bimalokpal.mumbai@gbic.co.in) | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: [bimalokpal.pune@gbic.co.in](mailto:bimalokpal.pune@gbic.co.in)

**Note:** This 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. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately. Subject otherwise to the terms, conditions and exclusions of the Reliance Motor Private Car Package 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.

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

**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. You can also reach us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.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**

  
Authorized Signatory

(U1)Nil Depreciation: RGI-MO-A00-00-03-V01-13-14

**Reliance General Insurance Co.Ltd. IRDAI Registration No. 103**

**An ISO 9001:2015 Certified Company**

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai 400710.

Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.

Corporate Identity No.U66603MH2000PLC128300. RGI/MCOM/CO/2311/PS/Ver. 1.3/010218 UIN: IRDAN103P0010V02100001

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

### Risk Assumption Letter

Dear Mr. **ANUJ KUMAR MISRA**

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 920222023110499361 which has been issued based on the details declared by the applicant.

#### Insured Vehicle Details

Registration No.	<b>KA04MU7415</b>	Mfg. Month & Year	<b>APR-2018</b>
Make / Model & Variant	<b>MARUTI SUZUKI / BALENO / ALPHA 1.2</b>	Date of Registration	<b>24-Apr-2018</b>
Engine No. / Chassis No.	<b>7221615 / 450085</b>	Seating Capacity Including Driver	<b>5</b>
Type of Body	<b>NA</b>	CC/HP/Watt	<b>1197</b>
RTO Location	<b>KARNATAKA - Bangalore North (Yeshwanthpur)</b>	LCC Excluding Driver	<b>4</b>

#### Insured's Declared Value (IDV)

Vehicle IDV ₹	<b>576000.00</b>	CNG / LPG Kit ₹	<b>0.00</b>
Electrical / Electronic Accessories ₹	<b>0.00</b>	Trailer / Side ₹	<b>0.00</b>
Non Electrical Accessories ₹	<b>0.00</b>	Total IDV ₹	<b>576000.00</b>

#### Previous Policy Details

Previous Year Policy No.	Period of Insurance	Previous Policy-Claim Status
<b>920221923110671586</b>	From : <b>2019-04-21 00:00:00.0</b> To : <b>20-Apr-2020</b> midnight	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

#### YOU HAVE OPTED FOR THE FOLLOWING COVERS

##### Standard Cover

##### Vehicle Own Damage + Third Party Coverage

- ☐ Electrical/electronic accessories  
☐ Non-electrical accessories  
☐ Bi-fuel kits comprising LPG/CNG systems

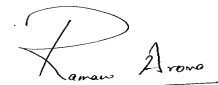
##### Add-on Covers

- ☒ **Nil Depreciation Cover** No deduction for depreciation on vehicle parts other than tyres and tubes with respect to approved partial loss claims.
- ☐ **Motor Secure Plus** No deduction for depreciation, consumable on vehicle parts and covers the engine in respect to approved partial loss claims.
- ☐ **Motor Secure Premium** No deduction for depreciation, consumable on vehicle parts and covers the engine, loss of key in respect to approved partial loss claims.
- ☐ **NCB Retention Cover** No-Claim Bonus % is retained even after a claim, which would have become 0% without this cover.
- ☐ **Total Cover** Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured ₹ 0.0/-)
- ☐ **EMI Protect** Pays for car EMIs for the time period during which the car is in one of our network garages for repair.
- ☐ **Daily Allowance Benefit** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for initial two eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days
- ☐ **Daily Allowance Benefit Plus** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days.

This policy provides you with benefit of "Anywhere Assist". For more details visit [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in)

Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com) or call us on **1800 3009 (toll free) or (022) 48903009** for necessary changes/rectification. 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. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or

For Reliance General Insurance Co. Ltd.



Authorised Signatory

(U1)Nil Depreciation: RGI-MO-A00-00-03-V01-13-14

Reliance General Insurance Co.Ltd. **IRDAI Registration No. 103**

Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai 400710

Corporate Office Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai - 400 055.

Corporate Identity Number U66603MH2000PLC128300. RGI/MCOM/CO/2311/PW/Ver.1.1/010218 UIN: IRDAN103P0010V02100001

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**An ISO 9001:2015 Certified Company**

### Know your Policy

Remember to carefully go through the Risk Assumption Letter and confirm your personal as well as your vehicle details.

**In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 1800 3009 (toll free) or (022) 48903009** or visit any of our branches. Kindly

refer to the Key Feature Document and Policy Wording at [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) to understand your policy better and learn more about the policy

### What documents do you require for making any change to your Policy

**1. Changes in vehicle make & model/cubic capacity/seating capacity/engine & chassis no./year of manufacture/registration no./ location/address**

**Documents required :** Letter for change, policy copy and registration certificate copy along with additional premium cheque, if applicable.

**2. Changes in electrical and non electrical accessories/CNG/LPG kit**

**Documents required :** Letter for addition, policy copy, invoice copy of accessories, endorsed registration certificate copy (for CNG/LPG kit) and cheque for additional premium.

**3. Changes in financier details (Hypothecation/Lease/Hire purchase)**

**Documents required :** Letter for change, policy copy, endorsed registration certificate copy and no objection certificate from financier (not mandatory for deletion, if registration certificate copy is endorsed).

### How to register a Claim - Cashless



Report vehicle  
at Network Garage



Claim registration  
by Network Garage



Survey, Document verification,  
Loss Assessment & Re-inspection



Cashless Amount  
Confirmation



Vehicle  
Delivery

### How to register a Claim - Reimbursement



Registration  
of Claim



Report Vehicle  
at Garage



Survey, Document  
verification, Loss Assessment  
and Re-inspection



Vehicle  
Delivery



Submission of  
Original Repair Bills +  
Payment Receipt



Claim Settlement  
to Customer

### What documents do you require to register a Claim

- 1.Claim form duly filled and signed (company stamp in case of company registered vehicles)
- 2.Registration copy
- 3.Driving License of the driver at the time of loss
- 4.Policy copy

Note: 1. As soon as a claim occurs, please intimate immediately at our call centre **1800 3009** or **(022) 48903009**. Delay in intimation would result in the violation of

### How to renew your policy conveniently



Visit [reliancegeneral.co.in](http://reliancegeneral.co.in)  
and renew online



Call 1800 3009  
and renew



Submit a cheque/DD  
along with signed Renewal Notice  
to branch/agent and renew

### Payment Modes



Internet banking




Cheque/DD




Credit/Debit Card

# front



**LiveSmart**

<b>Name</b>	ANUJ KUMAR MISRA
<b>Policy No.</b>	920222023110499361
<b>Policy Period</b>	21-Apr-2020 to 20-Apr-2021
<b>Chassis No</b>	450085
<b>Vehicle No</b>	KA04MU7415
<b>Emergency Contact No</b>	
<b>Blood Group</b>	



Scan the QR code for details

**For breakdown or claims call 1800 3009**

# back

- All insurance contracts are based on the information provided by the insured in the proposal form.

- Intimate claim immediately at our Toll Free No. 1800 3009 and provide:

1. Policy No. as mentioned on the card.
2. Place, Date & Time of Loss.
3. Name of the Driver Driving the vehicle at the time of Loss.
4. The damages suffered by the vehicle.
5. Injuries to passengers/driver/third parties if any.
6. Place when the vehicle is currently available for inspection.

**IRDAI Registration No. 103**  
 Reliance General Insurance Company Limited.  
 Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway ,  
 Santacruz (East), Mumbai - 400 055. Corporate Identity No. U66603MH2000PLC128300.  
 RGI/MCOM/MOT-02/MOTOR CARD/Ver. 1.0/200115

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Reliance General Insurance



## Proposal Form For Reliance Private Car Package Policy

Is the Vehicle Made in India ☒ Yes ☐ No Type of Vehicle : ☐ Two wheeler ☒ Four wheeler ☐ Three Wheeler

### For Office Use Only

Policy Number 920222023110499361

Date

Savvion Reference No.

Inspection Lead No.

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	POLICYBAZAAR INSURNACE WEB AGGREGATOR	Code	11W00007
Branch Name	Corporate Office(Servicing)	Code	9202
Sales Manager Name	Web Sales	Code	D9202162

### Details (To be filled in BLOCK LETTERS)

1. This Proposal is for ☐ A new Policy ☒ Renewal of Policy ☐ Rollover Policy ☐ Used Policy
- 2a. Proposer's Full Name ☒ Mr. ☐ Mrs. ☐ Ms. ANUJ KUMAR MISRA
- 2b. Address Address for Communication Address where vehicle is normally kept and Used
- |  |   |                   |
|--|---|-------------------|
| Flat/Building/Door/Block No.           | B 108 Sruthika Springfields, Singapura Main   |                   |
| Road /Street/Sector                    | Road, Jalahalli East ,  |                   |
| Nearest Landmark                       | Bangalore North   |                   |
| Area                                   |   |                   |
| City                                   |   |                   |
| Pin Code                               | 560097  |                   |
| State                                  | KARNATAKA,  |                   |
| Country                                | India   |                   |
| Phone                                  |   | Mobile 9738951239 |
| Emergency Contact No.                  |   | Blood Group       |
| Email                                  | arjunmisra195@gmail.com   | Fax               |
| 3. Period of Insurance                 | From 21/04/2020   | To 20/04/2021     |
| 4. Source of Funds                     | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |                   |
| 5. Monthly Income                      | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                  |                   |
| 6. UID Aadhaar No.                     |   | 7. PAN No.        |
| 8. Do you have GST Registration Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |                   |
| If Yes, Please Specify                 |   |                   |
| 9. Related Party                       | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                   |

### Details of the Vehicle

- |                                      |                             |                                       |             |
|--------------------------------------|-----------------------------|---------------------------------------|-------------|
| 10. Registration Number              | KA04MU7415                  | 11. Date of Registration              | 24-Apr-2018 |
| 12. Registering Authority & Location | KARNATAKA - Bangalore North |                                       |             |
| 13. Year & Month of Manufacture      | APR-2018                    | 14. Cubic Capacity                    | 1197        |
| 15. Engine Number                    | 7221615                     |                                       |             |
| 16. Chassis Number                   | 450085                      |                                       |             |
| 17. Make of Vehicle                  | MARUTI SUZUKI               |                                       |             |
| 18. Type of Body/Model               | NA                          | 19. Seating Capacity including Driver | 5           |

An ISO 9001:2015 Certified Company

**IRDAI Registration No. 103.** Reliance General Insurance Company Limited. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai -400710. Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz(East), Mumbai-400 055. Corporate Identity Number U66603MH2000PLC128300. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.RGI/MCOM/CO/MOT-02/PVT-CAR-PF/Ver.1.1/010218.

**Details of the Vehicle Type and Use**

20. Whether the Vehicle is driven by Non-conventional source of power ? ☐ Yes ☐ No If yes ☐ Bi Fuel ☐ CNG ☐ LPG

Insured declared value (IDV) of the Vehicle	Non-electrical Accessories fitted to the Vehicle	electrical & electronics Accessories fitted to the Vehicle	Side Car(Two_wheeler) Trailer(Pvt.Cars)	Value of CNG/ LPG Kit	Total Value
576000.00	0.00	0.00	0.00	0.00	576000.00

21. Age of Owner Driver

22. D.O.B.

23. Add On Covers (Subject to availability and eligibility)

- a. Nil Depreciation Cover ☒
- b. NCB Retention Cover ☐
- c. Easy Monthly Instalment(EMI) Protection Cover :(RGI-MO-A00-0017-V01-14-15) ☐ Yes ☐ No  
If Yes, please choose any one option ;
- ☐ Plan I -1 EMI,EMI Amount : ☐ Plan II -2 EMIs,EMI Amount :
- ☐ Plan III -3 EMIs,EMI Amount :
- d. Motor Secure Plus (RGI-MO-A00-00-03-V01-13-14, RGI-MO-A00-00-04-V01-13-14, RGI-MO-A00-00-06-V01-13-14) ( Available for Private Cars Only ) ☐
- e. Motor Secure Premium (RGI-MO-A00-00-03-V01-13-14, RGI-MO-A00-00-04-V01-13-14, RGI-MO-A00-00-05-V01-13-14, RGI-MO-A00-00-06-V01-13-14) ( Available for Private Cars Only ) ☐
- f. Total Cover ☐
- g. Daily allowance benefits(RGI--MO-A00-an-19-V02-14-15) ☐  
Per Day Allowance Coverage Days

24. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? ☐ Yes ☒ No  
If Yes,please attach certificate of installation in the vehicle,issued by Automobile Association of India.

25. Are you a member of Automobile Association of India ? If Yes,please submit membership copy. ☐ Yes ☒ No

26. Will the Vehicle be used exclusively for  
a. Private,social,domestic,pleasure and professional purposes ? ☐ Yes ☐ No  
b. Carriage of goods other than samples or personal luggage? ☐ Yes ☐ No

27. Whether the Vehicle is used for Driving Tuitions ? ☐ Yes ☒ No

28. Whether use of Vehicle is limited to Own Premises ? ☐ Yes ☒ No

29. Whether the Vehicle is fitted with Fibre Glass Tank ? ☐ Yes ☒ No

30. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ? ☐ Yes ☐ No  
If so,is the duty element included in the IDV ? ☐ Yes ☐ No

31. Whether the Vehicle is design for the use of Blind/Handicapped/Mentally Challenged Person ? ☐ Yes ☒ No

32. Date of purchase of the Vehicle by the Proposer 24-Apr-2018

33. Whether the vehicle at the time of the purchase was ☐ New ☐ Second Hand

**Risk Inclusions**

34. Please Select the higher deductible if you wish to opt for over nd above the compulsory deductible (₹ 1000 - for Vehicles not exceeding 1500 cc, ₹ 2000 for vehicles exceeding 1500 cc)

Private Car : 0.00

35. Liability to third parties : The policy provides Third Party Property Damage(TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Private car)

Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only ? ☐ Yes ☒ No

Legal Liability	No. of Persons
Driver	

36. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of the Appointee (If Nominee is Minor)	Relationship	Address

(Note : 1. Personal Accident cover for Owner driver is compulsory for sum insured of ₹ 0.0 :-

2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company , a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving licence)

37. Extension of Geographical Area

Whether the extension of Geographical Area to the following Countries required ?

- ☐ 1. Bangladesh ☐ 2. Bhutan ☐ 3. Maldives ☐ 4. Nepal ☐ 5. Pakistan ☐ 6. Sri Lanka

**Details of Hire Purchase / Hypothecation / Lease**

38. Please state if the vehicle is under

☐

Hire Purchase

☐

Lease Agreement

☐

Hypothecation Agreement

If so give name and address of concerned parties

39. Full Name M/S

40. Address

**Details of Previous Insurance**

41. Full Name of Previous Insurer

Reliance General Insurance Company Ltd.

42. Address

43. Policy Number

920221923110671586

Previous policy expiry

20-Apr-2020

44. Type of Cover

☒

Package Policy

☐

Liability only

☐

others (to be describe)

45. NO CLAIM BONUS allowed under previous policy (%)

20.00

46. Claims taken in previous policy

☐

Yes

☒

No

If yes No. of Claims

Claims Amount ₹

47. Are you entitled to no claim bonus

☒

Yes

☐

No

If yes, please submit/ attached proof thereof

**Payment Details**

☐

Cheque/ DD

Cheque/ DD No.

Cheque/ DD Date

☐

Cash

☐

Credit Card

☐

Others

**Proposer's Bank Details**

48. Name of the Bank Account Holder

49. Bank Account Number

50. Account:

☐

Saving

☐

Current

51. Name of the Bank

52. Branch

53. MICR Code (9 digit MICR code number of bank and branch appearing on cheque issued by the bank)

54. IFSC Code (11 character code appearing on cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account .\*

\* As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

**AML Guidelines**

I/We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality

☐

Indian

☐

Non-Indian , If Non Indian Please specify the country

Type of organization :

☐

Corporation

☐

Government

☐

Non Government Organization

☐

Society

☐

Trust

☐

Partnership

☐

International Organization

☐

Cooperatives

☐

Section 25 Companies



### Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that, this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed/). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/ allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO. Ltd. This policy shall be voidable at the option of the company in the event of mis-representation, mis-description of non-disclosure of any material particulars by the Proposer. Any person who knowingly and with intent to defraud the Insurance Company or other persons, files a proposal to insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services.

This proposal form was completed by

Name

Date

Place

Date

Signature

Signature of Proposer & Company seal

### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment ) Act, 2015

1. 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 or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### 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 of IRDAI Agent/ Broker

☐

Mr.

☐

Mrs.

POLICYBAZAAR INSURANCE WEB AGGREGATOR PVT LTD

Place

Date

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

Signature of IRDAI Agent/ Broker