

# Bajaj Allianz General Insurance Company Ltd.

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

# Transcript of Proposal for Two Wheeler Policy - Bundled

# Dear JOYDEB ROY,

We wish to inform you that the contract under policy number 'OG-25-2303-1826-00002327' has been finalized based on the information 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 satisfied 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/disclosed 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:

# A. Proposer details

1. Proposer Name : JOYDEB ROY

2. Proposer Address : KABI KIRANDHAN CHATTERJEE STREET, UTTARPARA HOOGHLY

, , ,, ,-712258

3. Proposer Mobile Number : 9831966907

4. Proposer Residential Number : NA

5. Proposer e-mail id : JOYDEB1234@GMAIL.COM

6. Proposer Profession : NA

#### **B.Vehicle Details**

Registration Number		th / Year Regn	Vehicle Make		Vehicle Model	Vehicle Sub Type		Capa- Cilowatt	Fuel	Туре	Year of Ma ufacture		Seating Capacity
NEW	NO	V/2024	HONDA	A	CD 110 DREAM	DLX BSVI	1	10	Pet	rol	2024		2
Engine Num	ıber	Chassis	Number	Veh	nicle IDV (in Rs.)	Electrical Accessorie IDV (in Re	es	on-Elec Accesso DV (ir			LPG Unit ra fitted) (in Rs.)	Т	otal IDV (in Rs.)
JC89EG309	8215		399KRG0 960	6	55,082.00	0		0			0	(	65,082.00

#### C. Coverage opted

#### 1. Period of Insurance

For Own Damage Section	From 05-NOV-2024 00:00(Hrs)	To 04-NOV-2025 Midnight
For Third Party Liability Section	From 05-NOV-2024 00:00(Hrs)	To 04-NOV-2029 Midnight
2 Is your vehicle fitted with exte	· No	

2. Is your vehicle fitted with external LPG/CNG kit 3. Electrical Accessories cover Opted (If Applicable) : No. 4. Non - Electrical Accessories cover Opted (If Applicable): : No. 5. Is Voluntary Excess opted : No. Amount of voluntary excess opted : Rs.NA.

6. Whether PA cover is opted for owner-driver

:Already having Personal Accident (PA) Cover of Rs. 15 Lac PA cover is exempted for owner-driver with Reason

7. compulsory deductible : Rs.100.00

8. Is any additional compulsory deductible imposed and agreed upon : Yes. Amount of additional compulsory deductible imposed : Rs. 9. Whether geographical area extension is opted : No. Details of Countries to which geographical area extension cover is given : NA.

10. Is LL to person for Paid driver/Operation/Maintenance opted : No.

11. Whether PA cover is opted for paid driver other than owner driver : No. Sum Insured for Paid Driver : Rs.NA.

13. Is TPPD restricted to statutory limit of Rs.6000? : Yes. 14. Pre Existing damages in the vehicle : NA.

15. 1 Premium for Liability coverage, quoted and agreed upon is

16. 1 Premium for OD coverage, quoted and agreed upon is

17. Do you have valid PUC certificate of the vehicle : NA 18. Do you have valid Fitness certificate of the vehicle : NA

19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is

- 20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous previous policy: 0 %.
- 21. About the last insurance company
- (i) Insurance Provider: The New India Assurance Company Limited.
- (ii) Previous Policy No: RANDOM\_POLICY\_NUMBER, Previous Policy Expiry Date: 01-JAN-01
- 22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No. Name of Pledgee: NA.
- 23. Add on Cover(s) optedm3: No.Plan name:NA
- 24. 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 Website : www.bajajallianz.com

Contact our policy servicing branch at: Shiv Mohan Bhavan, Vidhansabha Road, ,, Pandri, RAIPUR-492001

PH:0771-2532368.

# 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 LIMITED

Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada, Pune-411006(India) IRDAI Registration No. 113

Corporate Identity Number: U66010PN2000PLC015329

# **Certificate of Insurance (Two Wheeler Policy - Bundled)**

UIN: IRDAN113RP0008V01201819

Policy Number: OG-25-2303-1826-00002327 **Customer ID:** 451799781

#### **Particulars of Vehicle Insured:**

<b>Registration Number</b>	Place of Registration	Engine Number	Chassis Number	Make & Model
NEW	WB17-SERAMPORE	JC89EG3098215	ME4JC899KRG09996 0	HONDA - CD 110 DREAM

Sub Type	Year of Mfg	NCB %	CC	<b>Seating Capacity</b>	Final Premium
DLX BSVI	2024	0	110	2	4700

**Name of Registration Authority** : WB17-SERAMPORE

Name and Address of Insured : JOYDEB ROY

KABI KIRANDHAN CHATTERJEE STREET, UTTARPARA HOOGHLY, , ,, ,-712258

: .00 Geographical Area **Business or Profession** : NA

Effective date of commencement of Insurance for the purpose of act:

For Own Damage Section	From 05-NOV-2024 00:00(Hrs)	To: 04-NOV-2025 Midnight
For Third Party Liability Section	From 05-NOV-2024 00:00(Hrs)	To: 04-NOV-2029 Midnight

#### Persons or Class of Persons entitled to drive:

Any person including the insured:

a) 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.

b) 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.

# **IMT-Endorsements/Add on Package**

22, 20

#### **Beneficier Details:**

Beneficier1	Beneficier2	Beneficier3	Beneficier4	Beneficier5

# **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

I/We hereby certify that the Policy to which this certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and Chapter XI of M.V. Act, 1988.

### Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:

Shiv Mohan Bhavan, Vidhansabha Road, "Pandri, RAIPUR-492001 PH:0771-2532368

Date of issue:05-NOV-2024

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858( chargeable, add area code before this number in case of mobile call) Email us at  ${\bf Bagichelp@\,bajajallianz.co.in\,or\,Visit\,our\,\,Website\,\,www.bajajallianz.com}$ 

Corporate Identification Number U66010PN2000PLC015329

Authorized Signatory





BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006(India))

#### TWO WHEELER POLICY - BUNDLED SCHEDULE UIN: IRDAN113RP0008V01201819

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc: Shiv Mohan Bhavan, Vidhansabha Road, "Pandri, RAIPUR-492001 PH:0771-2532368

INSURED DETAILS						
Insured Name	JOYDEB ROY					
Insured Address	KABI KIRANDHAN CHATTERJEE STREET, UTTARPARA HOOGHLY , , ,, ,-712258					
Geographical Area	India					
Customer ID	451799781					
Bank Reference No 1						
GSTIN / UIN	NA					
Place of Supply/ State Code/Name	19 - West Bengal					

PC	POLICY DETAILS					
Policy Number	OG-25-2303-1826-00002327					
Policy Issued on	05-NOV-2024 17:35 PM					
	For Own Damage Section					
	From: 05-NOV-2024 00:00 (Hrs)					
	To: 04-NOV-2025 Midnight					
Policy Period	For Third Party Liability Section					
	From: 05-NOV-2024 00:00 (Hrs)					
	To: 04-NOV-2029 Midnight					
Cover Note	/					
Details	,					
Previous Policy No	RANDOM_POLICY_NUMBER					
Invoice No	438589814/1					
Company GST No	22AABCB5730G1Z7					
Company PAN	AABCB5730G					

Registration Number		Place of Registration	En	gine Num	nber Chassis Number Ma		Make & Model	S	ubType	
NEW		WB17-SERAMPORE	JC8	JC89EG3098215		ME4JC899KRG09 9960		HONDA - CD 110 DREAM	DI	LX BSVI
NCB %	CC/KW	Seating Capacity	Yea	r Of Man	ufactu	ring	Ну	pothecation Det	tails	
0	110	2		202	4 TV:			S Credit Services Ltd		
Vehicl	e IDV	Value For Side Car		on electric accessorie			trical/Elec- accessories	Value of CNG/ LPG kit	To	tal Value
65,08	32.00	0		0			0		65	,082.00
	Own l	Damage Premium(Rs.)					Liability I	Premium(Rs.)		
Own Damas	ge Premium			382.00	Basic	Third P	arty Liability			3,601.00
Special Disc	count			0.00	Total .	Act Pre	mium - B			3,601.00
Total OD P	Total OD Premium - A			382.00						
Total Premium (Net Premium) (A+B)			3,983.00							
Integrated GST (18%)			717.00							
Final Premi dred Only )	um (Rupees	Four Thousand Seven H	un-	4,700.00						

<sup>\*\*</sup>Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, Imported Vehicle Etc. wherever Applicable)

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 noti-

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858( chargeable, add area code before this number in case of mobile call) Email us at Ba $gichelp@\,bajajallianz.co.in\,\,or\,\,Visit\,\,our\,\,Website\,\,www.bajajallianz.com$ 

Corporate Identification Number U66010PN2000PLC015329





fied 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.

<b>Broker Code</b>	10089233	Contact No.	09752507002/09752507002			
<b>Broker Name</b>	CERTIGO INSURANCE BROKERS PRIVATE LIMITED					
E-Mail ID.	PIYUKHARE@GMA	PIYUKHARE@GMAIL.COM				

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 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 when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.
Limits of Liability	Under section II-I(i) of the policy -> Death of or bodily injury: Such amount is necessary to meet there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Damage to Third Party Property: Rs. 1,00,000/- for Motorized Two Wheelers and Rs.7,50,000 for others or Rs.6,000/-,where the proposer / insured opts to limits the TPPD liability to the statutory limit of Rs.6,000/-
No Claim Bonus	
<b>Existing Damage Details</b>	NA
Existing Damage Details  Nominee Details	NA Name :NA - Relationship :NA
Nominee Details  Subject to Warranties/ IMT-Endorsements/	Name :NA - Relationship :NA  22, 20  Coinsurance Details: Transaction Id: -
Nominee Details Subject to Warranties/ IMT-Endorsements/ Add on Package	Name :NA - Relationship :NA  22, 20  Coinsurance Details: Transaction Id: -  Receipt No. 2303-00452688, Date 05-NOV-24 ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Nominee Details Subject to Warranties/ IMT-Endorsements/ Add on Package Additional Details	Name :NA - Relationship :NA  22, 20  Coinsurance Details: Transaction Id: -  Receipt No. 2303-00452688, Date 05-NOV-24 ** If Premium paid through Cheque, the Policy is

IMPORTANT NOTICE: The Insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. 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. It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App {Link}, WhatsApp Service { Say Hi on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS WORRY to 575758, Email bagichelp@bajajallianz.co.in, website {http://www.bajajallianz.com}, contact your agent or nearest branch.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.



**Authorized Signatory** 

This document is digitally signed, hence counter signature / stamp is not required.

 $Consolidated \ Stamp\ Duty\ of\ Rs.\ 0.50/-\ paid\ for\ insurance\ policy\ stamps\ vide\ Order\ No.\ CSD/36/2024-25/2886\ dated\ 01-AUG-24\ of\ General\ Stamp\ Office,\ Mumbai,\ India.$ 

Duty Rs.





 $\frac{Principal\ Location: Shiv\ Mohan\ Bhavan,\ Vidhansabha\ Road,\ Pandri,\ RAIPUR-492001\ PH:0771-2532368\ |\ Services\ Accounting\ Code:}{997134-Motor\ vehicle\ insurance\ services.\ No\ reverse\ charge\ is\ payable\ on\ these\ services.}$ 

# Bajaj Allianz General Insurance Company Ltd.

Shiv Mohan Bhavan, Vidhansabha Road, Pandri, RAIPUR - 492001 Contact No: Contact No: 0771-2532368; Fax No: 0771-4061471

# **RECEIPT**

Receipt Number 2303-00452688

Receipt Date 05/11/2024

Business Channel MARET

Received with thanks from JOYDEB ROY

(Customer ID: 451799781) a total sum of Rupees Four Thousand Seven Hundred Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Pay- ment	106823500	05/11/2024	NA	NA	4,700

Total Amount Rs. 4,700.00

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

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

**Authorised Signatory** 

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

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