


POS - Reliance Two Wheeler Package Policy - Schedule

Policy Number : 110522123120019953	Proposal/Covernote No: R110121106786
Insured's Name : M/SSURYAM INTERNATIONAL PVT LTD	Period of Insurance : From 20:46 Hrs on 11-Jan-2021 to 23:59 Hrs of 10-Jan-2022
Communication Address : PIRMUHANI KADAM KUAN,PATNA, BIHAR, INDIA,800001	Policy Servicing Branch : 4TH FLOOR, CHINTAMANI AVENUE, NEXT TO VIRVANI INDUSTRIAL ESTATE, W.EXP. HIGHWAY, GOREGAON EAST MUMBAI MAHARASHTRA 400063
Mobile No : 7701917514	Tax Invoice No. & Date : R110121106786 & 11/01/2021
Email-ID : mutualfund.sunil@gmail.com	GSTIN/UIN &Place of supply:
Insured's Blood Group :	

Insured Two Wheeler Details			
Registration No.	BR01BZ7800	Mfg. Month & Year	APR-2014
Make / Model	HERO MOTOCORP / SPLENDOR PRO / SPOKE SELF	CC/HP/Watt	97
Engine No. / Chassis No.	HA10ELEHC39890 / MBLHA10A3EHC15752	Seating Capacity Including Driver	2
Type of Body	NA	Total Premium ₹	1079.00
RTO Location	BIHAR - Patna	IDV ₹	23032.00
Hypothecation/Lease	NA		

Insured Declared Value (IDV)			
Vehicle IDV ₹	23032.00	Non Electrical Accessories ₹	0.00
Electrical / Electronic Accessories ₹	0.00	Total IDV ₹	23032.00

Premium Summary			
Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD	162.15	Basic Liability (TPPD 1)	752.00
Total Basic Own Damage Premium	162.15	Total Basic Liability Premium	752.00
TOTAL OWN DAMAGE PREMIUM	162.15	PA Benefits - Section III	
		TOTAL LIABILITY PREMIUM	752.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	914.00
		IGST (@18.00 %)	165.00
TOTAL PREMIUM PAYABLE (₹)		1079.00	

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 of 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/139/2020/2231 dated 19th Oct 2020** Not Applicable for the State of J&K

**11BRG387/Invictus Insurance
Broking Services Private Limited**
1800266010
policy@turtlrmint.com
BPWPK1723A
Intermediary Code/Name
Intermediary Contact No.
Intermediary E-mail ID
**POS UID Aadhaar No.
/ PAN No.**
Limitations as to use : 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

- 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.

"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. 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. 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 | 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

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 46 of the Central Goods and Services Tax Rules 2017.

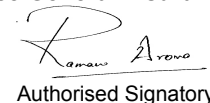
In the unfortunate event of a claim, please call quoting your Policy No. on 022 48903009 (Paid) and register your claim immediately within 7days from the date of loss.

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. & 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 110522123120019953
 Savion Reference No.

Date
 Inspection Lead No.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name	INVICTUS INSURANCE BROKING SERVICES PRIVATE	Code	11BRG387
Branch Name	Andheri	Code	1105
Sales Manager Name	Sameer Shaikh	Code	70706425

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. SURYAM INTERNATIONAL PVT LTD
- 2b. Address Address for Communication Address where vehicle is normally kept and Used
- | | | |
|--|---|-----------------------|
| Flat/Building/Door/Block No. | Pirmuhani Kadam Kuan , Patna | |
| Road /Street/Sector | | |
| Nearest Landmark | | |
| Area | | |
| City | | |
| Pin Code | 800001 | |
| State | BIHAR, | |
| Country | India | |
| Phone | 07701917514 | Mobile 7701917514 |
| Emergency Contact No. | | Blood Group |
| Email | mutualfund.sunil@gmail.com | Fax |
| 3. Period of Insurance | From 11/01/2021 | To 10/01/2022 |
| 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. | 375614994612 | 7. PAN No. BPWPK1723A |
| 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 | BR01BZ7800 | 11. Date of Registration | 28-Apr-2014 |
| 12. Registering Authority & Location | BIHAR - Patna | | |
| 13. Year & Month of Manufacture | APR-2014 | 14. Cubic Capacity | 97 |
| 15. Engine Number | HA10ELEHC39890 | | |
| 16. Chassis Number | MBLHA10A3EHC15752 | | |
| 17. Make of Vehicle | HERO MOTOCORP | | |
| 18. Type of Body/Model | NA / SPLENDOR PRO | 19. Seating Capacity including Driver | 2 |

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai-400 055.

Corporate Office: Reliance Centre, South Wing, 4th Floor, Off. Western Express Highway, Santacruz (East), Mumbai-400 055.

RGI/MCOM/CO/2312/PS/VER. 1.0/310118 **Corporate Identity Number** U66603MH2000PLC128300. **UIN:** IRDAN103P0011V02100001

Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License.

Details of the Vehicle Type and Use

20. a. 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
					23032.00

b. Do you have a valid PUC? ☒ Yes ☐ No

(Note- Warranted that the Assured named herein/owner of the vehicle insured holds a valid Pollution Under Control (PUC) Certificate on the date of commencement of the Policy and renews and maintains valid and effective PUC Certificate during the duration of the Policy period. If the PUC is not found valid on the date of loss, the company shall repudiate the OD claim made under the Policy)

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 28-Apr-2014

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 and 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

42. Address

43. Policy Number

Previous policy expiry

44. Type of Cover ☒ Package Policy

☐ Liability only

☐ others (to be describe)

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

0.00

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. I/we hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services.

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. INVICTUS INSURANCE BROKING SERVICES PRIVATE LIMITED

Place

Date

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

Signature of IRDAI Agent/ Broker