







Mr. SUDIST NARAYAN SINGH DR GIRINDRA SEKHAR BOSE ROAD TILJALA KOLKATA WEST BENGAL India - 700039 9007****

From here on, you're our responsibility.

Welcome on board.

Your Reliance Commercial Vehicles (Passengers Carrying 4W<6) Package Policy - Schedule, with

Number 150622423380045059 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





Digitally signed by Reliance General Insurance Company Limited Date: 2024.11.16 19:15:24 reliancegeneral.co.in (s) 022 4890 3009 (s) 74004 22200 (s)

Reliance Commercial Vehicles (Passengers Carrying 4W<6) Package Policy - Schedule

Policy Number : 150622423380045059	Proposal/Covernote No: R16112482380		
Insured Name: Mr. SUDIST NARAYAN SINGH	Period of Insurance: From 17:20 Hrs on 16-Nov-2024 to Midnight of 15-Nov-2025		
Communication Address & Place of Supply: 145 DR GIRINDRA SEKHAR BOSE ROAD TILJALA KOLKATA, WEST BENGAL, India, 700039.	Policy Issuing Branch : Thapar House, 4th Floor, 163, S.P. Mukherjee Road Kolkatta, KOLKATA, WEST BENGAL, 700026.		
Mobile No: 9007*****	Tax Invoice No. & Date: R16112482380 & 16 Nov 2024 07:15		
Email-ID: A*******@rediffmail.com	GSTIN/UIN & Place of Supply: WEST BENGAL		
(7)	30.7		

Insured Vehicle Details			
Registration No.	WB053122	Mfg. Month & Year	SEP-2015
Make / Model & Variant	MARUTI SUZUKI SWIFT DZIRE LDI BS-IV	CC / HP / Watt	1248
Engine No. / Chassis No.	D13A2676694 / MA3FJEB1S00821793	LCC Including Driver	5
Type of Body	NA	Total Premium `	15197
RTO Location	WEST BENGAL - Kolkata	Total IDV `	216,000.00
Manufacturer fully build in	Yes	Hypothecation/Lease	NA
Vehicle Category	Taxi	Vehicle Usage Type	Others
Vehicle Usage Sub Type			

Insured Declared Value (IDV)			
Chassis IDV `	0.00	Non Electrical Accessories	0.00
Body IDV `	0.00	CNG / LPG Kit	0.00
Vehicle IDV `	216,000.00	Trailer / Side Car	0.00
Electrical / Electronic Accessories	0.00	Total IDV	216,000.00

Own Damage - Section I	Amount (`)	Liability - Section II	Amount (`)
Basic OD	1,954.80	Basic Liability (TPPD 1)	11,852.00
Total Basic Own Damage Premium	1,954.80	Total Basic Liability Premium	11,852.00
Less		PA Benefits - Section III	
Deduct 50 % for NCB	-977.40	Legal Liability to paid driver and/or Conductor and/or	
Sub Total of Deductions	-977.40	cleaner	50.00
		TOTAL LIABILITY PREMIUM	11,902.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	12,879.00
		CGST (@9.00%)	1159.00
TOTAL CIVIL BANAGE BREAKINA	077.00	SGST (@9.00%)	1159.00
TOTAL OWN DAMAGE PREMIUM	977.00		
TOTAL PREMIUM PAYABLE (*)			15 197 00

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 40,22

GSTIN:19AABCR6747B1ZD

Limitations as to use

Premium Summary

HSN: 997134, Description of services: Motor vehicle Insurance Service

"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."

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

22BRG708 / CERTIGO INSURANCE BROKERS PRIVATE LTD	9752507002	piyushkhare@certicoinsurance.com	April 1
Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.

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 : PA cover for owner driver under section III CSI 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 of control of

the insured up to the limits specified- (TPPD 1 Sum Insured - 7,50,000/-, TPPD 2 Sum Insured - 6,000/-).

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 : Any person including insured:

Reliance General Insurance Company Limited.

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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 Identification No. U66603MH2000PLC128300. UIN: IRDAN103RP0012V02100001. 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/PCV/PS/Ver. 1.3/310118.





entitled to drive:

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

Deductible under Section-I:

(i) Compulsory deductible `500/- (ii) Additional compulsory deductible `00/- (iii) Voluntary deductible `0/-

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 NCB provided is on Basic OD Premium excluding Add-on wherever applicable. The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

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.

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

As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

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 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. 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

Policy has been issued with reference to vehicle inspection report, reference lead no.24286499 & special conditions. The inspection report remarks can be viewed on company's website by the lead no.

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reliancegeneral.co.in (s)
022 4890 3009 (s)
74004 22200 (s)

For Reliance General Insurance Co. Ltd.

Authorised Signatory



eliancegeneral.co.in	•
022 4890 3009	0
74004 22200	0

Risk Assumption Letter

Dear Mr. SUDIST NARAYAN SINGH

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 150622423380045059 which has been issued based on the details declared by the applicant.

				1,000		
Insured Vehicle Details						
Registration No.	WB053122	-571	Mfg. Month & Year	16 C	525	SEP-2015
Make / Model & Variant	MARUTI SUZUKI SWIFT DZIRE L	_DI BS-IV	CC / HP / Watt	800	20	1248
Engine No. / Chassis No.	D13A2676694/MA3FJEB1S008217	793 L	LCC Including Driver		J. Committee	5
Type of Body	NA		Total Premium `		12	15197
RTO Location	WEST BENGAL - Kolkata	I	IDV `		100	216000
Manufacturer fully build in	Yes	į.	Hypothecation/Lease			NA
Insured's Declared Value (IDV)						
Chassis IDV `	73.	0.00 Non Ele	ectrical Accessories `	6.8		0.00
Body IDV `	12	0.00 CNG/L	_PG Kit `			0.00
Vehicle IDV `	-23	216000 Trailer /	Side Car `		18	0.00
Electrical / Electronic Accessories	s `	0.00 Total ID	V `		108	216,000.00
Previous Policy Details						
Previous Year Policy No.	Period of Insurance		Previous	s Policy-Claim Stat	us	1.0
150622323380034555	From: 09/11/2023 To: 08/11/2024	4 midnight	Y	′es ✓	No	
YOU HAVE OPTED FOR THE I Standard Vehicle Own	FOLLOWING COVERS Damage + Third Party Coverage		Gen	-Offile		00
Cover Electrica Non-ele	al/electronic accessories ctrical accessories its comprising LPG/CNG systems	Mance	á	ZCO.	, ob	
Add-on Covers	CIP.	0.00	The same of the sa		Contract of the Contract of th	
Nil Depreciation Cover	No deduction for depreciation of	on vehicle parts other than	tyres and tubes with res	spect of approved pa	artial loss claim	ns.
Additional towing Charges	Provides cover for towing charged - ` 0/-)	ges over and above the sta	andard policy guideline a	as per the cover opte	d by customer	r (Sum
Additional Limit of TPPD	Indemnify the Insured for an ad Insured or held in trust or in cus		ed for damage to propert	ty other than the prop	perty belonging	g to the
Emergency Hotel Accommodation	Provide allowance towards the provided in policy copy.		sured vehicle met with a	ccident/ stolen 200 k	ms away from	the location
	check your policy details mentioned					of

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 or call us 022 48903009(Paid) 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 rejection of your

(Note- Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

For Reliance General Insurance Co. Ltd.

Authorised Signatory

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 022 48903009 (Paid) or visit any of our branches. Kindly refer to the Key Feature Document and Policy Wording at www.reliancegeneral.co.in to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. This document is a statement of the specific provisions that form the Terms and Conditions of this 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
- 5. Vehicle fitness certificate
- 6. Vehicle route permit
- 7. Vehicle carriage permit
- 8. Road tax copy
- 9. Load Challan (if applicable)

Note: 1. As soon as a claim occurs, please intimate immediately to our call centre 022 48903009 (Paid). Delay in intimation would result in the violation of policy condition.

2. Any additional document, if required, will be informed.



The content on this page is for additional information & Should not be considered as part of the policy document/Schedule

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Proposal Form for POS Reliance Commercial Vehicles Package Policy (Other than Motor Trade Internal Risks Policy)

(The queries made/details stated The Insurer may seek any other *(Applicable to all classes of veh	information as desired for unde	0117	Colul	Pr.
✓ PCV	GCV	MISC D	Trailer	6.
For Office Use Only			700	
	50622423380045059	7.	Date	10
Savvion Reference No.	6	Inspe	ection Lead No.	A Property of
Intermediary Details (To	o be filled in BLOCK LE	ETTERS)	50	
	100	100	Code 22DDC700	W.
76.4	CERTIGO INSURANCE BROK Kolkata II	ERS PRIVATE LTD	Code 22BRG708 Code 1506	
8.50	Bapi Halder	700	Code 70786920	
*POS PAN No.	apri i sisto.	*POS UII	D Aadhaar No.	- CO
Details (To be filled in E	BLOCK LETTERS)	-0		
This Proposal is for	A new Policy	✓ Renewal of Policy	Endorsement Oth	ers (Please specify)
F. 60		SUDIST NARAYAN SINGH	Zindoroomoni Sun	ore (i reace openity)
2a. Proposer's Full Name	✓ Mr. Mrs.	.0	0,00	00
2b. Address	Address for Commun	nication Addre	ss where vehicle is normally kept a	nd Used
Flat/Building/Door/Block	No. 145 DR GIRINDRA	SEKHAR BOSE ROAD	0	
Road /Street/Sector	TILJALA	SERVIAN BOSE NOAD	200	
0,00	Aller .	all to	100	1600
Nearest Landmark	OB	0.00	THE STATE OF THE S	Contract of the Contract of th
Area	-0		Man	The same
City	KOLKATA		.01	
Pin Code	700039	6	8°	
State	WEST BENGAL	30		800
Country	India	Aug.	00.	
Phone	, V	Mobile	9007*****	
Emergency Contact No.	(illa)	Blood	Group	
Email	A*******@rediffma			" Inc
3. Period of Insurance	From 16/11/202		0.20	
4. Source of Funds	Business	Profession Salary	Agricultural Income	Savings
5. Monthly Income	Upto `20,000	-		00,001 and above
6. UID Aadhaar No.	affer	7. PAI	N No.	
8. Fast Tag ID	The same	Alle Co	-01	
Details of the Vehicle			_10	
9. Registration Number	WB053122	10. Date	of Registration	06/11/2015
11. Registering Authority & Loc	cation WEST BENGAL		of the	All Property and the second
12. Year & Month of Manufactu	ure SEP-2015	13. Cubic	c Capacity	1248
14. Engine Number	D13A2676694		THE STATE OF THE S	
15. Chassis Number	MA3FJEB1S008		10°	
16. Make of Vehicle	MARUTI SUZUI		6.	08
17. Type of Body/Model	NA/SWIFT DZIR	RE	-00	
18. Gross Vehicle Weight (G\	VW)/Cubic Capacity (C.C.)	0		
Goods type (Applicable on		Hazardous Goods		Goods
20. Is the Vehicle made in India			✓ Yes	No
		case of Passenger carrying vehicles	4	100
22. Vehicle Category	Bus	✓ Taxi	- Miles	177
Vehicle usage type (Applic			age Carriage Private Us	N.7
17 (17)	applicable if Contract Carriage):	School Bus	Employee pickup Bus	Others
23. Seating capacity (Including	g Driver) 5	100	ALL DE	Sylven

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ils of the Vehicle Type and U . Whether the Vehicle is driven by Nor		power?	Yes ✓ No	If yes Bi Fuel	CNG	П
Insured's Declared Value Non - e	lectrical Electrical fitted	ctronic accessories d to the vehicle ()	Value of CNG/ LPG Kit	- 200		
216,000.00 0.00	0.00	0	0.00	216,000.00		
	- 64	ಾನೆ		all the	6	
Do you have a valid PUC?	Yes No	a gli		800	1/10	
Note- Warranted that the insured named pplicable, on the date of commenceme						
ne subsistence of the Policy. Further, the						
Details of Driver: (a) Age of Own	er Driver		Others			
oes the driver suffer from defective v	ision or hearing or any p	hysical infirmity.	201	Yes	No	
"Yes" please give	" The		-0	C		
etails	47		(0)	760	- 3	
.07	200	-0110	25		138	
las the driver ever been involved for c	ausing any accident or lo	oss?	2011	Yes	No No	
"Yes" please give details as under inc	cluding the pending prose	ecution, if any:-	111		~	
10°			010	"SELS		
0.O.B.	500		-01	Rell .		
add On Covers (Subject to availability	and eligibility)			Co.		
(a) Easy Monthly Instalment (EMI) Protection Cover: (RG	I-MO-A00-00-17-V01	-14-15)	-0		
If Yes, please choose any one	option;	110		III.		
Plan I - 1 EMI, EMI Amount :	OB.	50	THE STATE OF THE S		dille	
Plan II - 2 EMIs, EMI Amount :	CO.		110		1100	
Plan III - 3 EMIs, EMI Amount			400			
(b) Additional Towing Charges		, o	The same of the sa	- A9"	lo	
(c) Nil Depreciation Cover:	dille		G		lo	
(d) Total Cover			000		lo	
100	(Files	400		The same		
(e) Voluntary Deductible		0.0	TIE.	8	die	
Voluntary Deductible amount of	-0:		142	-3	315	
(f) Emergency Hotel Accommoda	MON		- 1	203	lo	
Benefit Amount:		Ď.	200	200		
(g) Additional limit of TPPD	This is a second		Go.	-00	lo	
Additional amount opted:	Till		-0	0		
(h) Personal Belongings Cover	to			70° V	lo	
Benefit Amount:					1/10	
(i) Daily Allowance Benefit	-Offer	Sec.	150	Ν	lo	
Per day allowance amount opto	ed:			Es		
Coverage Days opted:		8	101	Oth		
(j) Daily Allowance Benefit Plus	35		Cell	V V	lo	
Per day allowance amount opto	ed:		-0	C		
Coverage Days opted:		13	C.			
(k) Tools and Equipment Cover	and a	"His		Tr.	1600	
(I) Any other Details		60	611		100	
(·) / iii) saloi botalis	C		100	- 1		
P. 100						

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If Yes, please attach certificate of Installation in the vehicle, issued by Automobile Association of India.



Reliance General Insurance Company Limited.

Western Express Highway, Goregaon (East), Mumbai – 400 063.

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	.01		20	- C11		(A)	
28.	Are you a member of A	utomobile Association	on of India ? If Yes,pleas	se submit memb	ership copy.	n.	Yes V No
29.	Whether the Vehicle is	used for Driving Tui	tions?		111.		Yes V No
30.	Whether use of Vehicle	e is limited to Own P	remises?			- 85	Yes V No
31.	Whether the commercia	al vehicle is also use	ed for Private purposes	(excluding use	or hire or reward)?	ap.	Yes No
32.	Whether the Vehicle is	fitted with Fibre Glas	ss Tank?		G	-0	☐ Yes ✓ No
33.	Whether the Vehicle be	longs to the Embass	sy/Consulate of a Foreig	n Country?		.0	Yes No
	If so, is the duty elemen	t included in the IDV	?		Sec.	Con	6
34.	Whether the Vehicle is	design for use of Blir	nd/Handicapped/Mental	y Challenged P	erson?	Mar.	Yes V No
35.	Date of purchase of the	Vehicle by the Prop	oser	1	- 1		06/Nov/2015
36.	Whether the Vehicle at	the time of purchase	was		11/11	New	Second Hand
Ris	k Inclusions	250	72		3297		
37.	2/10	t the above limits to	the statutory TPPD Lial	oility limit of 60	100/- only?	all in	Yes No
X	Do you wish to cover		The same	•	-0	G	
	(a) Driver/Conductor		sons)		NO.	000	Yes No
	(b) Other employees	(No. of Persons)	- Aller	11	5	100	Yes No
	(c) Non-fare paying pa	assenger (No. of per	rsons)			11/	Yes No
38.	Do you wish to include	personal Accident (I	P.A.) Cover for paid driv	ers, cleaners ar	d conductors?		✓ Yes No
	If Yes, give name and C	Capital Sum Insured	(CSI) opted for. The ma	ximum CSI ava	ilable per person is 1 L	akh in the case of Motor	ised two wheelers and 2
	lakhs for other classes	of vehicles.	0,0		2000	200	0.0
39.	Personal Accident Cove	er for Owner Driver.	Please give details of n	omination	Co	-01	
	Name	Name of the	Nominee Age of N	lominee Na	me of the Appointee (if	Relationship	Address
	rano	Traine or the	7.90 011		Nominee is Minor)	reductionip	7 (441000
			-00	26/1		100	100
40.		er-driver does not ho	old an effective driving li		le is owned by a compar	ny, a partnership firm or a	a similar body corporate or Yes V No
	Name	CSI Opted	Name of Nominee	Age of Nomir	Name of the Appoint		Address
	2	10.	- 4				100
44	Fitzerian of Community	Saal Area	age.	110		100	A COLO
41.	Extension of Geographi Whether extension of G		the following Countries	required?		The same of the sa	(III)
	1. Bangladesh	(G)	3		216.		
		-9				69	-30
	2. Bhutan	all	0		- Chillian		0,0
10	3. Maldives	- Die	The same		G		
	4. Nepal	117	1711			.0	
	5. Pakistan		(D)	143	The same of the sa	THE CO.	
	1/10:					ALO.	All lines
	6. Sri Lanka		III.		100		The same
Det	ails of Hire Purcha	ase / Hypotheca	ation / Lease		100		
42.	Please state if the vehic	cle is under	Hire Purch	ase	Lease Agreement	Hypotheca	ation Agreement
- 1	If so, give name and ad		parties.		CC	alle	100
43.		M/s	The state of		-0		
44.	Address	10.	3		20.	-8	180
Not	279.76	(IDV) of the vehicle	will be deemed to be t	ne 'SI IM INSI IE	ED' for the purpose of the	is tariff and it will be five	d at the commencement of
	n policy period for each in		, will be deciried to be t	IO GOINI INGUR	וטו מום purpose of tr	no tarin ariu it will be ilxe	a at the confinencement of
The	IDV of the vehicle is to be	e fixed on the basis of			e brand & model as the	vehicle proposed for insu	urance at the commencement
of in	surance / renewal, and a	djusted for depreciat	ion as per policy wordin	gs.	700	os os	120
	ails of Previous In	31127	2000		-07	1200	
45.	Full Name of previous	insurer Re	eliance General Insuran	ce Company Ltd		- 0	

Corporate Identification No. U66603MH2000PLC128300. UIN: IRDAN103RP0012V02100001. 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/PCV/PS/Ver. 1.3/310118.

IRDAI Registration No. 103

Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off

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46.	Address	Thapar House, 4th Fl	loor, 163, S.P. Mukherje	ee Road Kolkatta		110	
47.	Policy Number	150622323380034555	5	Previous Policy Expiry	08/11/2024		
48.	Type of Cover	Package Policy	Liability only	others (to be desc	cribe)		
49.	NO CLAIM BONUS allowed ur	nder previous policy (%) 50)	100	VO.		
50.	Claims taken in previous policy	3		C	-00	Yes	✓ No
	If yes, No. of Claims	" Ite.		Claims Amount `			
51.	Are you entitled to No Claim Bo	nus		9		✓ Yes	No
	If yes, please submit/attached p	roof thereof	110	100		180	_
Pay	ment Details						
	Cheque/ DD	-0	Chequ	ue/ DD No.	1.5	The .	
	Cheque/ DD Date		Ca	ash Credit Card	Others		
Pro	poser's Bank Details						
52.	Name of the Bank Account Hold	der	60	00	de		de
53.	Bank Account No.:	(III)		54. Account:	Saving	Cur	rent
55.	Name of the Bank	of he	125	C.	-5		
56.	Branch	ALC:	110	-8		-60	
57.	MICR Code (9 digit MICR code	number of the bank and branch	n appearing on the chec	ue issued by the bank)		- Aller	
58.	IFSC Code (11 character code	appearing on your cheque leaf)		100		114	
	I understand that any refund du	e on the premium payment / an	y payment / claims to b	e directly credited to my afor	esaid Bank Account .	*	
* As	ner IRDAL its mandetory that all				Ole of		- 3

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GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PEP Declaration:				
Are you a Politically Exposed Person (PEP)?	Yes	✓ No	- 5/5	The same
If yes, please mention the position held	250		2012	. 3
Is any of your close relation or family member a PEP?	Yes	✓ No	-Olul	Sc.
If yes, please mention the name and relation and the position held by such close relative/family member.	Weg.	, co	0.	
I hereby declare that in future if me, any of my close relatives or any of my family member Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the given by me is true. In case the company comes to know that this is a misrepresentation scrutiny by the company and I shall be solely responsible for the same.	PMLA Rules and AML/	CFT Guidelin	nes and shall con	firm that the answers
Note: "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted w States/Governments, senior politicians, senior government/judicial/military officers, ser etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Custor	ior executives of state-o	owned corpor	ations, important	political party officials,

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 have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. • 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 nondisclosure 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 fo 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 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

This proposal form was completed by

		Initiative by saying "No" to Policy kit, Re r registered Email ID & Mobile number		and Other Communications hard copy. We	will be sending yo
Go Green	Hard copy required	Yes No		O'ELL O'ELL	
Name		310	Place:	200	50
Date:	16 Nov 2024 07:15	Phil.	Date:	16 Nov 2024 07:15	
	al III	A. Carrier	Tron.	NCC.	720
Signatu	re	Dr. all		Signature of Proposer & Company Seal	* O.

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

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.

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

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74004 22200 (s)

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 tobe of the registered owner of the vehicle proposed for insurance	200	-611
Name of IRDAI Agent/ Broker Mr. Mrs.	- OL	Sec.
Place		
Date		
(In case of Direct Business, Name & Signature of CSO /SM to be taken)	Signature of IRDAI Agent/ Brok	cer
* Mandatory details to be filled	.uro	
The policy does not cover liability for death, bodily injury or damage as excluded under Section	n 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)	77	
20	36	

Reliance General Insurance Company Limited.

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