







Mr. SUBAL BISWAS DAKSHIN PARA KMC REGENT PARK SOUTH 24 PARGANAS WEST BENGAL India - 700093 9903\*\*\*\*

# From here on, you're our responsibility.

Welcome on board.

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

Number 150622423380045145 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.





Digitally signed by Reliance General Insurance Company Limited Date: 2024.11.18 14:59:26 reliancegeneral.co.in (s) 022 4890 3009 (s) 74004 22200 (s)

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

Policy Number : 150622423380045145	Proposal/Covernote No: R18112427402
Insured Name: Mr. SUBAL BISWAS	Period of Insurance: From 12:00 Hrs on 18-Nov-2024 to Midnight of 17-Nov-2025
Communication Address & Place of Supply: DAKSHIN PARA KMC REGENT PARK SOUTH 24 PARGANAS, WEST BENGAL, India, 700093.	Policy Issuing Branch: Thapar House, 4th Floor, 163, S.P. Mukherjee Road Kolkatta, KOLKATA, WEST BENGAL, 700026.
Mobile No: 9903******	Tax Invoice No. & Date: R18112427402 & 18 Nov 2024 02:59
Email-ID: A******@gmail.com	GSTIN/UIN & Place of Supply: WEST BENGAL

Registration No.	WB04H6566	Mfg. Month & Year	OCT-2018
Make / Model & Variant	MARUTI SUZUKI SWIFT DZIRE TOUR S	CC / HP / Watt	1248
Engine No. / Chassis No.	D13A3356534 / MA3FJEB1S00B76196	LCC Including Driver	5
Type of Body	NA	Total Premium `	16651
RTO Location	WEST BENGAL - Kolkata	Total IDV `	250,000.00
Manufacturer fully build in	Yes	Hypothecation/Lease	NA
Vehicle Category	Taxi	Vehicle Usage Type	Others
Vehicle Usage Sub Type	200	800	

Insured Declared Value (IDV)			
Chassis IDV	0.00	Non Electrical Accessories	0.00
Body IDV	0.00	CNG / LPG Kit	0.00
Vehicle IDV	250,000.00	Trailer / Side Car	0.00
Electrical / Electronic Accessories	0.00	Total IDV	250,000.00
Premium Summary			
Own Damage - Section I	Amount (`)	Liability - Section II	Amount (`)

Basic OD	2,208.75	Basic Liability (TPPD 1)	11,852.00
Total Basic Own Damage Premium	2,208.75	Total Basic Liability Premium	11,852.00
		PA Benefits - Section III	
		Legal Liability to paid driver and/or Conductor and/or	
		cleaner	50.00
		TOTAL LIABILITY PREMIUM	11,902.00
TOTAL OWN DAMAGE PREMIUM	2,209.00	TOTAL PACKAGE PREMIUM (Sec I + II + III)	14,111.00
		CGST (@9.00%)	1270.00
		SGST (@9.00%)	1270.00
TOTAL PREMIUM PAYABLE (`)			16,651.00

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

GSTIN: 19AABCR6747B1ZD

Limitations as to use

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

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	Line	
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:

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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/MCOWCO/PCV/PS/Ver. 1.3/310118.

<sup>&</sup>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."





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.

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. 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.24287609 & 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** 



# **Risk Assumption Letter**

Dear Mr. SUBAL BISWAS

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 150622423380045145 which has been issued based on the details declared by the applicant.

Insured Vehicle Details					
Registration No.	WB04H6566	54	Mfg. Month & Year	525	OCT-2018
Make / Model & Variant	MARUTI SUZUKI SWIFT DZIRE TOUR S	110	CC / HP / Watt	60	1248
Engine No. / Chassis No.	D13A3356534 / MA3FJEB1S00B76196	00	LCC Including Driver		5
Type of Body	NA		Total Premium	12	16651
RTO Location	WEST BENGAL - Kolkata		IDV	- 10 pc	250000
Manufacturer fully build in	Yes		Hypothecation/Lease	123	NA
Insured's Declared Value (IDV)					
Chassis IDV `	.O	0.00 Non	Electrical Accessories `		0.00
Body IDV	1,3		/LPG Kit		0.00
Vehicle IDV	150	250000 Trail	er / Side Car `		0.00
Electrical / Electronic Accessorie	s`	0.00 Tota	IDV `	108	250,000.00
Previous Policy Details					
Previous Year Policy No.	Period of Insurance		Previous Policy-C	laim Status	1.2
AG	From: To:		Yes	✓ No	1118
Cover Electric	FOLLOWING COVERS  Damage + Third Party Coverage  al/electronic accessories  ctrical accessories  kits comprising LPG/CNG systems	, an	e Gen	oliv Lib.	Qu'
Add-on Covers	dis comprising LFG/CNG systems	200	Ma.	die	
Nil Depreciation Cover	No deduction for depreciation on vehic			ones se al mantial lease alsino	_
I Nii Depreciation Cover	no deduction for depreciation on venic	ie parts otrier ti	ian tyres and tubes with respect of app	oroveu partiai ioss ciaim	5.
Additional towing Charge	Provides cover for towing charges over Insured - ` 0/-)	and above the	standard policy guideline as per the c	over opted by customer	(Sum
Additional Limit of TPPD	Indemnify the Insured for an additional Insured or held in trust or in custody of		opted for damage to property other that	n the property belonging	to the
Emergency Hotel Accommodation	Provide allowance towards the Hotel a provided in policy copy.	ccommodation	insured vehicle met with accident/ sto	len 200 kms away from	the location
	check your policy details mentioned above a immediately. You can write to us at rgicl.ser				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 claims.

(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







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

- 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
- Policy copy
- Vehicle fitness certificate
- 6. Vehicle route permit
- Vehicle carriage permit
- 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 Insurer may seek any oth	ated below are the minimum requ ner information as desired for und vehicles with suitable amendmer	ler for underwriting purpose.)	roposer.	Callip	O.C.
✓ PCV	GCV	MISC	D Tı	railer	
For Office Use Only					
Policy Number Savvion Reference No.	150622423380045145		Date Inspection Lead No.	Arle.	
Intermediary Details	(To be filled in BLOCK L	ETTERS)	300	200	
Intermediary Name Branch Name	CERTIGO INSURANCE BRO Kolkata II	- U.V.	Code 22B Code 150	RG708	400
Sales Manager Name *POS PAN No.	Bapi Halder	" Hall	Code 707 *POS UID Aadhaar No.	86920	
Details (To be filled in	n BLOCK LETTERS)				
This Proposal is for	A new Policy	Renewal of Policy	Endorsement	Others (Please specify)	
2a. Proposer's Full Name	✓ Mr. Mrs.	SUBAL BISWAS	10	ACC S	-13
-03	1000		A althoracy order and a scalable factors		05
2b. Address	Address for Commu	unication	Address where vehicle is no	ormally kept and Used	
Flat/Building/Door/Blo Road /Street/Sector	ock No. DAKSHIN PARA K	MC REGENT PARK	co manage	C.	
Nearest Landmark	Silve.	100	250	The same	
Area	COLITIL DA DADO	NAC	Me	A. Tanan	
City Pin Code	SOUTH 24 PARGA 700093	ANAS	and the same	Ole .	1
State	WEST BENGAL	00	All Control	18	280
Country	India	All by	60	-00	
Phone	IIIula	U.S.	Mobile 990	2*****	
Emergency Contact N	lo	100	Blood Group		
Email	A******@gmail.co	nm	Fax	200	
Period of Insurance	From 18/11/20		To 17/11/2025	1991	
4. Source of Funds	Business	Profession Sa	alary Agricultural Incor	ne Savings	
5. Monthly Income	Upto `20,000	^20,001 to `50,000	`50,001 to `1,00,000	`1,00,001and above	
6. UID Aadhaar No.	CO.	25	7. PAN No.	200	00
8. Fast Tag ID	(3)	110	-0	Children of the Control of the Contr	Sec
Details of the Vehicle		190	0	-101	
	10	0	40 Dete of Devictories	44/40/0040	
9. Registration Number	WB04H6566	I. Kalkata	10. Date of Registration	11/12/2018	
<ul><li>11. Registering Authority &amp;</li><li>12. Year &amp; Month of Manufa</li></ul>		L - Kolkala	12 Cubic Conscitu	1248	
	D13A3356534		13. Cubic Capacity	1248	
<ul><li>14. Engine Number</li><li>15. Chassis Number</li></ul>	MA3FJEB1S00	D76406		No.	
<ul><li>15. Chassis Number</li><li>16. Make of Vehicle</li></ul>	MARUTI SUZI		100	000	20
17. Type of Body/Model	NA/SWIFT DZI		-800	631	Sam
	1.000	IXL	(3)	F.61	
	(GVW)/Cubic Capacity (C.C.)	Hozard	ous Goods Nor	n-Hazardous Goods	
<ul><li>19. Goods type (Applicable</li><li>20. Is the Vehicle made in I</li></ul>	e only if GVW+7500kgs)			✓ Yes No	
	nula? g capacity (No. of Passengers) in	case of Passenger carrying v		V 109 110	
22. Vehicle Category	Bus	✓ Taxi	GIIIOIGG #	180	
Vehicle usage type (Ap		Contract Carriage	Stage Carriage  s Employee pick	Private Usage up Bus Others	18
23. Seating capacity (Include		Of Brown	- ale	MILE	600

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Deta	ils of the Vehicle Typ	e and Use					
24. a	. Whether the Vehicle is driv	en by Non-conventional so	urce of power?	Yes V No If	yes Bi Fuel	CNG	LPG
00	Insured's Declared Value (IDV) of vehicle Chasis	Non - electrical accessories fitted to the	Electronic accessories fitted to the vehicle (₹)	Value of CNG/ LPG Kit Bi Fuel (₹)	Total Value (₹)		00
1.10	Body 250,000.00	vehicle (₹) 0.00	0.00	0.00	250,000.00		
			0.00	0.00		6	
	. Do you have a valid PUC?	✓ Yes No	a Giller	100		118	
а	pplicable, on the date of com	mencement of the Policy and	he vehicle holds a valid Polluti d undertakes to renew and ma es the right to take appropriat	intain a valid and effective PU	IC and/or fitness Certif	ficate, as app	plicable, durir
25. D	Details of Driver : (a) Ag	e of Owner Driver		Others	Sec.		- 3
(b) D	oes the driver suffer from d		any physical infirmity.	- Oll	Yes	No	85
If	"Yes" please give		HILL	0	60	<del></del>	
d	etails	4	·	C <sup>V</sup>	-8		
_	0,0	200	110	100	2	100	
(c) H	las the driver ever been invo	olved for causing any accide	nt or loss?	CIL	Yes	No	
	"Yes" please give details as	1000		100	- 1	>	
	CCC	-0	14.	of Or	dille		- 4
(d) D	).O.B.	ALC: NO.	180	alle	Sel.		050
26. A	add On Covers (Subject to a	vailability and eligibility)	CHILD.	G	0.0		
	(a) Easy Monthly Instaln	nent (EMI) Protection Cove	r: (RGI-MO-A00-00-17-V01-	14-15)	-0		
	If Yes, please choose		101	26	G.	100	
	Plan I - 1 EMI, EMI A		00	"The		Selle-	
	Plan II - 2 EMIs, EMI			May .	18	75	
	3-3-4			and the same	621		
	Plan III - 3 EMIs, EM	2100	6.	10	200	_	
-08	(b) Additional Towing Ch	11	Miles	60,	No		100
	(c) Nil Depreciation Cov	er:	11.	8	No		
	(d) Total Cover	(3)	. AS		No	0	
	(e) Voluntary Deductible		2011	10		160	
	Voluntary Deductible	amount opted: ₹		48	2	1100	
	(f) Emergency Hotel Ac	commodation		The same	No	0	
	Benefit Amount: ₹	000	25	25	- Oliv		
8	(g) Additional limit of TP	PD	The contract of	000	Ne	0	800
de	Additional amount op	ted:₹	Her	0	60		
	(h) Personal Belongings		2	Co.	No.	0	
	Benefit Amount: ₹	- The				1000	
	(i) Daily Allowance Ben	efit	85	Elli	No	0	
	Per day allowance ar	- S. F.		1100		all Control	
	Coverage Days opted			of ar	" Blog		
	(j) Daily Allowance Ben		160°C	- Oliv	N	•	620
65			100	CO.	2.67	U	
	Per day allowance ar		7	p77	-0		
	Coverage Days opted		450		9		
	(k) Tools and Equipmen	t Cover	0.00	. UKO		Alle.	
	(I) Any other Details	e DP	1.000	1150	×		
	CG:			all the	(2)		
27. Is	s the vehicle fitted with any A	nti-theft device approved by	the ARAI?	001	000	Yes	✓ No

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IRDAI Registration No. 103

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

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022 4890 3009	0
74004 22200	0

28.	6.2		ion of India ? If Yes,plea	se submit members	hip copy.		Yes V No	
29.	Whether the Vehicle is				all to	-8	Yes ✓ No	×
30.	Whether use of Vehic		120	ö		00	Yes ✓ No	8
31.	Whether the commerc	cial vehicle is also us	sed for Private purposes	(excluding use for h	nire or reward)?	Old Lake	Yes No	
32.	Whether the Vehicle is	250				- G	Yes V No	
33.			sy/Consulate of a Foreig	ın Country?	77	40	Yes No	
	If so, is the duty eleme		100	110		All Control of the Co		
34.			ind/Handicapped/Mental	ly Challenged Perso	n?	5	Yes ✓ No	
35.	Date of purchase of the	e Vehicle by the Prop	ooser	129	11/10	~ <u> </u>	11/Dec/2018	
36.	Whether the Vehicle a	t the time of purchas	e was		All I	New	Second Hand	
Ris	k Inclusions							
37.	Do you wish to restri	ict the above limits to	the statutory TPPD Lia	bility limit of ₹ 6000/	- only?	-01	Yes No	
250	Do you wish to cove	r legal liability to?	"The		0	0.7		
	(a) Driver/Conductor	r/Cleaner (No. of pe	rsons)	177		CO.	Yes No	
	(b) Other employees	(No. of Persons)	200	110		201	Yes No	
	(c) Non-fare paying p	passenger (No. of pe	ersons)	Sec	60		Yes No	
38.	Do you wish to include	e personal Accident (	(P.A.) Cover for paid driv	ers, cleaners and c	onductors?		✓ Yes No	
	If Yes, give name and lakhs for other classes		d (CSI) opted for. The ma	aximum CSI availab	le per person is ₹ 1 Lak	th in the case of Motoris	sed two wheelers and ₹ 2	\$0
39.	Personal Accident Cov	ver for Owner Driver	. Please give details of r	omination	CO	-Okto	80	
	Name	Name of the	e Nominee Age of N	Nominee I	of the Appointee (if minee is Minor)	Relationship	Address	
	-357		71/2	- 300		W.	100	
40.	Electric Control	-675	old an effective driving li cover Named Persons?		THE LOW	4000	Yes V No	13
0	Name	CSI Opted	Name of Nominee	Age of Nominee	Name of the Appointe		Address	
	2	77	- 4	1.0		-cc8	1.00	
			ale.	1/10		15	000	
41.	Extension of Geograph Whether extension of		o the following Countries	required?	100		Mille	
	1. Bangladesh	(G			110			7
	2. Bhutan	e9	100		200	90	3	3
	Z. Dilutari	Ole	160	6	and the same of	46	62	8
10	3. Maldives	- III	ALL STATES		G.	0.0		
	4. Nepal	1112	1711					
	5. Pakistan		STATES .	dilli		direction	ned.	
	6. Sri Lanka		ALD.	80			Alexander of the second	
Det	ails of Hire Purch	ase / Hypothec	ation / Lease					
42.	Please state if the veh		Hire Purch	nase	Lease Agreement	Hypothecat	tion Agreement	8
	If so, give name and a				=8		,	
43.	Full Name	M/s	100		(3)	F.61		
44.	Address	Tilly	. 12		20	-0		
Not	te							
			e will be deemed to be t	he 'SUM INSURED	for the purpose of this	tariff and it will be fixed	d at the commencement of	-
	n policy period for each i		-6		wanad O waa dal aa tha wa	Vi Niele was een dikenings	rance at the commencemer	

**Details of Previous Insurance** 

45. Full Name of previous insurer

Reliance General Insurance Company Limited. IRDAI Registration No. 103

of insurance / renewal, and adjusted for depreciation as per policy wordings.

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.



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46.	Address -	N	8"	110	
47.	Policy Number	Previous Policy	Expiry		
48.	Type of Cover Package Policy Liab	ility only others (to	be describe)		111
49.	NO CLAIM BONUS allowed under previous policy (%) 0	200	AQ.		08
50.	Claims taken in previous policy	G	-01	Yes	✓ No
	If yes, No. of Claims	Claims Amount `			
51.	Are you entitled to No Claim Bonus	all the second	-	Yes	No
	If yes, please submit/attached proof thereof	"Illo	A. C.	28	
Pay	ment Details				
	Cheque/ DD	Cheque/ DD No.		7.	
	Cheque/ DD Date	Cash Credit	Card Others		
Pro	poser's Bank Details				
52.	Name of the Bank Account Holder	00,	Ole,		100
53.	Bank Account No.:	54. Account:	Saving	Cur	rent
55.	Name of the Bank	210	45	54.5	
56.	Branch	110		- CC	
57.	MICR Code (9 digit MICR code number of the bank and branch appear	ing on the cheque issued by the ban	k)	College College	
58.	IFSC Code (11 character code appearing on your cheque leaf)		07	20	
	I understand that any refund due on the premium payment / any payme	ent / claims to be directly credited to	my aforesaid Bank Account .	*	
* As	per IRDAI, its mandetory that all payments made to the insured are only	through electronic mode.	and the same		



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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

The death and en localities of the policy of otherwise.		10.6	20.0
PEP Declaration:			
Are you a Politically Exposed Person (PEP)?	Y	′es 🗸 No	The
If yes, please mention the position held	.30		all a
Is any of your close relation or family member a PEP?	Y	es 🗸 No	85
If yes, please mention the name and relation and the position held by such close relative/family member.	N.C.C.	de	. 36.
I hereby declare that in future if me, any of my close relatives or any of my fam Insurance Co. Ltd as a mandate. I understand that this is a crucial information given by me is true. In case the company comes to know that this is a misreprescrutiny by the company and I shall be solely responsible for the same.	under the PMLA Rules and A	ML/ CFT Guidelines and s	hall confirm that the answers
Note: "Politically Exposed Persons" (PEPs) are individuals who are or have been en States/Governments, senior politicians, senior government/judicial/military off etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Yo	icers, senior executives of sta	ate-owned corporations, in	nportant political party officials,
Doclaration by Proposor			

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

This proposal form was completed by

		egistered Email ID & Mobile number	•	100	
Go Green	Hard copy required	Yes No		-Ob	
Name	100	200	Place:	-de-	
Date:	18 Nov 2024 02:59	Section 1	Date:	18 Nov 2024 02:59	
	6.81		200		

# 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

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 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.



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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.

Supporting Confirmation of Agent/Broker/SM/CSO	
I confirm the above signature tobe of the registered owner of the vehicle proposed for insur	rance
Name of IRDAI Agent/ Broker Mr. Mrs.	- Sign - Hall Sec.
Place	60
Date	50
(In case of Direct Business, Name & Signature of CSO /SM to be taken)	Signature of IRDAI Agent/ Broker
* Mandatory details to be filled	ille.
The policy does not cover liability for death, bodily injury or damage as excluded under SVide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)	Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted