

# Bajaj Allianz General Insurance Company Ltd.

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

# Transcript of Proposal for Two Wheeler Policy - Bundled

# Dear SEEMA SHARMA,

We wish to inform you that the contract under policy number 'OG-25-2303-1826-00002374' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

# A. Proposer details

1. Proposer Name : SEEMA SHARMA

2. Proposer Address : BHATTANAGAR GOLBARI LILUAH, CHAKPARA

, , ,, ,-711203

3. Proposer Mobile Number : 7980588647

4. Proposer Residential Number : NA

5. Proposer e-mail id : SEEMA125@GMAIL.COM

6. Proposer Profession : NA

### **B.Vehicle Details**

| Registration<br>Number | Month / Year<br>of Regn | Vehicle<br>Make | Vehicle<br>Model |          | Cubic Capa-<br>city/Kilowatt | • 1    | Year of Man-<br>ufacture | Seating Capacity |
|------------------------|-------------------------|-----------------|------------------|----------|------------------------------|--------|--------------------------|------------------|
| NEW                    | NOV/2024                | HERO MO-        | SPLENDOR         | I3S SELF | 100                          | Petrol | 2024                     | 2                |
|                        |                         | TOCORP          | PLUS             | START    |                              |        |                          |                  |
|                        |                         |                 |                  | DRUM     |                              |        |                          |                  |
|                        |                         |                 |                  | BREAK    |                              |        |                          |                  |
|                        |                         |                 |                  | CAST     |                              |        |                          |                  |
|                        |                         |                 |                  | WHEEL    |                              |        |                          |                  |

| Engine Number | Chassis Number | Vehicle IDV (in | Vehicle IDV (in Electrical |              | CNG/LPG Unit   | Total IDV (in |
|---------------|----------------|-----------------|----------------------------|--------------|----------------|---------------|
|               |                | Rs.)            | Accessories                | Accessories  | (Extra fitted) | Rs.)          |
|               |                |                 | IDV (in Rs.)               | IDV (in Rs.) | IDV (in Rs.)   |               |
| HA11E7RHH884  | MBLHAW223R     | 59,275.00       | 0                          | 0            | 0              | 59,275.00     |
| 51            | HHB8737        |                 |                            |              |                |               |

### C. Coverage opted

#### 1. Period of Insurance

| For Own Damage Section             | From 08-NOV-2024 00:00(Hrs) | To 07-NOV-2025 Midnight |
|------------------------------------|-----------------------------|-------------------------|
| For Third Party Liability Section  | From 08-NOV-2024 00:00(Hrs) | To 07-NOV-2029 Midnight |
| 2 Is your vehicle fitted with exte | · No                        |                         |

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

6. Whether PA cover is opted for owner-driver

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

7. compulsory deductible : Rs.100.00

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

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

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

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

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

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

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

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

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

Please note Cover Note No. / issued to you basing on the above information. In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or

through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-102-5858,1800-209-5858 Email address : Bagichelp@bajajallianz.co.in Website : www.bajajallianz.com

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

PH:0771-2532368.

# INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH.Bajaj Allianz General Insurance Co Ltd





#### BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

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

Corporate Identity Number: U66010PN2000PLC015329

# Certificate of Insurance (Two Wheeler Policy - Bundled)

UIN: IRDAN113RP0008V01201819

<u>Policy Number:</u> OG-25-2303-1826-00002374 <u>Customer ID:</u> 452151928

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

| <b>Registration Number</b> | Place of Registration | Engine Number  | Chassis Number | Make & Model    |
|----------------------------|-----------------------|----------------|----------------|-----------------|
| NEW                        | HOWRAH                | HA11E7RHH88451 | MBLHAW223RHHB  | HERO MOTOCORP - |
|                            |                       |                | 8737           | SPLENDOR PLUS   |

| Sub Type                       | Year of Mfg | NCB % | CC  | <b>Seating Capacity</b> | Final Premium |
|--------------------------------|-------------|-------|-----|-------------------------|---------------|
| I3S SELF START DRUM BREAK CAST | 2024        | 0     | 100 | 2                       | 4659          |
| WHEEL                          |             |       |     |                         |               |

Name of Registration Authority : HOWRAH

Name and Address of Insured : SEEMA SHARMA

: BHATTANAGAR GOLBARI LILUAH, CHAKPARA,

, ,, ,-711203

Geographical Area : .00
Business or Profession : NA

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

| For Own Damage Section            | From 08-NOV-2024 00:00(Hrs) | To: 07-NOV-2025 Midnight |
|-----------------------------------|-----------------------------|--------------------------|
| For Third Party Liability Section | From 08-NOV-2024 00:00(Hrs) | To: 07-NOV-2029 Midnight |

# Persons or Class of Persons entitled to drive:

Any person including the insured:

a) Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.

b) Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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

22, 20

# **Beneficier Details:**

| Beneficier1 | Beneficier2 | Beneficier3 | Beneficier4 | Beneficier5 |
|-------------|-------------|-------------|-------------|-------------|
|             |             |             |             |             |

#### **Limitations as to Use:**

The Policy covers use for any purpose other than

a) Hire or Reward, b) Carriage of goods (other than samples or personal luggage), c) Organized racing, d) Pace Making, e) Speed testing, f) Reliability Trials, g) Any purpose in connection with Motor Trade

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

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

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

Date of issue:08-NOV-2024

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

For help and more information:

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

Corporate Identification Number U66010PN2000PLC015329

Authorized Signatory





BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED
(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)
Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006(India))

# TWO WHEELER POLICY - BUNDLED SCHEDULE UIN: IRDAN113RP0008V01201819

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

|                                     | INSURED DETAILS   |
|-------------------------------------|---|
| Insured Name                        | SEEMA SHARMA  |
| Insured                             | BHATTANAGAR GOLBARI LILUAH,<br>CHAKPARA , , ,, ,-711203 |
| Address                             |   |
| Geographical<br>Area                | India   |
| Customer ID                         | 452151928   |
| Bank Reference<br>No 1              |   |
| GSTIN / UIN                         | NA  |
| Place of Supply/<br>State Code/Name | 19 - West Bengal  |

| PC                        | POLICY DETAILS                    |  |  |  |  |  |
|---------------------------|-----------------------------------|--|--|--|--|--|
| Policy Number             | OG-25-2303-1826-00002374          |  |  |  |  |  |
| Policy Issued on          | 08-NOV-2024 15:29 PM              |  |  |  |  |  |
|                           | For Own Damage Section            |  |  |  |  |  |
|                           | From: 08-NOV-2024 00:00 (Hrs)     |  |  |  |  |  |
|                           | To: 07-NOV-2025 Midnight          |  |  |  |  |  |
| Policy Period             | For Third Party Liability Section |  |  |  |  |  |
|                           | From: 08-NOV-2024 00:00 (Hrs)     |  |  |  |  |  |
|                           | To: 07-NOV-2029 Midnight          |  |  |  |  |  |
| Cover Note                | /                                 |  |  |  |  |  |
| Details                   |                                   |  |  |  |  |  |
| <b>Previous Policy No</b> | RANDOM_POLICY_NUMBER              |  |  |  |  |  |
| Invoice No                | 438870203/1                       |  |  |  |  |  |
| Company GST No            | 22AABCB5730G1Z7                   |  |  |  |  |  |
| Company PAN               | AABCB5730G                        |  |  |  |  |  |

| Registratio                       | on Number        | Place of Registration | Engine Number      |                           | Chas                 | sis Number              | Make & Mod-<br>el           | SubT                     | ype     |                       |  |  |   |                     |
|-----------------------------------|------------------|-----------------------|--------------------|---------------------------|----------------------|-------------------------|-----------------------------|--------------------------|---------|-----------------------|--|--|---|---------------------|
| NE                                | W                | HOWRAH                | HA1                | 1E7RHH8                   | 8451                 | MBLHAW223RH             |                             | MBLHAW223RH              |         | MBLHAW223RH<br>HB8737 |  | HERO MOTO-<br>CORP -<br>SPLENDOR<br>PLUS | I3S SE<br>STAI<br>DRU<br>BREA<br>CAS<br>WHE | RT<br>M<br>AK<br>ST |
| NCB %                             | CC/KW            | Seating Capacity      | Year Of Manufactur |                           | ring Hypothecation D |                         | pothecation Det             | Details                  |         |                       |  |  |   |                     |
| 0                                 | 100              | 2                     | 2024               |                           |                      | TVS Credit Services Ltd |                             |                          |         |                       |  |  |   |                     |
| Vehicl                            | le IDV           | Value For Side Car    |                    | on electric<br>accessorie |                      |                         | trical/Elec-<br>accessories | Value of CNG/<br>LPG kit | Total V | alue                  |  |  |   |                     |
| 59,27                             | 75.00            | 0                     |                    | 0                         |                      |                         | 0                           | 0                        | 59,275  | 5.00                  |  |  |   |                     |
|                                   |                  | Damage Premium(Rs.)   |                    |                           |                      |                         |                             | Premium(Rs.)             |         |                       |  |  |   |                     |
| Own Damag                         |                  |                       |                    | 347.00                    |                      |                         |                             |                          | 01.00   |                       |  |  |   |                     |
|                                   | Special Discount |                       |                    | 0.00                      | Total A              | Act Pre                 | mium - B                    |                          | 3,60    | 01.00                 |  |  |   |                     |
| Total OD Premium - A              |                  |                       | 347.00             |                           |                      |                         |                             |                          |         |                       |  |  |   |                     |
| Total Premium (Net Premium) (A+B) |                  |                       | 3,948.00           |                           |                      |                         |                             |                          |         |                       |  |  |   |                     |
| Integrated GST (18%)              |                  |                       | 711.00             |                           |                      |                         |                             |                          |         |                       |  |  |   |                     |
| Final Premi<br>Fifty Nine O       |                  | Four Thousand Six Hun | dred               | 4,659.00                  |                      |                         |                             |                          |         |                       |  |  |   |                     |

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





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

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

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

| Limitation as to Use           | The Policy covers use of the vehicle for any purpose other than: Hire or reward, Carriage of          |
|--------------------------------|---|
|                                | goods( other than samples or personal luggage), Organised racing, Pace making, Speed testing,         |
|                                | Reliability trials. Any purpose in connection with Motor Trade.                                       |
| Driver                         | Any person including the insured provided that a person driving holds an effective driving li-        |
| 211,61                         | cense at the time of the accident and is not disqualified from holding or obtaining such a license.   |
|                                | Provided also that the person holding an effective Learner's license may also drive the vehicle       |
|                                | when not used for the transport of goods/passengers at the time of the accident and that such a       |
|                                | person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.                 |
| Limits of Liability            | Under section II-I(i) of the policy -> Death of or bodily injury: Such amount is necessary to meet    |
| Zimits of Zimomity             | there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Dam-       |
|                                | age to Third Party Property: Rs. 1,00,000/- for Motorized Two Wheelers and Rs.7,50,000 for            |
|                                | others or Rs.6,000/-, where the proposer / insured opts to limits the TPPD liability to the statutory |
|                                | limit of Rs.6,000/-   |
| No Claim Bonus                 |   |
| <b>Existing Damage Details</b> | NA  |
| Nominee Details                | Name :NA - Relationship :NA   |
| Subject to Warranties/         | 22, 20  |
| IMŤ-Endorsements/              |   |
| Add on Package                 |   |
| Additional Details             | Coinsurance Details: Transaction Id: -  |
| Premium Details                | Receipt No. 2303-00452943, Date 08-NOV-24 ** If Premium paid through Cheque, the Policy is            |
|                                | void ab-initio in case of dishonour of Cheque.  |
| Excess Details                 | Compulsory Excess: Rs.100.00 Additional Excess: Rs. Voluntary Excess: Rs00                            |
|                                | Theft Excess: Rs.0  |
|                                | ] I   |

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.

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

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.













**Authorized Signatory** 

This document is digitally signed, hence counter signature  $\slash\hspace{-0.5em}$  stamp is not required.

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

<u>Principal Location: Shiv Mohan Bhavan, Vidhansabha Road, Pandri, RAIPUR - 492001 PH:0771-2532368 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.</u>

# Bajaj Allianz General Insurance Company Ltd.

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

# **RECEIPT**

Receipt Number 2303-00452943

Receipt Date 08/11/2024

Business Channel MARET

Received with thanks from SEEMA SHARMA

(Customer ID: 452151928) a total sum of Rupees Four Thousand Six Hundred Fifty Nine Only by,

| Instrument<br>Type  | Instrument No. | Instrument<br>Date | Bank Name | Branch Name | Amount |
|---------------------|----------------|--------------------|-----------|-------------|--------|
| Online Pay-<br>ment | 106868203      | 08/11/2024         | NA        | NA          | 4,659  |

Total Amount Rs. 4,659.00

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

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.

**Authorised Signatory** 

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

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