

RELIANCE MOTOR PERSONAL ACCIDENT POLICY - POLICY SCHEDULE

Important:

1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured

PROPOSER DETAILS

Policy Number	920292529601805860	Proposal No	PB84405CPA1134722
Proposer's Name (Registered Owner Of The Vehicle, Also Referred To As 'Insured')	RAVIVARMAN P	Period Of Insurance	From 00:00 Hrs On 16/08/2025 00:00 To 23:59 Hrs Of 15/08/2026 23:59
Communication Address	447 South West Street Eda - Melaiyur Mannargudi Tk Tiruvarur,Tamil Nadu-614013	Primary Contact No	9789031067
Secondary Contact No	9789031067	Email ID	ravivarman.b@gmail.com
Policy issuing branch	RELIANCE CENTRE, SOUTH WING, 4TH FLOOR, OFF.WESTERN EXPRESS HIGHWAY, SANTACRUZ (EAST), MUMBAI, MAHARASHTRA, 400031	Tax Invoice No. & Date	
GSTIN/UIN of Proposer		Gender	Female
Date of Birth	07/12/1983	Geographical Area	INDIA

INTERMEDIARY DETAILS

Intermediary Name & Code	21BRG642/Policybazaar Insurance Brokers Pvt.Ltd.
Intermediary Contact no	18002585970

POLICY DETAILS

Policy Start Date and Time	16/08/2025 00:00
Policy End Date and Time	15/08/2026 23:59
Sum Insured	1500000
Premium Payment Mode	Net Banking
Policy Ported	No

NOMINEE DETAILS

Nominee Name	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. RAJESWARI J
Relationship with Insured	Spouse
Noimnee age	37
Address of Nominee	447 South West Street Eda - Melaiyur Mannargudi Tk Tiruvarur,Tamil Nadu-614013

VEHICLES DETAILS

Details	Primary Vehicle
Vehicle Type	Private Car
Registration No	TN01AK7372
Date of registration	09/03/2010
Make of the Motor Vehicle	HYUNDAI
Model of the Motor Vehicle	i 10 1.1
Year & Month of Manufacture	2010 January
Type of Body	
Engine Number / EV Motor Number	G4HGAM968236
Chassis Number	MALAM51BLAM555917

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Cubic Capacity/ EV Battery Capacity in kWh	1086
Registration Authority & Location	TN01
Seating Capacity (including Driver)	5
Gross Vehicle Weight (in Kg)	NA
Fuel Type	Petrol

PREMIUM DETAILS

Base Premium including optional cover	300
Discount (if any)	0
Loading (if any)	0
Total Premium Excluding Taxes And Levies	300
SGST / UTGST (@ xx.xx%)	0
CGST (@ xx.xx%)	0
IGST (@ xx.xx%)	54
Total Premium Including Taxes And Levies	354

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/ENF-1/CSD/72/2025/(Validity Period Dt. 01/07/2025 to Dt. 01/12/2026)/2495 Date 24-06-2025" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir

COVERAGE SUMMARY

Nature of injury	Scale of compensation*
(i) Death	100%
(ii) Loss of two limbs or sight of two eyes or one limb and sight of one eye	100%
(iii) Loss of one limb or sight of one eye	50%
(iv) Permanent total disablement from injuries other than named above.	100%

*Scale of compensation as percentage of Sum Insured

CONDITIONS

Waiting Period

1. Nil

EXCLUSIONS

- i. Any person not specifically named as Insured in policy schedule.
- ii. Any Pre-Existing injury or physical condition
- iii. Any Injury or liability caused/ sustained or incurred outside the Geographical Area
- iv. Any claim arising out of any contractual liability.
- v. Any Injury and/or liability caused/ sustained or incurred whilst the motor vehicle herein is being used otherwise than in accordance with the Limitations as to Use

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- ## ENDORSEMENTS

[illegible]

Limitations as to use The Policy doesn't cover accident in connection with use of the Motor vehicle by Insured Person for any purpose as mentioned here: (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

CONTACT DETAILS FOR POLICY SERVICING CONTACT

Name - **Reliance General Insurance Company Limited**
Correspondence Address - **Reliance General Insurance.**
Winway Building 2nd and 3rdFloor,11/12 Block No - 4,
Old No - 67,South, Tukogani, Indore (M.P) - 452001.
Email ID- rgicl.services@relianceada.com
Contact No- 022-41112600
Website- www.reliancegeneral.co.in

CONTACT DETAILS FOR CLAIMS SERVICING

Name - **Reliance General Insurance Company Limited**
Correspondence Address - **Reliance General Insurance.**
No. 1-89/3/ B/40 to 42/Ks/301, 3rd Floor, Krishi Block
Krishi Sapphire, Madhapur, Hyderabad-500081.
Email ID- rgil.carehealth@relianceada.com
Contact No.- 022-41112600
Website- www.reliancegeneral.co.in

GRIEVANCE CLAUSE

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at (Paid) 022 - 4890 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

IRDAI / (IGMS/Call Centre):

Through IGMS, Insured can register the complaint online and track its status. For registration please visit IRDAI website www.irdai.gov.in.

Call on: (Paid) 022 4890 3009

Timings: 8 AM to 8 PM -- (Monday to Saturday)

OMBUDSMAN

In case you/insured person are not satisfied with our decision/resolution, you may approach the Insurance Ombudsman
GSTIN: XXXXXXXXXXXXXXXXXXXX, SAC: XXXXXXXXXXXXXXXXXXXX, Description of services:XXXXXXXXXXXXXXXXXXXX
This document shall be treated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

- In the event of non-realization of premium, this policy document automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not
- In witness whereof, this policy has been signed at xxx on xxx

In case you find any discrepancy in the policy, kindly contact us immediately

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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 this Policy. In witness whereof this Policy has been signed at Mumbai on policy start date in lieu of Proposal/Cover note No. as mentioned in the policy.
Please note that in the event of this information provided by the Proposer being found incorrect, the policy would become void and all the benefits under the policy shall stand forfeited.
- Subject otherwise to the terms and conditions of Policy Wording attached
- In case of any discrepancy, the Policyholder is requested to let us know immediately. You can write to us at rgicl.services@relianceada.com or call us at 022-41112600 for necessary changes/rectification.
- Attached with the Policy Schedule are the Policy Terms and Conditions, Endorsements and Annexure. Please ensure that the Policyholder, has received, read and understood all these documents. If the Policyholder has not received any of these, please email/write to the Company at rgicl.services@relianceada.com or contact us at 022-41112600 The Policy Schedule in original must be surrendered to the Company in case of cancellation/alteration of the Policy. In the event of any incorrect representation, the liability shall be upon the Policyholder.
- This Policy Schedule in original must be surrendered to the Company in case of cancellation of the Policy or for the issuance of a fresh Schedule in the case of any alteration in the Policy. In the event of any incorrect representation, the liability shall be upon the Policyholder.
- The Benefits which are mentioned in this Schedule shall only be available under the Policy
- 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.
- Safeguard your transaction by paying your premium via crossed cheque/DD in favor of Reliance General Insurance Co. Ltd.
- In the unfortunate event of a claim, please call quoting your Policy No. on 1800 3009 (toll free) and register your claim immediately within 7days from the date of loss. You can also reach us at rgicl.services@relianceada.com.

For Reliance General Insurance Company Limited



Authorised Signatory

Reliance Motor Personal Accident Policy. UIN No.: RELPAIP25002V012425

RELIANCE MOTOR PERSONAL ACCIDENT POLICY - PROPOSAL FORM

Application Number: PB84405CPA1134722
(To be filled in by the office)

Note:

- To be filled and signed by Proposer including all declarations.
- Please refer to the Policy wordings available on www.reliancegeneral.co.in for complete details of the coverage.
- Please complete all sections in capitals & tick boxes wherever applicable.
- Failure to disclose facts material to assessment of the risk or providing misleading information shall render the contract void.
- Reliance General Insurance Company Ltd. (the "Company") is under no obligation to accept any proposal for insurance. The liability of the Company does not commence until the proposal is accepted and underwritten by the Company and premium is received. If the Company accepts a proposal for insurance, it shall be subject to the Policy Terms and Conditions.

For Office Use Only			
Reference No		Inspection Lead No.	
Intermediary Details (Office Use Only)			
Intermediary Name	Policybazaar Insurance Brokers Pvt.Ltd.	Code	21BRG642
Branch Name	Corporate Office(Servicing)	Code	9202
Sales Manager Name	Web Sales	Code	D9202162
Proposer Details (To be filled in BLOCK letters)			
1. Proposer's Full Name (Registered Owner of the Vehicle who is proposed to be Insured):		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. RAVIVARMAN P	
2.Address for Communication			
Flat/Building/Door/Block No.	447 South West Street Eda - Melaiyur Mannargudi Tk	Road/Street/Sector	
Nearest Landmark		Area	
City:	Tiruvavur	Pin Code:	614013
State:	Tamil Nadu	Country:	INDIA
3. PAN Number	AIQPR1638B	4. UID Aadhaar No	
5. CKYC No.: (For Individual Customer)		6. ABHA Number or ABHA ID	
7. Contact Number - Primary	9789031067	Secondary	9789031067
8. Email Id:	ravivarman.b@gmail.com		
9. Date of Birth	07/12/1983	10. Gender:	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other
11. Occupation:	(Salaried / Self Employed / Profession)		
12. 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		
13. Monthly Income:	<input type="checkbox"/> Upto 20,000 <input type="checkbox"/> Profession <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		
14. Do you have a GST Registration Number:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If Yes please specify			



reliancegeneral.co.in



022 4890 3009 (paid)



74004 22200 (whatsapp)

IRDAI Registration No. 103. Reliance General Insurance Company Limited.

AN ISO 9001:2015 Certified Company

Registered and Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai- 400063. 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.

Reliance Motor Personal Accident Policy. UIN No: RELPAIP25002V012425

Policy Details (All details are mandatory)			
Preferred Policy Start Date		16/08/2025 00:00	
Sum Insured*		₹ 1500000	
Cover Details			
Death		100% of Sum Insured	
Loss of two limbs or sight of two eyes or one limb and sight of one eye		100% of Sum Insured	
Loss of one limb or sight of one eye		50% of Sum Insured	
Permanent total disablement from injuries other than named above		100% of Sum Insured	
Motor Vehicle Details 1			
Vehicle Type*	<input checked="" type="checkbox"/> Private Car <input type="checkbox"/> Two Wheeler <input type="checkbox"/> Passenger carrying Vehicle <input type="checkbox"/> Goods carrying Vehicle <input type="checkbox"/> Others _____		
Registration No.	TN01AK7372	Date of Registration	09/03/2010
Make of the Motor Vehicle	HYUNDAI	Model of the Motor Vehicle	i 10 1.1
Year & Month of Manufacture	2010 January	Type of Body	
Engine Number / EV Motor Number*	G4HGAM968236	Chassis Number*	MALAM51BLAM555917
Cubic Capacity/ EV Battery Capacity in kWh	1086	Registering Authority & Location:	TN01
Type of Vehicle	Private Car	Seating Capacity including Driver	5
Gross Vehicle Weight (in kg)		Fuel Type	<input checked="" type="checkbox"/> Petrol <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Hybrid (Petrol and Electric) <input type="checkbox"/> Others _____

Reliance Motor Personal Accident Policy. UIN No.: RELPAIP25002V012425

Nominee details			
Please give details of nomination			
Name of Nominee	Age of Nominee	Relationship with Insured	Address
RAJESWARI J	37	Spouse	
1. Are you applying for portability of the above policy?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If yes, please fill in the separate Portability Form).	
2. Any other material facts relevant for this insurance?			
Premium Payment Details			
1. Premium Payment by:	<input type="checkbox"/> Cheque* <input type="checkbox"/> DD* <input type="checkbox"/> Credit Card <input type="checkbox"/> Debit Card <input type="checkbox"/> NEFT <input checked="" type="checkbox"/> Net Banking		
2. Payment Frequency:	<input checked="" type="checkbox"/> Lumpsum <input type="checkbox"/> Half-yearly <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		
3. Cheque/DD Amount:			
4. Amount in words:	Three hundred and fifty four only		
5. Bank Name:			
6. Cheque/DD Number:			7. Cheque / DD Date: 13/08/2025
		Cash: _____ Credit Card: _____ Others: _____	
8. Name of the Premium payer:	RAVIVARMAN P		
* In case of payment made through cheque /DD /then please issue an A/c payee instrument in favour of "Reliance general Insurance Company limited"			
# In case of payment made through Credit / Debit Card the card needs to be in the name of the Insured			
<input type="checkbox"/> Activate Auto-debit for easy premium payment			
(Please fill the attached Mandate Form for Auto-pay (NACH / ECS / Direct Debit) form for renewal premium payment through standing instruction)			

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PEP Declaration:	
Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the position held	
Is any of your close relation or family member a PEP?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes, please mention the name and relation and the position held by such close relative/family member.	
I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.	
Note :	
"Politically Exposed Persons (PEPs)" shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."	
(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of stateowned corporations and important political party officials.	
AML Guidelines	
1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002. 2. I Understand that the Company has the right to call for document to established sources of funds 3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India	
Date: 13/08/2025 Place: Tiruvarur	Signature of Proposer
General Declaration:	
I understand that as per the new AML/CFT Guidelines issued, Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal. I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.	
Declaration by the Proposer	
i. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and / or particulars given by me are true and complete in all respects to the best of my knowledge and that I/ authorized to propose on behalf of these other persons. ii. I understand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. iii. I further declare that I will notify in writing any change occurring in the occupation or general health of the life to be insured / proposer after the proposal has been submitted but before communication of the risk acceptance by the company. iv. I declare and consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/ proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured / proposer and seeking information from any insurer to whom an application for insurance on the person to be insured / proposer has been made for the purpose of underwriting the proposal and / or claim settlement. v. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting and / or claims settlement and with any Governmental and / or Regulatory authority. vi. I declare that all persons proposed to be insured under this Policy are permanent residents of India. Nationality: If Nationality is NonIndian please specify the country_____	
Date: 13/08/2025 Place: Tiruvarur	Signature of Proposer

Reliance Motor Personal Accident Policy. UIN No: RELPAIP25002V012425

Other Declarations & Warranty on Behalf of all Persons Proposed to be Insured

- i. I consent to receive information from the Company through physical, electronic or telecommunication means from time to time
- ii. I hereby state that the above-mentioned address shall be taken as address on record for the purpose of GST
- iii. I hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I have fully understood the significance of the proposed contract.
- iv. I understand that the Policy shall become void at the Company's option, in the event of misrepresentation, mis-description or nondisclosure of any material fact in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by me or anyone acting on my behalf.
- v. I hereby declare that the person(s) proposed to be insured would submit to medical examinations, before the nominated doctors of the Company, or undergo diagnostic or other medical tests, as suggested by the Company for its underwriting.
- vi. I consent to provide a valid age proof and identity proof at the time of claims or any other time when required by the Company.
- vii. I agree and undertake to convey to the Company any change/alterations carried out in the risk proposed for insurance after submission of this Proposal form.
- viii. In case of auto-debit, I understand and agree that the renewal would be effective subject to receipt of applicable premium before the due date. The premium applicable would be as per age and premium rates on the due date of renewal
- ix. I hereby permit/authorise Reliance General Insurance Company Limited to collect, store, communicate and process information relating to the Policy(ies) and all transactions related therewith, including sharing and disclosing to public authorities, of any confidential information as required by law and to send me information in relation to the Policy and General Insurance products & services, irrespective of whether I am registered with the National Customer Preference Register (NCPR) [formerly the National Do Not Call Registry (NDNC)] or not.
- x. To protect the environment and save paper, I hereby give my consent to Reliance General Insurance Company Limited to send me the executed Policy copy and all related documents and other communications in electronic form by way of email to the aforesaid email id instead of physical form and also to share all such documents and any updates & alerts via Whatsapp on my registered mobile number with the Company
- xi. I hereby authorise Reliance General Insurance Company Limited to collect, store and share the information provided by me for the purposes as detailed under the Reliance General Insurance Company Limited Privacy Policy [Link to the policy] and the Terms of Use [Link to terms of use] which I acknowledge to have been read and understood by me and shall be bound by the same, subject to the understanding that use and transmission of such personal information shall be done in a secure and confidential manner and that I shall have the right to withdraw such consent at any given time by intimating as such to Reliance General Insurance Company Limited.
- xii. I/we are not Politically Exposed Persons * nor are their close relatives. I / we shall keep the company informed if we subsequently become a Politically Exposed Person. "Politically Exposed Persons" shall have the meaning assigned to it under sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI), as amended from time to time.

Date: 13/08/2025

Place: Tiruvarur

Signature of Proposer

Reliance Motor Personal Accident Policy. UIN No: RELPAIP25002V012425

Vernacular Declaration for Intermediary and Proposer

The contents of this Proposal form have been read over and fully explained to me in_____language. I further confirm and declare that the contents read over and explained to me have been understood by me.

Date: 13/08/2025
Place: Tiruvarur

Signature/Thumb impression of (Proposer)

Explained By Intermediary (Name):

Date: 13/08/2025
Place: Tiruvarur



Signature of Intermediary

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 or 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, except such 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 punishable with fine which may extend to Rs. 10 Lacs

INSURANCE IS SUBJECT MATTER OF SOLICITATION

Reliance Motor Personal Accident Policy. UIN No: RELPAIP25002V012425