



BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune-411006.

IRDAI Registration No.113

Corporate Identity Number: U66010PN2000PLC015329

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Insured Name	RAVIN GUPTA	Policy Number	OG-22-1101-1871-00003044

Welcome to Bajaj Allianz Family

RAVIN GUPTA

WZ-476 NEAR SHIV MANDIR TIHAR, VILLAGE TILAK NAGAR , TILAK NAGAR WEST DELHI, WEST DELHI, DELHI-110018

Customer ID: 237585273

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims, Operations and Services processes and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at bajajallianz.co.in within fifteen days of receipt of this policy.

We assure you the best of our services and look forward to a continual patronage and association with you.

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory



Bajaj Allianz General Insurance Company Ltd.

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune-411006 **IRDAI Registration No. 113**

Corporate Identity Number: U66010PN2000PLC015329

Transcript of Proposal for Standalone Own Damage Cover for Two Wheeler

Dear RAVIN GUPTA,

We wish to inform you that the contract under policy number 'OG-22-1101-1871-00003044' has been finalized based on the proposal / 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 transcript along with Policy failing which it will be deemed that you have positively confirmed/ 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 : RAVIN GUPTA

2. Proposer Address : WZ-476 NEAR SHIV MANDIR TIHAR, VILLAGE TILAK NAGAR

, TILAK NAGAR WEST DELHI, WEST DELHI, DELHI-110018

3. Proposer Mobile Number : 8860934292

4. Proposer Residential Number : NA

5. Proposer e-mail id : MYONESTOPSOLUTION7@GMAIL.COM

6. Proposer Profession : NA

B.Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model	Vehicle Sub Type	Cubic Capa- city	Fuel Type	Year of Man- ufacture	Seating Capacity
DL10SX769	MAR/2019	YAMAHA	YZF R15 155	VERSION	155	Petrol	2019	2
2			CC	3.0				

Engine Number	Chassis Number	Vehicle IDV (in	Electrical	Non-Electrical	CNG/LPG Unit	Total IDV (in
		Rs.)	Accessories	Accessories	(Extra fitted)	Rs.)
			IDV (in Rs.)	IDV (in Rs.)	IDV (in Rs.)	
G3K5E0072561	ME1RG5251K00	119438	0	0	0	1,19,438.00
	09073					

C. Coverage opted

1.	Own Damage Standalone Cover	Period of Insurance	From: 16-DEC-2021 11:01 (Hrs) To: 15-DEC-2022 Midnight
		Period of Insurance	From: 31-MAR-2019 To: 30-MAR-2024
2.	Details of Active Third Party Liability Policy	Name of Insurance Company	ICICI Lombard General Insurance Company Limited.
		Policy Number	3005/ya/14118225/00/000

3. Is your vehicle fitted with external LPG/CNG kit : No. 4. Electrical Accessories cover Opted (If Applicable) : No. 5. Non - Electrical Accessories cover Opted (If Applicable): : No. : No. 6. Is Voluntary Excess opted Amount of voluntary excess opted : Rs.NA. 7. Is any additional compulsory deductible imposed and agreed upon \cdot No Amount of additional compulsory deductible imposed : NA. 8. Whether geographical area extension is opted : No. Details of Countries to which geographical area extension cover is given : NA.

9. Pre Existing damages in the vehicle

: Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per Inspection report reference number 2021-07633040 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.

10. Total Premium (excluding GST) for OD coverages, quoted and agreed upon is

11. Do you have valid PUC certificate of the vehicle : NA

12. NCB (No Claim Bonus) claimed by you and granted by us based on your : 0%.

declaration of no claim during your previous policy

13. Previous Own Damage Policy Detail

- (ii) Previous Policy No. 3005/ya/14118225/00/000, Previous Policy Expiry Date :30-MAR-2020
- 14. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No. Name of Pledgee: NA.
- 15. Whether PA cover is opted for owner-driver: No.
- 16. Add on Cover(s) opted: Yes

Plan Name:Drive Assure Basic Plan Description: depreciation shield,

Please call us on 1800 103 5858 for any emergency.

17. To support our Go Green initiative, send policy copy link on registered mobile number / email id: YES

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.

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

Contact our policy servicing branch at: 12th Floor, Dr. Gopaldass Bhawan,, 28, Barakhamba Road,, Connaught Place,, , New Delhi-110001 PH:011-69099200.

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

STANDALONE OWN DAMAGE COVER FOR TWO WHEELER

Certificate of Insurance

UIN: IRDAN113RP0002V01201920

			Barakham	r, Dr. Gopaldass Bhawan,, 28, ba Road,, Connaught Place,, , -110001 PH:011-69099200
Insured Name	RAVIN GUPTA	Policy Number		OG-22-1101-1871-00003044
		Certificate No.		NA

INSU	JRED DETAILS		POLICY DETAILS	
Insured Address	WZ-476 NEAR SHIV MANDIR	Policy Issued on	14-DEC-2021	
	TIHAR, VILLAGE TILAK NAGAR , TILAK NAGAR WEST DELHI, WEST DELHI,	NAGAR, TILAK NAGAR	For Own Damage Section	For Third Party Liability Section
	DELHI-110018		From : 16-DEC-2021 11:01 (Hrs) To : 15-DEC-2022 Midnight	From : 31-MAR-2019 To : 30-MAR-2024
		Third Party Liability	Name of Insurance Co	Policy Number
		Section	ICICI Lombard General Insurance Company Limited.	3005/ya/14118225/00/000
Customer ID	237585273	Policy Status	ISSUED	
GSTIN / UIN	NA	Cover Note Details	/	
Place of Supply/State Code/Name	07 - Delhi	Previous Policy No	3005/ya/14118225/00/000 Insurance Company Limite	

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
DL10SX7692	DELHI	G3K5E0072561	ME1RG5251K000907	YAMAHA - YZF R15 155 CC

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
VERSION 3.0	2019	0	155	2

Name of Registration Authority : DELHI

Name and Address of Insured : RAVIN GUPTA

: WZ-476 NEAR SHIV MANDIR TIHAR, VILLAGE TILAK NAGAR, TILAK NAGAR WEST DELHI, WEST DELHI, DELHI-110018

: India **Geographical Area Business or Profession** : NA

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, & Plan Name: Drive Assure Basic & Plan Description: depreciation shield,

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

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.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

Now carry your m-policy on your mobile. Click here to download. https://bagic.page.link/oDrirU

Authorized Signatory





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

STANDALONE OWN DAMAGE COVER FOR TWO WHEELER **POLICY SCHEDULE** IRDAN113RP0002V01201920

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc: 12th Floor, Dr. Gopaldass Bhawan, 28, Barakhamba Road,, Connaught Place,, , New Delhi-110001 PH:011-69099200

The coverage under this policy is only for Own Damage and no other liability in connect with the vehicle.

Policy will be void ab initio in case of misrepresentation/ fraud or non-existence of valid Third party liability policy for the full Policy period of this Standalone own damage cover-Two Wheeler policy

	INSURED DETAILS
Insured Name	RAVIN GUPTA
Insured Address	WZ-476 NEAR SHIV MANDIR TIHAR, VILLAGE TILAK NAGAR, TILAK NAGAR WEST DELHI, WEST DELHI, DELHI-110018
Geographical Area	India
Customer ID	237585273
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	07 - Delhi
Company GSTIN	07AABCB5730G1ZZ
Company PAN	AABCB5730G
Invoice No	320371625/1

	POLICY DETAILS				
Policy Number	OG-22-1101-187	71-00003044			
Policy Issued on	14-DEC-2021 11	1:01 AM			
Details of Own Damage Stan- dalone Cover	Policy Period	From :16-DEC-2021 11:01 (Hrs) To :15-DEC-2022 Midnight			
	Policy Period	From: 31-MAR-2019 To: 30-MAR-2024			
Details of Active Third Party Liab- ility Policy	Name of Insurance Co.	ICICI Lombard General Insurance Company Limited.			
	Policy Number 3005/ya/14118225/00				
Cover Note Details	/				
Previous Policy No	3005/ya/14118225/00/000 / ICICI Lombard General Insurance Company Limited.				

Registratio	on Number	Place of Registration	Engine Number	Chassis Number	Make & Mod- el	SubType
DL10S	X7692	DELHI	G3K5E0072561	ME1RG5251K000 9073	YAMAHA - YZF R15 155 CC	VERSION 3.0
NCB %	CC/KW	Seating Capacity	Year Of Manufactur- ing	Trailer Registra- tion Number	Hypothecation Details	
0	155	2	2019	-,-		
Vehicl	le IDV	Value For Trailers	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/ LPG kit	Total Value
119	438	0	0	0	0	1,19,438.00

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 $gichelp@\,bajajallianz.co.in\,\,or\,\,Visit\,\,our\,\,Website\,\,www.bajajallianz.com$





Own Damage Premium(Rs.)	
Own Damage Premium	3336
State GST (9%)	300
Central GST (9%)	300
Final Premium Rs.	3936

Final Premium(In Words): Rupees Three Thousand Nine Hundred Thirty Six Only

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

Broker Code	10078229	Contact No.	1800225858/1800225858			
Broker Name	S and R Ins. Brokers Pvt. Ltd.					
E-Mail ID.	bagichelp@bajajallianz.co.in					

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 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 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.				
No Claim Bonus					
Existing Damage Details	Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per Inspection report reference number 2021-07633040 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.				
Nominee Details	Name :NA - Relationship :NA				
Subject to Warranties/ IMT-Endorsements/ Add on Package	22, & Plan Name:Drive Assure Basic & Plan Description: depreciation shield,				
Additional Details	Coinsurance Details: Transaction Id: -				
Premium Details	Receipt No. 1101-01245673, Date 14-DEC-21 ** 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.0 Voluntary Excess: Rs00				

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.

Warranted that insured named herein or owner of the vehicle insured holds a valid Pollution Under Control (PUC) and / or Fitness Certificate on the date of commencement of the Policy. If the PUC and/or Fitness Certificate is not found to be valid on the date of commencement of the Policy, the Company reserves its right to consider the policy void ab initio.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.





^{**}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)









Authorized Signatory

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

Consolidated Stamp Duty of Rs.0.25/- paid towards Insurance Stamps vide Challan No. MH014271630202021M Defaced No. 0000144047202122 dated 12-APR-21 timing 13:29:05 of General Stamp Office, Mumbai, India.

Principal Location: Block No-4, 7th Floor, DLF Towers, 15, Shivaji Marg, -, New Delhi - 110015 PH:011-66278000 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

Bajaj Allianz General Insurance Company Ltd.

12th Floor, Dr. Gopaldass Bhawan, 28, Barakhamba Road, Connaught Place, New Delhi - 110001 Contact No: Contact No: 011-69099200; Fax No: 91-11-41490511

RECEIPT

Receipt Number 1101-01245673

Receipt Date 14/12/2021

Business Channel DM

Received with thanks from RAVIN GUPTA

(Customer ID: 237585273) a total sum of Rupees Three Thousand Nine Hundred Thirty Six Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Credit Card	91190356	14/12/2021	NA	NA	3,936

Total Amount

Rs. 3,936.00

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

^{*} Cheque/DD/PO receipt is valid subject to realisation of the instrument.



TWO WHEELER STANDALONE OD POLICY: ADD ON COVERS(Plan Name: Drive Assure Basic): POLICY WORDINGS

S3 - DEPRECIATION SHIELD

A. Endorsement Wordings

(UIN No. IRDAN113RP0002V01201920/A0019V01201920)

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle** .

In the event **You** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every Partial Loss claim.

The benefits under 'Depreciation Shield' would be available only if the **Insured Vehicle** is repaired at Our authorized workshops. In case **You** have opted to repair the **Insured Vehicle** at a non-authorized workshop, Our liability will be restricted to 90% of the assessed total claim amount under this cover.

B. Conditions

(1) Claims made by **You** against Us under 'Depreciation Shield' are subject to the terms and conditions set forth under the Motor Insurance Policy. (2) In case of transfer of ownership of the **Insured Vehicle**, the cover under 'Depreciation Shield' shall expire. (3) The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the Policy Period

C. Exclusions

In addition to the exclusions mentioned under Motor Insurance Policy, We will not be liable to indemnify You for the following events:

(1) Where the Own Damage Claim made by **You** against Us under the Motor Insurance Policy is not payable (2) Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by Us under Motor Insurance Policy. (3) Loss or damage to tyres and/or battery of the **Insured Vehicle**. (4) Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. (5) Where a loss is covered under Motor Insurance Policy or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You, Your, Yourself: The person or persons We insure as set out in the Schedule .(2) We, Our, Us: Bajaj Allianz General Insurance Company Limited. (3) Accident, Accidental: A sudden, unintended and fortuitous external and visible event.(4) Policy/Motor Insurance Policy: Two Wheeler Package Policy issued by Us to which this cover is extended (5) Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy and as shown on the Schedule .(6) Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule . (7) Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details and the insurance cover in force. (8) Own Damage Claim: The claims raised by You against Us for loss or damage to the Insured Vehicle due to the perils mentioned under Section 1 of Motor Insurance Policy. (9) Total Loss/ Constructive Total Loss: A loss under the Motor Insurance Policy where the aggregate cost of retrieval and/ or repair of the Insured Vehicle, subject to terms and conditions of the Policy, exceeds 75% of the IDV of the Insured Vehicle . (10) Partial Loss: Any loss falling into a category other than (A) the loss mentioned under Sr. No. 9 above and (B) theft of the Insured Vehicle