





Mr. OM PRAKASH YADAV & D YADAV R B C ROAD DUM DUM **KOLKATA** WEST BENGAL India - 700028 7980****

From here on, you're our responsibility.

Welcome on board. Your "A" Policy for Act Liability Insurance (Passengers Carrying 4W<6) Policy - Schedule, Number 150622423530017578 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: 2024.11.05 13:44:10

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

Policy Number : 150622423530017578	Proposal/Covernote No: R05112405197
Insured Name : Mr. OM PRAKASH YADAV & D YADAV	Period of Insurance : From 00:00 Hrs on 06-Nov-2024 to Midnight of 05-Nov-2025
Communication Address & Place of Supply: 68/1 R B C ROAD DUM DUM KOLKATA, WEST BENGAL, India, 700028.	Policy Issuing Branch: Thapar House, 4th Floor, 163, S.P. Mukherjee Road Kolkatta, KOLKATA, WEST BENGAL, 700026.
Mobile No: 7980*****	Tax Invoice No. & Date: R05112405197 & 05 Nov 2024 01:44
Email-ID: B********@gmail.com	GSTIN/UIN & Place of Supply: WEST BENGAL
Nominee Name :	

Insured Vehicle Details			
Registration No.	WB04E6768	Mfg. Month & Year	APR-2010
Make / Model	HINDUSTAN MOTORS / AMBASSADOR / GRAND M TAXI	CC / HP / Watt	1489
Engine No. / Chassis No.	6EPEK098767 / MA7AM15DEKU009174	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	Kali-Pili
Vehicle Usage Sub Type	age (High	C. C.	
Hypothecation/Lease	NA		

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 Section II (1)(i)

: (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

"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."

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:

entitled to drive: Provided that a person driving

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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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	MIS	SC D	.0	
For Office Use Only	1				
Policy Number	150622423530017578	00	Date		
Intermediary Details	(To be filled in BLOCK I	LETTERS)			
Intermediary Name Branch Name Sales Manager Name	CERTIGO INSURANCE BRO Kolkata II Bapi Halder	OKERS PRIVATE LTD	Code Code Code	22BRG708 1506 70786920	Q.alli
Proposer's/Owner D	Details (To be filled in BL	OCK LETTERS)		IV.	
 Proposer's/Owner's Fu Address (where the \ Flat/Building/Door/Blo Area 	Vehicle is normally kept)	s. Ms. OM PRAKA	SH YADAV & D YADAV Road /Street/Sector City	R B C ROAD DUM DUM KOLKATA	Rell
Pin Code Phone Emergency Contact N Email	B*******@gı	100	Country Mobile Blood Group Fax	India 7980*****	
 Occupation / Business Type of Cover Period of Insurance UID Aadhaar No. Fast Tag ID Do you have a GST R If Yes, please specify 	Liabili From 06/11/. Registration Number Yes	ity Only Policy /2024	To 05/11/202 7. PAN No.	25	o de la companya della companya della companya de la companya della companya dell
10. Source of Funds11. Monthly Income	Business Upto `20,000	Profession 20,000 `20,001 to `50,000	Salary Agricultura 50,001 to `1,00,0		
Details of the Vehicl	е			20	
 Registration Number Registering Authority & Year & Month of Manuf Chassis Number Type of Body/Model Gross Vehicle Weight 	facture APR-2010 MA7AM15DEŁ NA/AMBASSA	KU009174	13. Date of Registration16. Engine Number18. Make of Vehicle21. Cubic Capacity	09/06/2010 6EPEK098 HINDUST 1489	
22. Max. Licensed carrying23. Seating capacity (Included)	g capacity (No. of Passengers) in uding Driver) 5	n case of Passenger carrying	g vehicles 4	Othylli	all

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	480	-0	000	11/20	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 of such of	nei persons	2011	100		
	a	760		29	100	
	D	- 60				
	C	-8			and the same of th	
	Note:	The state of the s		Co.	200	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:	F	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.		25	111.	200	
	Note: The maximum CSI availab	le per person is .2,	00,000/- in case of Com	nmercial Vehicles		200	110
36.	Do you wish to include Personal A Wheelers)?	ccident cover for Ur	n-named Passengers/hi	rer/pillion passengers(1	Гwo	Ye	s No
	If 'Yes', give number of persons ar	nd Capital Sum Insur	red (CSI) opted:				
	No of persons:			CSI (per person):	100		
	Note: The maximum CSI availa	ble per person is .2	2,00,000/- in case of Co		Mala	Med	
37.	Do you wish the Geographical Area	a of the coverage by	the policy to be extende	d to the following count	ries?	Flui	
	Please tick relevant boxes.	G		8			- 6
	Bangladesh	Co		300			- Alle
	Bhutan		1000	-01		ALL STATES	800
8			Charles .	0	68		
	Maldives	3		200	25		
	Nepal	10		11.00		100	
	Pakistan	W.D.	8		College	THE	
	Sri Lanka			1	10	17.	
	Note: Presently the territory cover	ered is geographical	area of India. Extension	of geographical area co	over can be availed by	use of this endorseme	ent.
De	tails of Previous History	goografi maa		gg	,	-0"	7.67
	E		Cally.	C)	c8	00.1004	0
38.	Date of purchase of the Vehicle by		(000	6	09-Jun-201	
39.	Whether the vehicle was new or se		ne or purchase?	100	40	New Second	d Hand
40.	Will the vehicle be used exclusive i) Private, Social, Domestic, Pleas		Purnose?	9,	110	Yes	No
	ii) Carriage of goods other than sai	4.00			197	Yes	No No
41.	Is the vehicle in good condition?	Tipioo of porcoriaria.	.gaage:			Yes	No
	If 'No' please give			250		25	- alle
	details	*	-20	20-		ally.	82
40	Name of the manifest income 84/e	Dalianas Can	!.l	ital 8	C _C		
42. 43.	Name of the previous insurer M/s. Address of previous insurer -	Reliance Gen	eral Insurance Company	/ Lta.	- 69		
43.	Address of previous insurer -	all		110	ALC:		
	Flat Building	200	0	Road /Stree	et/Sector	. Cliff	
	Area	-01		City	140		
	Pin Code	-0	State	Country	S	10%	
	Phone	Con	6	Mobile		-00	00
70	Email		1/10	Fax		(Clare	800
44.	Previous Policy Number	150622323530	0011885	- 0			
45.	Period of Insurance	From 05/11	1/2023	To 04/11/2	2024	25	
46.	Claim lodged during the preceding	3 years			(Die	1600	
	Year	Her.	No. of	claims	C.	Claim Amount ()	
	-0	- C			4	2	
Dr	iver Details	_6		120	<i>7</i> .	467	
	73		10	26		C.,	80
47. 48.	Date of Birth of the Owner: Date of Birth of the Driver:		His.		ge:		
49.	Does the driver suffer from defecti	vo vicion or hoaring	or any physical infirmity		ge:	Yes	s No
тЭ.	If 'Yes', please give details of such		or any pnysical iniinfilly	110	All	res	, LINO
50.	Has the Driver ever been involved		g any accident of loss?		and a	Yes	s No
	If 'Yes', give details as under include				1110		
	Driver's Name:	3 1 3 1		1.0		63	
			dia.	1000/0	cet()		28
	Date of Accident:		de	Loss / C	,001 ()	la.	de
18	550		The same	0	£,		

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74004 22200 (S)

Circumstances of Accident / Loss:

1.05		1 11	7.0	
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.	Mic
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	505			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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reliancegeneral.co.in (s) 022 4890 3009 (c) 74004 22200 (S)

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.

5	
Go Grèen	

Place:

You can support our Go Green Ir	nitiative by saying "No"	to Policy kit, Renewal No	tice and Other Communications hard of	copy. We will be sending you a
digitally signed soft copy on your	registered Email ID &	Mobile number.	C.	
Hard copy required	Yes	No	-0	

Date: 05 Nov 2024 01:44

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