







Mrs. RAKHI DAS SAHITYA PARISHAD STREET BURTOLA KOLKATA WEST BENGAL India - 700006 9883****

From here on, you're our responsibility.

Welcome on board. Your "A" Policy for Act Liability Insurance (Passengers Carrying 4W<6) Policy - Schedule, Number 150622423530018823 is now live to access your policy anytime, anywhere download our Reliance Selfi App and enjoy a host of special features





My Policy

Attach, Access or Download your policy



Claim Status

Register, Track or Submit claim documents



Locator

Go cashless, Tap and spot from amongst 5000+ network garages.



■ Video Claim Assistance

Intimate claims instantly through live video streaming.

Now live Smart With Reliance general Insurance.

Tech+

Best Regards,





reliancegeneral.co.in



022 4890 3009 (Paid) (S)



74004 22200 (WhatsApp)

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai - 400 063. Corporate Identity No. U66603MH2000PLC128300 UIN: IRDAN103RP0003V01200102. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private





Digitally signed by Reliance General Insurance Company Limited Date: 2024.11.19 23:12:11

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"A" Policy for Act Liability Insurance (Passengers Carrying 4W<6) Policy - Schedule

Policy Number : 150622423530018823	Proposal/Covernote No: R19112482682
Insured Name : Mrs. RAKHI DAS	Period of Insurance : From 00:00 Hrs on 20-Nov-2024 to Midnight of 19-Nov-2025
Communication Address & Place of Supply: 15B SAHITYA PARISHAD STREET BURTOLA KOLKATA, WEST BENGAL, India, 700006.	Policy Issuing Branch: Thapar House, 4th Floor, 163, S.P. Mukherjee Road Kolkatta, KOLKATA, WEST BENGAL, 700026.
Mobile No: 9883******	Tax Invoice No. & Date: R19112482682 & 19 Nov 2024 11:12
Email-ID: P*******@gmail.com	GSTIN/UIN & Place of Supply: WEST BENGAL
Nominee Name :	

Insured Vehicle Details			
Registration No.	WB04G5896	Mfg. Month & Year	OCT-2015
Make / Model	MARUTI SUZUKI / SWIFT DZIRE / TOUR BS IV	CC / HP / Watt	1248
Engine No. / Chassis No.	D13A5176084 / MA3FSEB1S00503973	LCC Including Driver	5
Type of Body	NA	Total Premium ()	14044
RTO Location	WEST BENGAL - Kolkata	Total IDV ()	0.00
Vehicle Category	Taxi	Vehicle Usage Type	Others
Vehicle Usage Sub Type	110	58° aff	- 50
Hypothecation/Lease	NA	0	

Premium Summary			
Own Damage - Section I	Amount ()	Liability - Section II	Amount ()
Basic OD	0.00	Basic Liability (TPPD 1) Total Basic Liability Premium PA Benefits - Section III Legal Liability to paid driver and/or Conductor and/or	11,852.00 11,852.00
TOTAL OWN DAMAGE PREMIUM	0.00	cleaner TOTAL LIABILITY PREMIUM TOTAL PACKAGE PREMIUM (Sec I + II + III)	50.00 11,902.00 11,902.00
		CGST (@9.00%) SGST (@9.00%)	1071.00 1071.00
TOTAL PREMIUM PAYABLE ()			14,044.00

GSTIN:19AABCR6747B1ZD, HSN:997134
Description of services: Motor vehicle Insurance Service

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 40

The Customer Information Sheet (CIS) for this product is available on our website https://www.reliancegeneral.co.in/insurance/about-us/downloads.aspx

Limits of liability : (a) Under Se

: (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. (iii) PA cover for owner driver under section III CSI 0

(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 the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling

under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988. The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials.(e) Use whilst drawing a trailer except the

towing (other than for reward) of any one disabled mechanically propelled vehicle.

Persons/Classes of persons

entitled to drive:

Any person including 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 when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the

Central Motor Vehicles Rules, 1989.

22BRG708 / CERTIGO INSURANCE 9752507002 piyushkhare@certicoinsurance.com

Intermediary Code/Name Intermediary Contact No. Intermediary E-mail ID POS UID Aadhaar No. / PAN No.

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[&]quot;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."



Compulsory PA cover for owner driver :

Insured is not eligible for the Compulsory PA cover for owner driver in this 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.

"It is hereby declared and agreed that all pre-existing damages to the vehicle having occured 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 Authorization "NO LOA/ENF-1/CSD/62/2024-25/(Validity Period Dt. 01/10/2024 to Dt. 01/12/2025)/4634 Date 25-09-2024" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

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 Motor Vehicle Act, 1988 driving an uninsured vehicle is punishable with fine or Rs. 2000 and/or imprisonment up to 3 months for the first offence and fine of Rs. 4000 and/or imprisonment up to 3 months for the second offence."

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.

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 Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. 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 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. As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

Grievance Clause:

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 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 IRDAI 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.

Shri. K. B. Saha Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in

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

Fast Tag ID -

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

In the unfortunate event of a claim, please call quoting your Policy No. on 022 48903009(Paid) and register your claim immediately within 7days from the date of loss. For Customer service, please call along with your Policy No. on 022 48903009 (Paid) 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.

Special Conditions: NA

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Reliance General Insurance Company Limited.

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POS - A Policy for Act Liability Insurance

(Commercial Vehicle-Liability Insurance proposal Form)

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

✓ PCV	GCV	MISC D		
For Office Use Onl	у			
Policy Number	150622423530018823	00	Date	dillo
Intermediary Details	s (To be filled in BLOCK LETTER	S)		
Intermediary Name Branch Name Sales Manager Name	CERTIGO INSURANCE BROKERS PE Kolkata II Bapi Halder	RIVATE LTD	Code 22BRG708 Code 1506 Code 70786920	Rell
Proposer's/Owner	Details (To be filled in BLOCK LE	ETTERS)		
1. Proposer's/Owner's F	Full Name Mr. Mrs. N	ls. RAKHI DAS	100	25
2. Address (where the	Vehicle is normally kept)		10	The same
28	200	D1/01-	1/O 1 - TO A DADIO	WAR OTREET BURTOUA
Flat/Building/Door/B	llock No. 15B	Road /Stre	eevSector SAHITYA PARIS	HAD STREET BURTOLA
Area	The Street	City	KOLKATA	350
Pin Code	700006 State WEST BI	_6	India	
Phone	4	Mobile	9883*****	
Emergency Contact		Blood Gro	up	1000
Email	P********@gmail.com	Fax	The same of the sa	Contract of the Contract of th
3. Occupation / Busines	os Others		Agr.	
4. Type of Cover	Liability Only Po	blicy	3)	
5. Period of Insurance	From 20/11/2024	То	19/11/2025	20
6. UID Aadhaar No.	10,	7. PAN N	lo.	16.
8. Fast Tag ID	"ell,	8	C.	
9. Do you have a GST			- 6	
If Yes, please specify		10	- ATT	
10. Source of Funds	Business	ofession Salary	Agricultural Income	Savings Others
11. Monthly Income	Upto `20,000	`20,001 to `50,000 \qquad `50,0	01 to `1,00,000	00,001 and above
Details of the Vehic	le			
12. Registration Number	WB04G5896	13. Date of F	Registration	24/11/2015
14. Registering Authority			togiotiation	21/11/2010
15. Year & Month of Manu		16. Engine N	lumber	D13A5176084
17. Chassis Number	MA3FSEB1S00503973	18. Make of		MARUTI SUZUKI
19. Type of Body/Model	NA/SWIFT DZIRE	all of	CO.	1600
20. Gross Vehicle Weigh	t (GVW)	21. Cubic Ca	apacity	1248
22. Max. Licensed carryin	ng capacity (No. of Passengers) in case of F	Passenger carrying vehicles	4	1 V
23. Seating capacity (Inc			27	S
		D	-0	08

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	480	-0	000	1800	all the	
Det	ails of the Vehicle Typ	e and Use				
24.	a. Whether the Vehicle is drive	en by Non-conventional s	source of power?		Yes	s V No
	If Yes, please give	50	30		Bi Fuel CNG	LPG
-	Da yay baya a yalid DLIC2	✓ Yes No	100	- 65	7/16	600
/N.I	Do you have a valid PUC?			- II-d 0t (DIIO) 0titit-		
the	date of commencement of the	Policy and undertakes to	renew and maintain a valid a	n Under Control (PUC) Certificate nd effective PUC and/or fitness C of any discrepancy in the PUC or	ertificate, as applicable, during the	
5.	Whether the use of Vehicle is	limited to Own Premises	?	100	Yes	s 🗸 No
6.	Whether the commercial vehi	cle is also used for Priva	te purposes (excluding use	for hire or reward)?	Yes	s No
7.	Whether the Vehicle is used f	or Driving Tuitions?		111	Yes	s 🗸 No
Lia	bility Coverage			100	100	
3.	Coverage for liability against	Third Party Risks (Death	or Bodily Injury) required in	respect of:	The same of the sa	800
8	i) Owner Driver Only	, , , , , , , , , , , , , , , , , , , ,	7. 7. 7. 7.		Yes	s No
	ii) Any person other than Paid	I Driver	12	, CV	Yes	
	If 'Yes', give details of such of			11.		
	ii res, give details or sucrior	nei persons	2011	100		
	a	760		29	100	
	D	- 60				
	C	-8			and the same of th	
	Note:	The state of the s		Co.	000	08
ç				rehicle to ensure that he or any c ection 146 exempts the paid driv		o drive a
	2. As per Section 147 (2)(a) the	ne liability is 'as incurred'	in the case of death/hodily in	oium of a third party	.0	
	4.97					
	Do you wish to restrict the abo	ove limits to the statutory	TPPD Liability limit of 600	0/- only?	Yes	✓ No
).	The liability of the Employer un employed in connection with a		· ·	red under theLegal liability to per icles Act 1988	rsons Yes	✓ No
	a. Drivers	No. of persons:		01	103	
	b. Employees (Workmen)	No. of persons:	- 25	- C)	00	
			i)(I) covers liability to employ	rees who are workmen within th	e meaning of the	100
	Workmen's Compensation Ac		.,(., 00.0.0		o modrang or and	
	116		maga liability limits of 1 00	000/ for Two Whoolers and	7.50.000/	□ No
	for other classes of vehicles. [,000/- for Two Wheelers and	7,50,000/- Yes	No No
	Alo.	_0"	00	100	The same	
	Do you wish to cover wider le			150	Yes	No No
	(This information is sought to Act 1923, also liability under the			npensation	3.7	
					Oll S	
			Fatal Accidents Act in resp	ect of employees who are workr	nen is covered	
0	under this endorseme	ıt	dillo	G.		0.00
3.	Do you wish to cover wider le	gal liability to employees	who are NOT 'workmen'?		Yes	s No
	Note: The additional liability			respect of employees who are	NOT workmen is covered unde	r this
	endorsement			10	1/10	
ļ.	Personal Accident Cover for 0	Owner Driver is compulso	ory in the Liability Only Cove	r. Please give details of nomina		-
	Name of the Nominee	Age	Relationship	Name of the Appointee	Relationship to the	
	2000	0	30	30	Nominee	- 3
	110	ALC:	180	allo	20	0%
	Note:	E.	Color Color	G	-01	
				00,000/- for Two Wheeler, Priva		
				ed by a company, a partnership	firm or a similar body corporate	e or
	where the owner-driver does r	not note an effective drivir	ng license			
	Do you wish to include Description	ool Appident Cover for No	amad paracess?	in the same	□ v	,
	Do you wish to include Person			100	Yes	S No
	If 'Yes', give name and Capita			No. of the last of	B. C	1
	Name	CS	SI Opted ()	Nominee	Relationship	

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	0	C.		1 11	100	
	Note: The maximum CSI available	per person is .2,00,000	- in case of Commercial	Vehicles	800	110
36.	Do you wish to include Personal Ac Wheelers)?	cident cover for Un-name	d Passengers/hirer/pillior	passengers(Two	OFFIDE	Yes No
	If 'Yes', give number of persons and	Capital Sum Insured (CS) opted:			
	No of persons:			er person):		
	Note: The maximum CSI available	e per person is .2,00,000				dien
37.	Do you wish the Geographical Area	of the coverage by the poli	cy to be extended to the	following countries?	- 27	3
	Please tick relevant boxes.	0		and the		- 16
	Bangladesh	30		200		and the
	Bhutan		0	-01	Party.	800
8		(41)		6	Co.	
	Maldives	1/2	200	P	-5	
	Nepal	No.	110			- O.C.
	Pakistan	THO!	Sro.	Sulfa	. 4	Elle.
	Sri Lanka			111	100	
	Note: Presently the territory covere	ed is geographical area of	ndia. Extension of geogr	aphical area cover can be a	vailed by use of this end	dorsement.
De	tails of Previous History			200	-0"	
38.	Date of purchase of the Vehicle by the	o Proposor:		G	24	Nov-2015
39.	Whether the vehicle was new or sec		rchase?		New	Second Hand
40.	Will the vehicle be used exclusively		Cilase :		INEW	Secondinand
٦٥.	i) Private, Social, Domestic, Pleasur		2	- Tho		Yes No
	ii) Carriage of goods other than samp			100	4	Yes No
41.	Is the vehicle in good condition?			di la	4	Yes No
	If 'No' please give		8	.01	20	-0/10
	details		Ø	205	All.	Scan
42.	Name of the previous insurer M/s.	Reliance General Inst	uranaa Campany I td	0	Co	
42. 43.	Address of previous insurer -	Reliance General inst	irance Company Ltd.		-8	
40.	Address of previous insurer -	Die.	All di	700		
	Flat Building	W. C.	200	Road /Street/Sector		Part -
	Area	C.O.		City		
	Pin Code	0	State	Country	(0)	
	Phone		· O	Mobile	-00	0.0
70	Email			Fax	- Ollin	500
44.	Previous Policy Number	150622323530011691			07	
45.	Period of Insurance	From 03/11/2023	To	02/11/2024	C.C.	200
46.	Claim lodged during the preceding 3	years	allio	(III)		A COLOR
	Year	140	No. of claims	(6)	Claim Amount	()
	T Gui	CO.	140. Of Oldiffio	-100		in
	D. C. II	.65		100	192	
	iver Details	100	0	-0	100	100
47.	Date of Birth of the Owner:	Ten		Age:	Co.	
48.	Date of Birth of the Driver:			Age:	-8	
49.	Does the driver suffer from defective		onysicai infirmity?			Yes No
50.	If 'Yes', please give details of such i Has the Driver ever been involved/or		ocident of loss?	THE STREET		☐ Yes ☐ No
JU.	If 'Yes', give details as under includir			100	100	1 GO 1NO
		ig the perioding proceduor	. .	10	CH .	
	Driver's Name:		8			- ollo
	Date of Accident:	38	0	Loss / Cost ()	Plen.	800
8	500	100			60	

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Circumstances of Accident / Loss:

1.05		1 11	7.00	
Details of Hire Purchase / Hypothecation / L	ease			
51. Please state if the vehicle is under	Hire Purchase	Lease Agreement	Hypothecation A	greement
If so, give name and address of concerned party/parties		G	50	
Full Name M/s	Ch.	500	.0	
Address		Pin Code	Carlo Carlo	6
(Note: Copies of R.C.Book, Permit & Fitness Certificate	e should be submitted along	with the Proposal Form)	No.	Miles
Payment Details				
Cheque)D		
Cheque or DD Amount	Amo	ount in words		
Bank Name	160		Old Land	800
Cheque/DD No.	Che	que/DD Date	G	
	Y	, O7	,,5	
Proposer's Bank Details 52. Name of the Bank Account Holder	Mr. Mrs. Ms		/S*	039
 Name of the Bank Account Holder Bank Account No.: 	Mr. Mrs. Ms.	54. Account:	Saving	Current
55. Name of the Bank		J4. Account.	Caving	Guitent
56. Branch		10	all s	
57. MICR Code (9 digit MICR code number of the bank and	I branch appearing on the che	eque	200	0.9
issued by the bank)		Go.	-01	
58. IFSC Code (11 character code appearing on your chequal code)	ue leaf)	-0		
I understand that any refund due on the premium payment	ent / any payment / claims to	be directly credited to my	/ aforesaid Bank Account .*	
* As per IRDAI, its mandetory that all payments made to the in	nsured are only through elec	tronic mode.	(0,	110
GENERAL DECLARATION:				
I understand that as per the new AML/CFT Guidelines issued	Reliance General Insurance	e Co. Ltd will be verifying	my details pertaining to KYC	and PAN provided at
the time of proposal.		of		
I further, do hereby agree and consent that in the case of the proof at the time of issuance of the policy. I request Reliance				
form. I will be solely responsible for any consequences arising				
me at the time of issuance of the policy or otherwise.	V	400		
PEP Declaration:				
200 200	500			501
Are you a Politically Exposed Person (PEP)?		Yes	✓ No	
If yes, please mention the position held		- 01	(5)	
	1.0	100	- 6	200
Is any of your close relation or family member a PEP?	110	Yes	✓ No	500
If yes, please mention the name and relation and the position I	held	.0	C	
by such close relative/family member.	W	acc.	-60	1901
I hereby declare that in future if me, any of my close relatives				
Insurance Co. Ltd as a mandate. I understand that this is a cr given by me is true. In case the company comes to know that				
scrutiny by the company and I shall be solely responsible for		na conceannent of inform	lation then the policy shall be	put off floid for
Note:	TEN	10	100	1-4
"Politically Exposed Persons" (PEPs) are individuals who are				
States/Governments, senior politicians, senior government/juetc (As per sub clause (xii) of 3(b) of Chapter I of Master Dire				
ore the bott and clarise fall of afth of cliabret to Master Diff	South - Know Tour Gustoffe	or (10) Direction, 2010	issued by INESCIVE Dalik Of III	uia (INDI).

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74004 22200

Declaration

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 document shave 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 undersection 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 toprocure 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, misdescription 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 aproposal fo insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits afraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance withthe provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment)

I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

Go Grèen

Place:

You can support our Go Green Initiative by sa	aying "No" to Policy kit, Renewal Notice and C	Other Communications hard copy. We will be sending you a
digitally signed soft copy on your registered E	Email ID & Mobile number.	O.
Hard conv required	Voc. No.	(%)

Date: 19 Nov 2024 11:12

Signature of Proposer	

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

- 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. Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.

IMPORTANT NOTICE

- 1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
- 2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
- 3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically . You can download our claim form and claim procedure.

Also view claim status on our website.

Insurance is the subject matter of solicitation.

* conditions apply.

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company