



QR code for mobile download app:



Please scan the code to view
policy details

Name : Mrs BOLLU PADMAVATI

Address : S/D/W OF BOLLU KRISHNAMURTHI, D NO 51/120-54 KOTHAPETA RAYACHOTY, ANNAMAYYA, AP., RAYACHOTY, Cuddapah, Andhra Pradesh 516269

Contact No : 8331800042

Email Id : INSURANCE.RCT@GMAIL.COM

SCHEDULE CUM CERTIFICATE ACT ONLY INSURANCE POLICY- PRIVATE CAR

Policy / Certificate No : POPMCAR00102265048

Alternate Policy No :

Policy Issue Date : 08/01/2026

Customer ID :

Policy Servicing Branch : Chennai Annanagar

Intermediary Name : Vizza Insurance Broking Services Pvt Ltd

Intermediary Code : 0061736

Intermediary Contact No : +91-8608800072

Period of Insurance TP : From:09/01/2026 13:22:00
To:08/01/2027 23:59:59

Period of Insurance PA to
Owner Driver

Dear Mrs.BOLLU PADMAVATI,

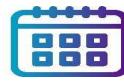
Welcome to the SBI General Family. With SBI **Act Only Insurance Policy - Private Car**, you can be in control & enjoy the journey no matter what roadblocks life throws at you.

ABOUT YOUR POLICY



Policy/
certificate no

POPMCAR00102265048



Policy Issue
Date

08/01/2026



Period of
Insurance TP

From:09/01/2026 13:22:00
To:08/01/2027 23:59:59

Actual Odometer Reading: 0



Period of Insurance
PA Cover to Owner Driver



Policy
Type

Liability Only



Geographical Area

India

ABOUT YOUR VEHICLE



Vehicle Make Model & Variant

Maruti Suzuki,Zen Estilo & 1.1 Lxi



Registration Number

AP03AB5711



Manufacturing Year

2007



Cubic Capacity / Kilo Watt

1061



Fuel

Petrol



Engine & Chassis Number

F10DN3232316 & MA3EMD81S00110257



Seating Capacity

5



RTO Location

Tirupathi

COVERAGE DETAILS

Your Policy provides protection such as :

Protection towards Third Party Liability

Death or Injury to any Third Party

Personal Accident to Owner Driver (if opted)

Damage to Third Party Property

WE COVER YOU FOR

Third Party Premium

Third Party Basic Premium	3416.00
Legal Liability to Driver	50.00
PA to Unnamed Passenger	250.00
TOTAL TP PREMIUM	3716.00
TOTAL PREMIUM	3716.00
GST	668.88
FINAL PREMIUM	4385.00

Subject to I.M.T Endorsement Nos.(IMT Nos):

IMT - 28

IMT - 16

IMT - 20

ADD ON DETAILS

Sum Insured

Opted (Yes/No)

Legal Liability to Driver

Yes

PA Cover to Un-named Passengers

Yes

Consolidated Stamp Duty ₹ 0.5 paid towards Insurance Policy Stamps vide Order No.pay_S1Jkxhw5lhU8je Dated: 08/01/2026 00:00:00 of General Stamp Office, Mumbai

WHAT YOUR POLICY DOES NOT COVER



Driving under influence of intoxicating Liquor/Drugs



Accident outside India unless opted for



Liability arising out of Contractual Liability



Driving outside purview of Limitation of use or Vehicle driven for purpose not allowed

HOW TO FILE YOUR CLAIMS WITHOUT ANY STRESS

In the event of loss and / or damage arising out of the use of the insured vehicle giving rise to a probable claim being led by a Third Party towards bodily injury / death / property damage, please inform the Company at 1800221111 or SMS 'CLAIM' to 561612 or email your details on customer.care@sbigeneral.in

RENEWAL

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, Insurer shall not be bound to give notice that such renewal premium is due.

Toll Free Number	Website	SMS RENEW	Mobile App
1800-102-1111	www.sbigeneral.in	POPMCAR00102265048 to 561612	Download SBI General Mobile App on Playstore or Appstore

GRIEVANCE REDRESSAL PROCEDURE

1

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link:

<https://bimabharosa.irdai.gov.in/Home/Home>

2

Stage 2: Head - Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customerCare@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: SeniorcitizenGrievances@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

3

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in

Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

4

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>

For Insurance Ombudsman Offices, kindly visit our website

<https://www.sbigeneral.in/portal/buy-online/quick-assist/Locate us/Ombudsman Office List>

TERMS AND CONDITIONS

LIMITATION AS TO USE	As per Motor Vehicle Rules, 1989 - The Policy covers use of the vehicle 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.
Our Recommendation	Simply do not use vehicle for the purpose it is not allowed.
DRIVERS CLAUSE	Any Person including the Insured 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; 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 Vehicle Rules, 1989.
Our Recommendation	Drive only when you hold a Valid Drivers License in India.
LIMITS OF LIABILITY	<p>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.</p> <p>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 Up to ₹ 7,500,00/-.</p> <p>c. PA Cover for Owner-Driver under Section-III CSI - ₹ 1,500,000 /- (if opted).</p>
Our Recommendation	Know what your policy covers.
SPECIAL CONDITIONS	<p>Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.</p> <p>The Policy has been issued subject to valid Pollution Under Control (PUC) Certificate disclosed by you as an insured on or before the date of commencement of the Policy. If the PUC Certificate is not found valid at any point of time during the policy period, the Company reserves the right to cancel the policy.</p>

IMPORTANT DETAILS

PREVIOUS POLICY DETAILS

Previous Insurer	Previous Policy Number	Period of Insurance	Previous Policy Type
		to	

Financier Details	CPA Nominee Details	POSP Details
,	NA	POSP Name : NA POSP PAN Number : NA Location : NA POSP Code : NA

Declaration

 As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy.

However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

PREMIUM RECEIPT

This is to confirm and certify that we have received premium(s) from the below named Policy Holder

Policy Number	POPMCAR00102265048
Alternate Policy Number	
Policy Holder Name	Mrs BOLLU PADMAVATI
Intermediary Name	Vizza Insurance Broking Services Pvt Ltd
Receipt Number	
Product Name	Act Only Insurance Policy - Private Car
Receipt Date	08/01/2026
Policy Start Date	09/01/2026
Policy End Date	08/01/2027
Premium Paid by	Mrs BOLLU PADMAVATI

*Cheque dishonor - If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque.




Authorized Signatory
For SBI General Insurance Company Limited

To Verify your Policy details click/visit <https://www.sbigeneral.in/policyprint/motor>

GST INVOICE : You may download GST invoice from [www.sbigeneral.in\download\](http://www.sbigeneral.in/download)

The information provided herein above is for the purpose of illustration only. For more details on risk factors, terms, conditions and exclusions, please read the Policy wordings (www.sbigeneral.in/portal/act only insurance policy-private car/policy wording) carefully.

PROPOSAL DETAILS

Proposal Transcript For	Act Only Insurance Policy - Private Car
Proposer Name	Mrs BOLLU PADMAVATI
Proposer Address	S/D/W OF BOLLU KRISHNAMURTHI, D NO 51/120-54 KOTHAPETA RAYACHOTY, ANNAMAYYA,AP., Cuddapah, Andhra Pradesh 516269
Proposer Contact Number	8331800042
Proposer Email Address	INSURANCE.RCT@GMAIL.COM

Policy POPMCAR00102265048 is issued based on the correct information given by you. In case any information is incorrect or require changes we request you to revert within a period of 15 days from receipt of this document failing which it will be deemed that you are agreeing to correctness of the information mentioned in this document.

Insured Name	Mrs. BOLLU PADMAVATI
Nominee details	
Name of the Nominee*	
% Share of Claim Amount	
Date of Birth*	
Age*	
Gender (M/F/O)	
Relationship with Policyholder*	
Mobile No. of the Nominee*	
Address of the Nominee	
Nominee Email ID	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

*** If Nominee is a minor, give the details of Appointee**

Insured Name	Mrs. BOLLU PADMAVATI
Name of Appointee*	
DOB*	
Gender	
Relationship with Nominee*	
Address of the Appointee	
Appointee Mobile no*	
Account Number	
IFSC Code	
Bank Name	
Branch Name	

Details as shared by you with us is as below.

YOUR VEHICLE DETAILS

Registration Number	AP03AB5711
RTO Location	Tirupathi
Engine Number	F10DN3232316
Chassis Number	MA3EMD81S00110257
First Purchase / Registration Date	09/03/2007
Year of Manufacture	2007

Vehicle Make	Maruti Suzuki
Vehicle Model	Zen Estilo
Vehicle Variant	1.1 Lxi
Cubic Capacity / Kilo Watt / Gross Vehicle Weight / Horsepower	1061
Fuel	Petrol
Seating Capacity including Driver	5
Carrying Capacity excluding Driver	4

EXPIRING POLICY DETAILS

Details	OD Policy Details	TP Policy Details
Insurer Name	NA	
Policy Number	NA	
Policy Start Date	NA	
Policy End Date	NA	
Policy Type	NA	NA
No Claim Bonus %	NA	NA
Claim Made	No	No

COVERAGE & TERMS PROPOSED

Period of Insurance Own Damage	From:NA To:NA
Period of Insurance Third Party	From:09/01/2026 13:22:00 To:08/01/2027 23:59:59
Period of Insurance PA cover to Owner Driver	

ADDITIONAL COVERS

PA Cover to Owner Driver of Rs. 15 Lakhs	No	
PA Cover to Unnamed Passenger / Pillion Rider	Yes	500000
PA cover to Paid Driver	No	
Legal Liability to Paid Driver / Employees	Yes	1 , 0
Third Party Property Damage Restriction Limit		750000
Add on covers - Kindly refer Policy Schedule		
Hypothecation / Lease / Hire Purchaser Name		
Policy premium including Tax		4385.00
Valid PUC certificate will be carried in vehicle	Yes	

PA Cover to owner Driver has been opted out by you in the Policy based on your declaration that you are holding an alternate insurance policy. You will share the copy of same if required by the Company.

I/We agree to receive policy document on registered mobile number / email address as given in this document.

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.

I/We confirm that premium is paid from bonafide sources of income.

Disclaimer : Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN : IRDAN144RP0001V01200910 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.

CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detail terms and conditions.

SI NO	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product	Motor Act Only- Private Car	
2	Unique Identification Number allotted by IRDAI	IRDAN144RP0002V02201819	
3	Structure	Limit of liability -Indemnity	2.Coverage, section 2a ,2b
4	Interests Insured	Interest insured is Third Party liability arising out of insured vehicle Compulsory Deductible applicable under this policy is - Rs 0	2. Coverage, section 2a
10	Special Conditions and Warranties (if any)	Not applicable	
13	Grievance Redressal and Policyholders Protection	<p>Stage 1: Bima Bharosa You can register your grievances with the regulator using the following link: https://bimabharosa.irdai.gov.in/Home/Home</p> <p>Stage 2: Head - Customer Care Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance. Email: head.customerCare@sbigeneral.in Phone: 1800 102 1111</p> <p>For Senior Citizens: Senior citizens can reach us through the following dedicated channels: Email: SeniorCitizenGrievances@sbigeneral.in Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p>Stage 3: Grievance Redressal Officer (GRO) In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk Email: gro@sbigeneral.in Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p>Stage 4: Escalation to Insurance Ombudsman If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman. Submit your Grievance online: https://www.cioins.co.in/Ombudsman</p>	9. Grievance Redressal Process
14	Obligations of prospective Policyholder / Customer	<p>The Policy shall be void and all premium paid hereon shall be forfeited to the Insurer, in the event of misrepresentation, misdescription or non disclosure of any material fact by the policyholder pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy by the Insured.</p> <p>Disclosure of other material information during the policy period:</p> <ol style="list-style-type: none"> 1. Change in insured name 2. Change in the vehicle details i.e make, model, cc, extra fitments, engine & chassis no, class of vehicle. In fact all (In fact, all relevant details are in the RC book/card and a copy of same may be handed over) Tax paid details; Certificate of fitness, license validity etc. 3. Previous policy details (ie. Disclosure of NCB, previous claim details) 	

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

Place:

Date:

(Signature of the Policyholder)

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>
In case of any conflict, the terms and conditions mentioned in the policy document shall prevail