



**Reliance Two Wheeler Package Policy - Schedule**

<b>Policy Number :</b> 920221923120638226	<b>Proposal/Covernote No:</b> R06031920830
<b>Insured's Name :</b> MR.GUNASEKARAN RAMASAMY	<b>Period of Insurance :</b> From 00:01 Hrs on 14-Mar-2019 to 23:59 Hrs of 13-Mar-2020
<b>Communication Address :</b> C2 F1 PATHANJALI GARDEN, 7 TH STREET, VEERABHIRAN NAGAR , MEDAVAKKAM, ZIGMA SCHOOL, TAMBARAM, KANCHIPURAM, TAMIL NADU, INDIA, 600100	<b>Policy Servicing Branch :</b> RELIANCE CENTRE, SOUTH WING, 4TH FLOOR, OFF. WESTERN EXPRESS HIGHWAY, SANTACRUZ (EAST), MUMBAI MAHARASHTRA 400055
<b>Mobile No :</b> 9916662121	<b>Tax Invoice No. &amp; Date :</b> R06031920830 & 06/03/2019
<b>Email-ID :</b> gunasekaranmca@gmail.com	<b>GSTIN/UIN &amp; Place of supply:</b>
<b>Insured's Blood Group :</b>	

**Insured Two Wheeler Details**

Registration No.	KA05HX8146	Mfg. Month & Year	MAR-2013
Make / Model	HONDA / ACTIVA / 3G	CC / HP	110
Engine No. / Chassis No.	JF50E70122186 / ME4JF501CD7122101	Seating Capacity Including Driver	2
Type of Body	NA	Total Premium ₹	970.00
RTO Location	KARNATAKA - Bangalore South (Jayanagar)	IDV ₹	22779.00
Hypothecation/Lease	NA		

**Insured Declared Value (IDV)**

Vehicle IDV ₹	22779.00	Non Electrical Accessories ₹	0.00
Electrical / Electronic Accessories ₹	0.00	Total IDV ₹	22779.00

**Premium Summary**

Own Damage - Section I		Liability - Section II	
	<b>Amount (₹)</b>		<b>Amount (₹)</b>
Basic OD	204.21	Basic Liability (TPPD 1)	720.00
<b>Total Basic Own Damage Premium</b>	<b>204.21</b>	<b>Total Basic Liability Premium</b>	<b>720.00</b>
<b>Less</b>		<b>PA Benefits - Section III</b>	
Deduct 50 % for NCB	-102.11	<b>TOTAL LIABILITY PREMIUM</b>	<b>720.00</b>
<b>Sub Total of Deductions</b>	<b>-102.11</b>	<b>TOTAL PACKAGE PREMIUM (Sec I + II + III)</b>	<b>822.00</b>
<b>TOTAL OWN DAMAGE PREMIUM</b>	<b>102.10</b>	IGST (@18.00 %)	148.00
<b>TOTAL PREMIUM PAYABLE (₹)</b>			<b>970.00</b>

GSTIN : 27AABCR6747B1ZG , HSN : 9971  
Description of services : Motor vehicle insurance services

Subject to I.M.T.Endt.Nos. IMT 22

**Add-on for Total Cover** : Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured - ₹0.0 )

**Limits of liability** : (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 or control of the insured up to the limits specified- (TPPD 1 Sum Insured - ₹ 1,00,000 /- , TPPD 2 Sum Insured - ₹ 6,000 /-) (iii) PA cover for owner driver under section III CSI ₹ 0.0/-

Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/298/2019/143/19 dated 11th Jan 2019\*\*Not Applicable for the State of J&K

**DIRECT/Direct**

Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID
<p><b>Limitations as to use</b> : The Policy covers use for any purpose other than: (a) Hire or Reward other than for the purpose of driving tuition, (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</p>		

**Persons/Classes of persons entitled to drive** : Any person including the Insured Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding of such a license. Provided that the person holding a valid Learner's License may drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Deductible under Section-I** : (i) Compulsory deductible ₹ 100.0/- (ii) Additional compulsory deductible ₹0/- (iii) Voluntary deductible ₹ 0.0/-

**Compulsory PA cover for owner driver :**

Insured is not eligible for compulsory PA cover for owner driver in the 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.

\*No Claim Bonus is subject to no claim on the previous policy. Benefits under the policy stands forfeited if claim is/was made in previous policy.

"It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy."

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.

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.

\*No Claim Bonus will be allowed, provided the policy is renewed within 90 days of the expiry of the previous policy.

**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.

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 Two Wheeler Package 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.

**Safeguard your transaction by paying your premium via crossed cheque/DD in favour of Reliance General Insurance Co. Ltd.**

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

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 1800 3009 or may write an email at [rgicl.services@relianceada.com](mailto: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](mailto: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](mailto: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](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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. Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: [bimalokpal.mumbai@gbic.co.in](mailto:bimalokpal.mumbai@gbic.co.in) | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune - 411 030. Tel.: 020-41312555 Email: [bimalokpal.pune@gbic.co.in](mailto:bimalokpal.pune@gbic.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.

This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

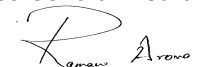
**In the unfortunate event of a claim, please call quoting your Policy No. 18003009 (toll free) or (022) 48903009 on and register your claim immediately within 7 days** from the date of loss.

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. & special conditions.  
The inspection report remarks can be viewed on company's website by the lead no.

**For Reliance General Insurance Co. Ltd.**



Authorized Signatory

## Proposal Form For Reliance Two Wheeler Package Policy

Is the Vehicle Made in India ☒ Yes ☐ No Type of Vehicle : ☒ Two wheeler ☐ Four wheeler ☐ Three Wheeler

### For Office Use Only

Policy Number 920221923120638226

Date

Savvion Reference No.

Inspection Lead No.

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	Direct	Code	Direct
Branch Name	Corporate Office(Servicing)	Code	9202
Sales Manager Name	Web Sales	Code	D9202162

### Details (To be filled in BLOCK LETTERS)

1. This Proposal is for ☐ A new Policy ☒ Renewal of Policy ☐ Rollover Policy ☐ Used Policy
- 2a. Proposer's Full Name ☒ Mr. ☐ Mrs. ☐ Ms. GUNASEKARAN RAMASAMY
- 2b. Address Address for Communication Address where vehicle is normally kept and Used
- |                                        |                                                                                                                                                                                                                     |                   |
|----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|
| Flat/Building/Door/Block No.           | C2 F1 Pathanjali Garden, 7 Th                                                                                                                                                                                       |                   |
| Road /Street/Sector                    | Street, veerabhiran Nagar , medavakkam ,                                                                                                                                                                            |                   |
| Nearest Landmark                       | Zigma School                                                                                                                                                                                                        |                   |
| Area                                   |                                                                                                                                                                                                                     |                   |
| City                                   | TAMBARAM,                                                                                                                                                                                                           |                   |
| Pin Code                               | 600100                                                                                                                                                                                                              |                   |
| State                                  | TAMIL NADU,                                                                                                                                                                                                         |                   |
| Country                                | India                                                                                                                                                                                                               |                   |
| Phone                                  |                                                                                                                                                                                                                     | Mobile 9916662121 |
| Emergency Contact No.                  |                                                                                                                                                                                                                     | Blood Group       |
| Email gunasekaranmca@gmail.com         |                                                                                                                                                                                                                     | Fax               |
| 3. Period of Insurance                 | From 14/03/2019                                                                                                                                                                                                     | To 13/03/2020     |
| 4. Source of Funds                     | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others |                   |
| 5. Monthly Income                      | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above                                  |                   |
| 6. UID Aadhaar No.                     |                                                                                                                                                                                                                     | 7. PAN No.        |
| 8. Do you have GST Registration Number | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                 |                   |
| If Yes, Please Specify                 |                                                                                                                                                                                                                     |                   |
| 9. Related Party                       | <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                            |                   |

### Details of the Vehicle

- |                                      |                                         |                                       |             |
|--------------------------------------|-----------------------------------------|---------------------------------------|-------------|
| 10. Registration Number              | KA05HX8146                              | 11. Date of Registration              | 25-Mar-2013 |
| 12. Registering Authority & Location | KARNATAKA - Bangalore South (Jayanagar) |                                       |             |
| 13. Year & Month of Manufacture      | MAR-2013                                | 14. Cubic Capacity                    | 110         |
| 15. Engine Number                    | JF50E70122186                           |                                       |             |
| 16. Chassis Number                   | ME4JF501CD7122101                       |                                       |             |
| 17. Make of Vehicle                  | HONDA                                   |                                       |             |
| 18. Type of Body/Model               | NA / ACTIVA                             | 19. Seating Capacity including Driver | 2           |

An ISO 9001:2015 Certified Company

**IRDAI Registration No. 103.** Reliance General Insurance Company Limited. Registered Office: H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai -400710. Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai-400 055. Corporate Identity Number U66603MH2000PLC128300. 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/MOT-02/PVT-CAR-TWO-WHEELER-PF/Ver. 1.3/300117.

**Details of the Vehicle Type and Use**

20. Whether the Vehicle is driven by Non-conventional source of power ? ☐ Yes ☐ No If yes ☐ Bi Fuel ☐ CNG ☐ LPG

Insured declared value (IDV) of the Vehicle	Non-electrical Accessories fitted to the Vehicle	electrical & electronics Accessories fitted to the Vehicle	Side Car(Two_wheeler) Trailer(Pvt.Cars)	Value of CNG/ LPG Kit	Total Value
22779.00	0.00	0.00	0.00	0.00	22779.00

21. Age of Owner Driver

22. D.O.B.

23. Add On Covers (Subject to availability and eligibility)

a. Nil Depreciation Cover

☐

b. NCB Retention Cover

☐

c. Easy Monthly Installment(EMI) Protection Cover :(RGI-MO-A00-0017-V01-14-15)

☐ Yes

☐ No

If Yes, please choose any one option ;

Plan I -1 EMI,EMI Amount :

☐

Plan II -2 EMI,EMI Amount :

☐

Plan III -3 EMI,EMI Amount :

☐

d. Total Cover

☐

e. Daily allowance benefits(RGI-MO-A00-an-19-V02-14-15)

Per Day Allowance

Coverage Days

24. Is the vehicle fitted with any Anti-theft device approved by the ARAI ?

☐ Yes

☒ No

If Yes,please attach certificate of installation in the vehicle,issued by automobile Association of India.

25. Are you a member of Automobile Association of India ? If Yes,please submit membership copy.

☐ Yes

☒ No

26. Will the Vehicle be used exclusively for

a. Private,social,domestic,pleasure and professional purposed ?

☐ Yes

☐ No

b. Carriage of goods other than samples or personal luggage?

☐ Yes

☐ No

27. Whether the Vehicle is used for Driving Tuitions ?

☐ Yes

☒ No

28. Whether use of Vehicle is limited to Own Premises ?

☐ Yes

☒ No

29. Whether the Vehicle is fitted with Fibre Glass Tank ?

☐ Yes

☒ No

30. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ?

☐ Yes

☐ No

If so,is the duty element included in the IDV ?

☐ Yes

☐ No

31. Whether the Vehicle is design for the use of Blind/Handicapped/Mentally Challenged Person ?

☐ Yes

☒ No

32. Date of purchase of the Vehicle by the Proposer

25-Mar-2013

33. Whether the vehicle at the time of the Purchase was

☐ New

☐ Second Hand

**Risk Inclusions**

34. Please Select the higher deductible if you wish to opt for over nd above the compulsory deductible (₹ 1000 - for Vehicles not exceeding 1500 cc, ₹ 2000 for vehicles exceeding 1500 cc)

Two Wheeler : 0.00

35. Liability to third parties : The policy provides Third Party Property Damage(TPPD) of ₹ 1 lakh (Two wheelers)

Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only ?

☐ Yes

☒ No

Legal Liability	No. of Persons
Driver	

36. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of the Appointee (If Nominee is Minor)	Relationship	Address

(Note : 1. Personal Accident cover for Owner driver is compulsory for sum insured of ₹ 0.0 /-

2. Compulsary PA cover for owner driver cannot be granted where a vehicle is owned by a company , a partnership firm or a similar body corporate or where the owner driver does not hold an effective driving licence)

37. Extension of Geographical Area

Whether the extension of Geographical Area to the following Countries required ?

☐ 1. Bangladesh ☐ 2. Bhutan ☐ 3. Maldives ☐ 4. Nepal ☐ 5. Pakistan ☐ 6. Sri Lanka

**Details of Hire Purchase / Hypothecation / Lease**

38. Please state if the vehicle is under

☐ Hire Purchase

☐ Lease Agreement

☐ Hypothecation Agreement

If so give name and address of concerned parties

39. Full Name M/S

40. Address

**Details of Previous Insurance**

41. Full Name of Previous Insurer

Reliance General Insurance Company Ltd.

42. Address

43. Policy Number

920221823120449181

Previous policy expiry

13-Mar-2019

44. Type of Cover

☒ Package Policy

☐ Liability only

☐ others (to be describe)

45. NO CLAIM BONUS allowed under previous policy (%)

50.00

46. Claims taken in previous policy

☐ Yes ☒ No

If yes No. of Claims

Claims Amount ₹

47. Are you entitled to no claim bonus

☒ Yes ☐ No

If yes, please submit/ attached proof thereof

**Payment Details**

☐ Cheque/ DD

☐ Cheque/ DD No.

☐ Cheque/ DD Date

☐ Cash

☐ Credit Card

☐ Others

**Proposer's Bank Details**

48. Name of the Bank Account Holder

49. Bank Account Number

50. Account:

☐ Saving

☐ Current

51. Name of the Bank

52. Branch

53. MICR Code (9 digit MICR code number of bank and branch appearing on cheque issued by the bank)

54. IFSC Code (11 digit characted code appearing on cheque leaf)

☐ I understand that any refund due on the premium payment / any payment / 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.

**AML Guidelines**

I/We herby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I undersand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the status, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality

☐ Indian

☐ Non-Indian , If Non Indian Please specify the country

Type of organization :

☐ Corporation

☐ Government

☐ Non Government Organization

☐ Society

☐ Trust

☐ Partenership

☐ International Organization

☐ Corporatives

☐ Section 25 Companies



### 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/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 or 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 a proposal to 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.

This proposal form was completed by

Name

Date

Place

Date

Signature

Signature of Proposer & Company seal

### Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. 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 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.

### Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/ Broker ☐ Mr. ☐ Mrs. ☐ Direct

Place

Date

(In case of Direct Business, Name & Signature of CSO /SM to be taken)

Signature of IRDAI Agent/ Broker