

ehicle Insurance Covernote

redefining / general insurance

Please do not accept this cover note if issued after

Form "52" (India), Rule 142(I) of Motor Vehicle Rules, 1989

Rollover Own Renewal (BAGI Policy No.)

The Insured described in Form '52' referred to below, having proposed for insurance in respect of the Motor Vehicle(s) described therein and having paid the sum as stated below as premium, the risk is hereby held covered under the terms of the Company's usual form of Package /Liability Policy applicable thereto (subject to any Conditions mentioned below) unless the cover be terminated by payable for such insurance shall be charged for the time the company had been at risk.

U

Registered Office:

STOMER

E-mall: customer.service@bharti-axagi.co.in **Website**: www.bharti-axagi.co.in

Cover Note No.: 34920942

BHARTI AXA GENERAL INSURANCE COMPANY LIMITED First Floor, Ferns Icon, Survey No. 28, Doddanekundi, Bangalore - 560037, IRDA Reg. No. 139, Call: 080-49123900

Proposal Details: Proposal Cum Covernote For Private Car Two Wheeler Commercial Vehicle Type of Cover Package (Comprehensive) Policy Act only Policy Wehicle Or Vehicle Or Vehic
Type of Cover Package Comprehensive Policy Make and Model of Vehicle Manufacture Gapacity Goods Carrying Vehicles For Passenger Carrying Vehicles Please Tick the add on that you want to opt for: Depreciation Cover Hospital Cash Ambulance Charges Medical Expenses Hydrostatic Lock Consumables NCB Protector Load Transfer Voluntary Deductibles Others Insured Declared Value: For Electrical Vehicle (R) Accessories Date of Registration Vehicle Registration No. (If any) Financier Details: Hypothecation Agreement Hire Purchase Hire Purchase Communication Address: Hypothecation Address: Hypothecation Agreement Hire Purchase Hire Purchase Here Purchase Pincode Depoint Accessories Acc
Make and Model Manufacture Manufacture Manufacture Goods Carrying Vehicles For Passenger Carrying Capacity (Including Driver / Cleaner) Please Tick the add on that you want to opt for: Depreciation Cover Hospital Cash Ambulance Charges Medical Expenses Hydrostatic Lock Consumables NCB Protector Load Transfer Voluntary Deductibles Others Insured Declared Value: For Electrical Non Electrical Accessories None Electrical Accessories Side car (if any) Vehicle (t) Accessories None Hydrostation No. KA Q3 MV 4626 Chassis No. MA KG M 665 A P 4002867 Place of Registration No. (if any) Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr / Mrs / Ms / Ms): N Chanappa Communication Address: 810 Nage Goods Carrying Vehicles For Passenger Carrying Capacity (if not part of standard vehicle) For Passenger Carrying Capacity (including Driver / Cleaner) For Passenger Carrying Capacity (including Driver / Cleaner) Medical Expenses Hydrostatic Lock Consumables Others Others Consumables Others Colour of Vehicle Engline No. L 15 2 11814 753 Date of Registration Vehicle Type: Indigenous Imported Lease Agreement Name of Financier: Insured Name: (Mr / Mrs / Ms / Ms): N Chanappa Communication Address: 810 Nage Goods, No 504 4th C CYOAA 5th Agreement Manan Kaluana Naggary HR BR Layour City / District Range Ore State Karradraka Pincode 560043 Office
Make and Model of Vehicle Manufacture Manu
Please Tick the add on that you want to opt for: Depreciation Cover Hospital Cash Ambulance Charges Medical Expenses Hydrostatic Lock Consumables NCB Protector Load Transfer Voluntary Deductibles Others Insured Declared Value: For Electrical Accessories Side car (if any) (if not part of standard vehicle) Vehicle (R) Accessories Accessories Side car (if any) (if not part of standard vehicle) Vehicle Registration No. K-A Q3 MV 462.6 Chassis No. MA KG M 665-A F 4002864 Place of Registration Trailer Registration No. (If any) Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms/Ms): N Channapa Communication Address: 810 Nage Gowda, No 504 4th C CYOSA 5th Agriculture Registration Registrat
For Vehicle (?) Accessories Non Electrical Accessories Side car (if any) (if not part of standard vehicle) (
For Vehicle (?) Accessories Non Electrical Accessories Side car (if any) (if not part of standard vehicle) (if not part of vehicle Engine No. L15 Z 118 L J J J J J J J J J J J J J J J J J J
For Vehicle (?) Accessories Non Electrical Accessories Side car (if any) (if not part of standard vehicle) (
For Vehicle (?) Accessories Non Electrical Accessories Side car (if any) (if not part of standard vehicle) (
Vehicle Registration No. KAOS MV 4626 Chassis No. MAKG M 665AF4002867 Place of Registration Trailer Registration No. (If any) Place of Registration Vehicle Type: Indigenous Imported Plancier Details: Hypothecation Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms/): N Channappa Communication Address: 80 Nage Gowda, No 504 4th C CYOSA 5th Age Main Kalyang Nagor HRBR Layour- City/ District Bangalore State Karnalaka Pincode 560043 Contact Numbers Mother No. 379554039 Office
Vehicle Registration No. KAOS MV 4626 Chassis No. MAKG M 665AF4002867 Place of Registration Trailer Registration No. (If any) Place of Registration Vehicle Type: Indigenous Imported Plancier Details: Hypothecation Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms/): N Channappa Communication Address: 80 Nage Gowda, No 504 4th C CYOSA 5th Age Main Kalyang Nagor HRBR Layour- City/ District Bangalore State Karnalaka Pincode 560043 Contact Numbers Mother No. 379554039 Office
Vehicle Registration No. KAOS MV 4626 Chassis No. MAKG M 665AF4002867 Place of Registration Trailer Registration No. (If any) Place of Registration Vehicle Type: Indigenous Imported Plancier Details: Hypothecation Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms/): N Channappa Communication Address: 80 Nage Gowda, No 504 4th C CYOSA 5th Age Main Kalyang Nagor HRBR Layour- City/ District Bangalore State Karnalaka Pincode 560043 Contact Numbers Mother No. 379554039 Office
Colour of Vehicle Chassis No. MAKGM 665AF4002867 Place of Registration Trailer Registration No. (If any) Financier Details: Hypothecation Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms/): N Channappa Communication Address: 80 Nage Gowda, No 504 4th C Cyosa 5th Agreement Main kalyana Nagary HRBR Layow- City/ District Ranga ore state karnaraka Pincode 560043 Contact Numbers Mothers Mot
Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms): N Channappa Communication Address: 810 Mage Gowda, No 504 4th C CYOBA 5th Agreement Main kalyana Nagar HRBR Layour- City/ District Ranga ore state karnaraka Pincode 560043 Contact Numbers Motili No. 7795540439 Office
Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms): N Channappa Communication Address: 810 Mage Gouda, No 504 4th C CYOBA 5th Agreement Main kalyana Nagar HRBR Layour- City/ District Ranga ore state karnaraka Pincode 560043 Contact Numbers Mothers Mo
Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms): N Channappa Communication Address: 810 Mage Gouda, No 504 4th C CYOBA 5th Agreement Main kalyana Nagar HRBR Layour- City/ District Ranga ore state karnaraka Pincode 560043 Contact Numbers Mothers Mo
Financier Details: Hypothecation Agreement Hire Purchase Lease Agreement Name of Financier: Insured Name: (Mr/Mrs/Ms/Ms): N Channappa Communication Address: 810 Nage Gowda, No 504 4th C CYOSA 5th Agrain Kalyana Nager HRBR Layour City/ District Range Ore State Karnalaka Pincode 560043 Contact Numbers Motion No. 7795540439 Office
Communication Address: 810 Mage Gowda, No 504 4th C CYOBA 5th Age Main Kalyana Nagar HRBR Layour- City/District Bangalore state Karnal-aka Pincode 560043 Contact Numbers Mothers Mothers Mothers No. 7795540739 Office
Communication Address: 80 Nage gowda, No 504 4th C CYOBA 5th Age main kalyana Nager HRBR Layour- City/District Rangelore state karnabaka Pincode 560043 Contact Numbers Mother No. 7795540439 Office
Communication Address: 80 Nage gowda, No 504 4th C CYOBA 5th Age main kalyana Nager HRBR Layour- City/District Rangelore state karnabaka Pincode 560043 Contact Numbers Mother No. 7795540439 Office
main kalyana Naghly OHRBR Layour- City/District Bangalore state karnalraka Pincode 560043 Contact Numbers Mother No. 7795540739 Office
City/District Bangalore State Karnarakal Pincode 560043 Contact Numbers Motifi No. 7795540739 Office
Contact Numbers Motion No. 17955 40439 Office
Residence
Residence Email ID
Time of Issuance 1500 Date of Issuance 22 07 17
Period of insurance From Time: 0 6 0 1 Date: 22 0 7 1 To the mid Night of Date: 27 0 7 1 5
Personal Accident Cover for Owner Driver is compulsory in Liability only Cover. Please give details of nomination :
Name of Nominee Yrs Owner Driver's relationship with Nominee
Name of appointee (if nominee is a minor) Relationship to nominee
Note: • Personal Accident cover for Owner Driver is compulsory for Sum Insured of ₹ 1,00,000/- for Two wheelers and ₹ 2,00,000/- for Private Cars • Compulsory PA cover to 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 license
Customer details: Date of Birth Gender: Male Female Marital Status: Married Single
Occupation: Business-Core Business-Consit Self-Emp Salaried-Govt Salaried-Pvt Oth-Retd Oth-H'wife Others
Dualification: Upto 10+2 Grad P-Grad P-Grad (Prof) Family Size (Nos) Dependants (Nos)
Working Income (₹): Below 15,000 15,000 - 25,000 25,000 50,000 - 75,000 75,000 – 1Lakh ILakh and Above ₹
Other Policy Details: Motor (4W/2W) Health (Indv/Gp) PA Others Persons or classes of Person entitled to drive: Please refer overleaf Any Limitations as to use of Motor Vehicle: Please refer overleaf Validity of the covernote will be 60 days from the date of Issuance. NB: Please insist on the company official identification. In the event of dishonor of Cheque(s), insurance cover provided under this document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not
Premium Details: Premium Amount (Including Service tax) 29,986 Cash Cheque Demand Draft Credit Card
Credit Card No. : 7 108 5.52 45 22 44 Credit Card No.
Premium Details: Premium Amount (Including Service tax) 29,986 Cash Cheque Demand Draft Credit Card Cheque/DD No.: JOB 55245120-14 Credit Card No. Cheque/DD date: Bank Name Master Card Visa Card Bank Details of the Insured:
Bank Details of the insured:
Bank Name Account No IFSC Code 보통

I/We hereby certify that this covernote is issued in accordance with the Provisions of Chapter XI of the Motor vehicle Act, 1988.

For Bharti AXA General Insurance Co. Ltd. Authorised Signatory