





Reliance Two Wheeler Vehicle Certificate cum Policy Schedule

MR. HARMINDER SINGH Name of Insured:

Address:

H NO 232/9 BAR MOHALLA OLD, FARIDABAD, FARIDABAD - 121001, HARYANA

Contact details : 8802599983

Policy / Certificate No. : 1317542312001522 Proposal /Covernote No: W06271403425

Period of Insurance: From 12:23 Hrs on 27-Jun-2014 to midnight of 26-Jun-2015

**Business/Occupation:** 

Bussan Auto Finance Hypothecated with: Location:

India Pvt Ltd

Zone: Geographical Area: India

Total Cover SI(Rs.)

Particulars of vehicle Insured:

Registration No. & Place	Make / Model Variant	Engine No. / Chassis No.	Type of Body	Cubic Capacity	Mfg. Year	Seating Capacity	Net Premium Rs.	IDV (Insured's Declared Value) Rs.
NEW & FARIDABAD	YAMAHA / FZ S LTD	21CJ045578 / ME121C0J6E2045595		153	JUNE-2014	2	1754.35	70588

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

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 Limits of Liability: 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 Rs. 100000/-PA Cover for owner-driver under Section-III CSI - Rs. 1,00,000/-

Deductible under Section-1: (i) Compulsory deductible Rs. 100/- (ii) Additional compulsory deductible Rs. 0/-, (iii) Voluntary deductible Rs. 0/-

Electrical / Electronic Accessories

**Special Conditions:** 

For the Vehicle

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. Consolidated Stamp duty Paid vide GRAS GRN No. MH000819484201415E dated 23-May-2014\*\* \*\* Not Applicable for the State of Jammu & Kashmir

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 only be allowed, provided the policy is renewed within 90 days of the expiry of the previous policy.

Insured's Declared Value

Non Electrical Accessories

70588	0	0		0	0	70588	
			Schedu	lle of Premium			
A. Own Damage				B. Liability			
Basic premium on Vehicle 1242.35 Basic premium including premiur				for TPPD Vehicle	462		
Loading 0%			(	0 PA Benefits			
applicable.) TOTAL OWN DAMAGE PREMIUM			Compulsory PA covers for owner-driver (IMT-15)				
				TOTAL LIABILITY PREMIUM	512		
			PACKAGE PREMIUM (Total ODP + Total Liability Premium)				
				Add: Service Tax @ 12%		210.52	
				Add: Educational Cess @ 2%		4.21	
				Add: Higher Educational Cess @ 1	%	2.11	

FINAL PREMIUM

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto.

For Side Car

Service Tax Registration No: AABCR6747BST001 Category-General Insurance Business Service 00440005

1971

**Total Value** 

IMT 22

## Subject to Reliance GI Endorsement Numbers printed herein/attached hereto. 0

\* 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.

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 Two Wheeler Policy. In witness whereof this Policy has been signed at Mumbai on 27-Jun-2014 in lieu of Cover Note No/Proposal No. W06271403425 Dated 27-Jun-2014

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. 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

For any assistance with claims, please contact us on 1800 3009 (toll free) or email us at services.rgicl@rcap.co.in

Reliance General Insurance Co. Ltd.

For Reliance General Insurance Co. Ltd.

**Duly Constituted Attorney(s)** 

An ISO 9001:2008 Certified Company

Registered office reliance Center19, Walchand Hirachangd Marg, Bailard Estate, Mumbai - 400001 Policy Issuing Office: 570/Naigaum Cross Road, Next to Royal Industrial Estate Wadala (W)., Mumbai - 400 031

Branch Issuance Office: Reliance General Insurance 60 Okhla Industrial Estate Second Floor Phase-III, Opposite State Bank Of India.New Delhi-

110020, DELH Intermediary Code/Name : 13A07174 / SACHIN CHAWLA

Intermediary Contach No.: 9818687008





## Dear HARMINDER SINGH

We thank you for placing your trust with Reliance General Insurance Company Limited

We are pleased to enclose TWO Wheeler Package Policy as Proposed by you

This Policy has been issued on the basis of the information provided by you during the transaction. The information has been captured by the system as

ONLINE PROPOSAL FORM for future reference. Given here below is an extract of the same for your records and reference

(I) Details of Registered Owner/Insured						
Name of the Insured	HARMINDER SINGH	State	HARYANA			
Address	H NO 232/9 BAR MOHALLA OLD FARIDABAD	City	FARIDABAD			
		Landline number	-			
Email		Mobile number	8802599983			
(II) Policy Details						
Total Insured Declared Value (IDV)	70588	Total Premium amount	1971			
Policy Start date	27/06/2014	Policy End date	26/06/2015			
Hypothecation Type	Bussan Auto Finance India Pvt Ltd	Name of Financial Institution	Bussan Auto Finance India Pvt Ltd			
Address of Financial Institution		Renewal/Rollover/New	New Policy			
(III) Vehicle Details						
Make	YAMAHA	Manufacturing Month/Year	JUNE-2014			
Model	FZ S	Date of Purchase/Registration	27/06/2014			
Variant	LTD	RTO Location	HARYANA-FARIDABAD			
Engine Number	21CJ045578	Registration number	NEW			
Chassis Number	ME121C0J6E2045595	Seating Capacity Including Driver	2			
Vehicle IDV	70588	Value of Electrical Accessories	0			
Value of CNG/LPG KIT	0	Value of Non Electrical Accessories	0			
(IV) Additonal Cover/s Opted						
Electrical Accessories	NO	Legal Liability to Paid Driver	NO			
Non Electrical Accessories	NO	Personal Accident Cover for unnamed Passengers	NO			
CNG/LPG Kit Attached	NO	Extension in Geographical Area	NO			
Is Vehicle used for Driving Tuitions	NO	Legal Liability to Employees	NO			
Fiber Glass Fuel Tank	NO	If Yes Extension in Geographical Area	NO			
Personal Accident Cover for Named Passengers	NO	Legal liability to Cleaner & conductor	NO			
Legal liability to Non-Fare Passenger	No	Loading charged	NO			
(V) Add on Cover/s Opted						
Nil Depreciation Cover	NO	Total Covers	NO			
(VI) Discounts Claimed						
Anti Theft Device Discount	NO	Automobile Association Disc	NO			
Voluntary Deductible Discount	NO	Automobile Association Membership number/Name	-			
Against this discount you have accepted an additional voluntary deductible of Rs 0 against each claim						
Restrict TPPD Liability To 6000 NO						
(VII) PA to Owner Driver - Nominee D	Details Details					
(VIII) Payment Details		_				
Payment Mode	Cash	Bank Name	-			
Premium Amount	1971	Payment Date	27/06/2014			
(IX) Previous Year Policy Details						
Policy Number	-	Previous Insurer Name	-			
Policy End date		Branch Name & Address	-			
Claim (Yes or No)	-	Current NCB %	-			
NCB% for this Policy	-					

I agree that the insurance benefit available to me shall become voidable in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any particulars in the application form / personal statement, declaration and connected documents or any material information has been withheld by me or anyone acting on my behalf to obtain insurance benefit. I hereby declare that I am not aware of any neglect and omission or error or existence of any circumstances likely to give rise to a claim thereof. I hereby declare, incase of false declaration the Insurance Company shall have the right to cancel the policy. The insurance company shall have the right to change the premium and conditions agreed to subject to such terms and conditions as has been communicated to me. I hereby agree that my enrollment for insurance would be at the sole discretion of the insurance company. I declare and warrant that the information I have given in this online form will be considered as the proposal form in relation to myself (or other person or categories of persons to be insured) and any documentation of information accompanying it or arising out of the answers I have given is complete and accurate in all respects. I understand and agree that this online form and other information and documentation I have given or will give, relating to myself or any other person to be insured, will be the basis of any insurance that you may issue, and I also understand the consequences of any default. I further understand that the coverage offered is subject to realization of premium payment.

Online Transaction Facility - Terms and Conditions:

I have read and understood the terms and conditions governing the Online Transaction Facility of Reliance General Insurance Company Ltd. I have also read and understood the salient, features, terms and conditions of the policy as stated in the brochure.

## Insured Name: HARMINDER SINGH

Date: 27/06/2014

The information that you give to Reliance General Insurance on this online form will be treated as the proposal form and details in any supplemental information form or documentation supplied by you or on your behalf will influence our decision to offer insurance and the terms upon which to offer it. Further, any policy we issue will be based on what you have told us. It is therefore important that your answers are complete and accurate in all respect.

The questions in this online form are indicative rather than exhaustive. You must provide us with all information relevant to the risk to be insured, even if it is not the subject of a question in this online form. If you are in any doubt as to what information should be given, please email us at services.rgicl@rcap.co.in. Any failure to provide us with full and accurate material information may mean that your policy can be declared as void.

No insurance cover will be in force until we have approved it and the premium has been paid.

## Statutory Warning - PROHIBITION OF REBATES (Under Section 41 of Insurance Act 1938)

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.

Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

We hope the information shown above is found by you as correct

For detailed terms & condition (Policy Wordings) governing this policy, kindly refer our website.

In case of any query you may contact our customer care service numbers given on the face of the policy. We look forward to having a long term & fruitful relationship

Yours truly

Declaration

Authorized Signatory

For Reliance General Insurance Co Itd