



Dear RASHIKA .,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made the right choice by choosing us and we will stand by you in your hour of need.

To provide you with the best customer experience, here are a few important things for you to note:

Policy Details		
Policy Number	OG-19-1701-1801-00017184	
Policy Type	Motor Private Car	
Name of Insured	RASHIKA .	
Address	#414, Srimitra Spring Valley Kaiknodrahalli	
	Lake Trail, Sarjapur Road Bengaluru Karnataka	
	Namatana	



Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications - let us know within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

With Warm Regards,

Sourabh Chatterjee

Sourabh Chatterjee President-Direct Sales and Marketing, Head-Web Sales

Stay Connected





















Golden Heights,4th Floor, No.1 / 2, 59th C Cross, 4th M Block,Rajajinagar BANGALORE 560010 080-67195000 67195001/67195002

Receipt

Receipt Number: 1701-01689979

Receipt Date: 25-JUN-18

Business Channel: DM

Received with Thanks from: RASHIKA.

(Customer ID: 68571684) a total sum of rupees only.

Instrument Type	Instrument Date	Amount
CREDIT CARD	25-JUN-18	7856
Total Amount Received for this Policy		7856

Receiving the Premium amount and issuance of this receipt does not automatically amount to underwriting risk by Bajaj Allianz General Insurance Company Ltd. Our assuming risk arises only after Proposer completing all required formalities for our taking underwriting call, upon which our Company specifically takes underwriting call to assume risk and accordingly informs the Proposer by way of issuing Policy Schedule or Cover Note, but not before. Our standard terms and conditions shall apply upon our assuming risk.

Please note: This is an electronically generated receipt and does not require signature.

Regd Office: GE Plaza, Airport Road, Yerwada, Pune - 411 006



Certificate Cum Policy Schedule

Policy Details			
Policy Issuing Office:	Golden Heights,4th Floor,, No.1 / 2, 59th C Cross,, 4th M Block,Rajajinagar, BANGALORE-560010 Ph:080-67195000		
Cover Note No.:	Policy Issued On: 25-Jun-2018 15:27:36		25-Jun-2018 15:27:36
Policy Number:	OG-19-1701-1801-00017184	Product:	Private Car - Package Policy
Period of Insurance:	From: 28-Jun-2018, 00:00 To: 27-Jun-2019 Midnight		
Insured Name:	RASHIKA.	Zone:	Α
Insured Address:	#414, Srimitra Spring Valley, Kaiknodrahalli Lake Trail, Sarjapur Road, Sarjapur Road, Bengaluru-560035		
Policy Holder ID:	· · · · · · · · · · · · · · · · · · ·		55555559 - BAJAJ ALLIANZ FINAN- CIAL DISTRIBUTORS LTD
Hypothecation:	KOTAK MAHINDRA	Sub Imd Code:	BG17590
GSTIN / UIN	NA		
State Code / Name	29 - Karnataka		

Vehicle Details				
Registartion No.	Make	Model	Sub Type	Year Of Mfg.
KA01MK3017	RENAULT	DUSTER	RXE DIESEL ADVENTURE 85 PS	2013
Seat Cap.	CC	CNG/LPG Unit	Elec.Acc	Non- Elec. Acc.
5	1461	0	0	0
Vehicle IDV	Chassis No.	Engine No.	Total Insured De	clared Value
524880	MEEHSRAW5D6025216	K9K8796E026357	52488	30

Schedule Of Premium	
A. Own Damage	
Total Own Damage Premium:	3645
B. Liability	
Basic Third Party Liability	2863
PA Cover for Owner-Driver of Rs.200000	100
PA Cover For 0 Paid Driver(s) of Rs. 0 each	0
LL To Person For Operation/Maintenance for 1 Person	50
Bonus/ Malus	0
Total Liability Premium:	3013
C. Special Discount	
D. Net Premium (A+B)	6658
E. Service Tax Details	
State GST (9%)	599
Central GST (9%)	599
Final Premium Rs.(D+E)	7856
***All Premium Figures are in Rupees	
No Claim Bonus:	-50%

I/We declare that I have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim as arisen in the existing policy period (copy of the policy enclosed). I further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section 1 of the policy will stand forfeited. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.

Geographical Area	India	Additional Excess	Rs. 1000
Compulsary Deductible	Rs. 1000	Voluntary Excess	Nil
Previous Policy Expired On:	27-JUN-18	Previous Policy Number	OG- 18-1701-1801-00016442

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 Extn., Imported Vehicle etc wherever applicable).

Limits Of Liability:

Under section II-I(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under section II-I(ii) of the policy -> Damage to Third Party Property : Rs. 750000

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 licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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.

Subject to IMT Endorsement Nos: 22,7,28, Policy wordings attached herewith

PRIVATE CAR PACKAGE POLICY: ADD ON COVERS

Plan Name: 24x7 Spot Assistance

Plan Description: 24x7 spot assistance, ,accidental medical expenses cover with sum insured Rs: 100000

Transaction Details - Corporate Name - BAGIC

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

Premium Collection Details: - [Receipt No/Collection No/Amount] 1701-01689979,/89780553,/ Rs.7856,

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V.Act, 1988.

***** In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858, 1800-209-5959 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'customercare@bajajallianz.co.in' *****

Damage Details:-

Kindly contact our nearest / local offices for No Claim Bonus Confirmations.

null

For & Behalf of Bajaj Allianz General Insurance Company Ltd.





Authorized Signatory

 ${\it Bajaj Finserv, 1st\ Floor\ ,\ Survey\ \#\ 208/1-B,\ Behind\ Weikfield\ IT-Park,\ Viman\ Nagar,\ Pune-411014}$

BAGIC GST No: 29AABCB5730G1ZT | Principal Location: Golden Heights, 4th Floor, No.1 / 2, 59th C Cross, 4th M Block, Rajajinagar, BANGALORE - 560010 PH:080-67195000 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services. | Invoice No.: 67441646/7

S1 - 24x7 SPOT ASSISTANCE

UIN: BAL-MO-A0--34-V01-15-16

A. Endorsement Wordings

In consideration of the payment of additional premium, it is hereby agreed and declared that **You** shall be entitled to one or more of the below mentioned benefits depending on the plan opted by **You** and as shown on the **PolicySchedule**:

(A) Flat Battery: In the event of the Insured Vehicle being immobilized due to a flat battery, We will make alternative arrangements to make the Insured Vehicle mobile again provided the eventhas occurred within a radius of 100 kilometers from the center of the cities as listed in the attached annexureand the Insured Vehicle has not reached a workshop/repairer. (B) Spare Keys: : In the event of You losing the keys of the Insured Vehicle, We will arrange for the pickup and delivery of spare keys to the spot where the Insured Vehicle is located provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the Insured Vehicle has not reached a workshop/repairer. (C) Flat Tyre: : In the event of the Insured Vehicle being immobilized due to flat tyre, We would assist You by: i. arranging for the assistance of a vehicle technician to replace the flat tyre with the spare stepney tyreof the vehicle at the location of immobilization . ii. In case the spare tyre is not available in the insured vehicle, the flat tyre will be taken to the nearest flat tyre shop for repairs and re-attachment to the vehicle. Any expenses on material, if required while carrying out the repairs, would be borne by You. Provided always that the immobilizationhas occurred within a radius of 100 kilometres fromthe centre of the cities as listed in the attached annexureand the Insured Vehicle has not reached a workshop/ repairer. (D) Minor Repairs: In the event of the Insured Vehicle being immobilized due to mechanical and/or electrical breakdown, We will arrange for minor mechanical and/or electrical repairs to make the Insured Vehicle mobile again provided the breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexureand the Insured Vehicle has not reached a workshop/repairer. (E) Urgent Mes sage Relays: In the event of the Insured Vehicle getting immobilized as a result of Accident and/or breakdown, Wewill send urgent message on Your request to the specified persons through available means of communication. (F) Breakdown support over phone: In the event of minor mechanical errors/faults/non-functioning of the Insured#s vehicle or any part thereof, the Company would provide the Insured with telephonic assistance to come up with solutions for such minor mechanical errors/ faults/non-functioning of the Insured#s vehicle. (G) Fuel Assistance: In the event of the Insured Ve hicle being immobilized due to an empty fuel tank and/or contaminated fuel, Weshall arrange for supply of one liter of fuel on chargeable basis at the location of the immobilization and / or towing of the insured vehicle to our nearest preferred workshop, provided the event has occurred within 100 kilometersfrom the center of the cities as listed in the attached annexure and the Insured Vehicle has not reached a workshop/repairer. (H) Towing Facility: In the event of the Insured Vehicle getting immobilized as a result of Accident and/or breakdown, We shall arrange for towing away of the Insured Vehicle from the spot of immobilization to our nearest preferred workshop/ repairer provided the accident/ breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the Insured Vehicle has not reached a workshop/repairer. (I) Taxi Benefits: In the event of the Insured Vehiclemeeting with an accident /breakdown, We will arrange for a free travel of the occupants of the Insured Vehicle to a single destination within a vicinity of 40 kilometers from the spot of immobilization through a taxi or any other transportation service provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the Insured Vehicle has to be towed away to a workshop/ repairer. The expenses for travel beyond 40 kilometers shall be borne by you. In the unlikely event of We being unable to arrange for this service, We may request You to arrange for a taxi to transfer the occupants of the Insured Vehicle on Your own and submit the bills for a pre-communicated amount agreed by us and to be reimbursed by Us. (J) Accommodation Benefits: In the event of the Insured Vehicle meeting with an accident /breakdown, We will provide the occupants of the Insured Vehicle with a hotel accommodation for one day provided the event has occurred beyond 100 kilometers from the center point of the city of your residence but within 100 kilometersfrom the center of the cities as listed in the attached annexure and the time to repair the Insured Vehicle will exceed 12 hours from the time of reporting the incident. In the unlikely event of We being unable to arrange for this service, We may request You to arrange for a hotel accommodation for the occupants of the Insured Vehicle on Your own and submit the bills for a pre-communicated amount agreed by us andto be reimbursed by Us.

(K) Legal Advice:In the event of the Insured Vehicle meeting with an Accident, You shall be entitled fora free legal advice from a legal advisor over the phone for a maximum duration of 30 minutes. Subsequent to the expiry of the specified period of 30 minutesper year of the policy, Youmay continue with the same legal advisor on direct payment basis.

B. Conditions

(1) . In case of transfer of ownership of the Insured Vehicle , the cover under '24x7 Spot Assistance' shall expire. (2) The benefits under '24x7 Spot Assistance' can be utilized for a maximum of 4 times during the Policy Period except for 'Fuel Assistance', 'Taxi Benefits', 'Accommodation Benefits' and 'Legal Advice' for which the aggregate utilization limit is 2 times during the Policy Period

C. Exclusions

We will not be liable to indemnify Youfor the following events: (1) Where the Insured Vehicle can be safely transferred on its own power to nearest dealer/workshop. (2) Any Accident, loss, damage and/or liability caused, sustained or incurred whilst the Insured Vehicle is being used otherwise than in accordance with the limitations as to use. (3) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (4) Any Accident, loss, damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to/by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences. (5) Any loss or damage caused due to riots, strikes and Act of God perils like flood, earthquake etc. (6) Claims pertaining to theft losses. (7) Any consequential loss arising out of claims lodged under '24x7 Spot Assistance' .(8) 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.(9) Replacement cost of battery and/or any associated repair cost. (10) Cost of supply of parts or replacements elements or consumables. (11)Repair cost of tyre and/or parts or replacement cost of any part of consumable at a third party workshop/repairer. (12)Any taxes, levy and expenses incurred in excess of the limit described under the plan opted by You . (13)Loss of valuables and personal belongings kept in the Insured Vehicle . (14) Any loss or damage to the Insured Vehicle arising out of participation in a motor racing competition or trial runs. (15)Where it is proved that You have abused the benefits under '24x7 Spot Assistance'. (16)Any loss or damage caused due to pre- existing damages. (17) Any loss or damage arising out of intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies. (18) Any loss or damage resulting from the use of Insured Vehicle against the recommendations of the owners manual and/or manufacturer's manual. (19) Any loss resulting from Your deliberate or intentional and/or unlawful or criminal act (20)Benefits under 'Taxi Benefits' and 'Accommodation Benefits' for occupants in excess of the seating capacity as per the registration certificate of the Insured Vehicle . (21)Additional cost incurred in towing the Insured Vehicle to a dealer/workshop as specified by You instead to Our specified nearest authorized workshop. (22) Services organized without Our prior consent for the various assistance services. (23) If You or Your personal representative is already at a garage for delivery of the Insured Vehicle or at the place of recovery in case of theft (24)Mechanical and/or electrical breakdowns that require replacement of spare parts and/or specialized tools/equipments that are usually available only in automotive workshops

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 and/or the Service Provider with whom Bajaj Allianz General Insurance Company Limited has entered into a contract to provide the benefits under this cover to You . (3) Accident, Accidental: A sudden, unintended and fortuitous external and visible event. (4) Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended. (5) Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy. (6) Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details and the type of insurance cover in force

E. CANCELLATION

Cancellation conditions of the add-on cover will be identical to the base policy to which the add-on cover is attached.

Annexure List of Cities

State	City	
Andhra Pradesh	Hyderabad, Vizag	
Bihar	Patna	
Chattisgarh	Bilaspur, Raipur	
Delhi	Delhi	
Goa	Goa	
Gujrat	Ahmedabad, Baroda, Gandhidham, Mehsana, Rajkot, Surat, Vapi	
Haryana	Ambala, Faridabad, Gurgaon, Hissar, Karnal	

Himachal Pradesh	Mandi, Shimla	
Jammu Kashmir	Jammu	
Jharkhand	Jamshedpur, Ranchi	
Karnataka	Bangalore, Belgaum, Bellary, Hubli, Mangalore, Mysore	
Kerala	Calicut, Kochi, Thrissur, Trivandrum	
Madhya Pradesh	Bhopal, Gwalior, Indore, Jabalpur	
Maharastra	Aurangabad, Jalgaon, Kolhapur, Mumbai, Nagpur, Nasik, Pune, Solapur	
Orissa	Bhubaneshwar	
Pondicherry	Pondicherry	
Punjab	Amritsar, Bhatinda, Chandigarh, Jalandhar, Ludhiana, Patiala	
Rajasthan	Ajmer, Jaipur, Jodhpur, Udaipur	
Tamil Nadu	Chennai, Coimbatore, Trichy	
Uttar Pradesh	Agra, Allahabad, Bareilly, Ghaziabad, Gorakhpur, Kanpur, Lucknow, Meerut, Noida, Varanasian Control of Contr	
Uttarakhand	Dehradun,Haldwani,Rudrapur	
West Bengal	Asansol,Durgapur,Kolkata,Siliguri	

S15: ACCIDENTAL MEDICAL EXPENSES COVER

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that if You/Your family members (named in the Schedule) are Hospitalized on advice of a Doctor because of an Accidental Bodily Injury sustained during the Policy Period while travelling in the Insured Vehicle, then We will reimburse You, the reasonable and customary medical expenses incurred up to a maximum Sum Insured as shown in the Schedule for this Cover aggregate in any one Policy Period. The medical expenses reimbursable would include: i) the reasonable charges that You/Your family members (named in the Schedule) necessarily incur on the advice of a Doctor for In-patient Care in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables. ii) Ambulance charges for carrying You/Your family members (named in the Schedule) from the site of accident to the nearest hospital, subject to a limit of Rs. 1000 per claim.

R Conditions

(1) Claims made by You against Us under #Accidental Medical Expenses Cover# are subject to the conditions set forth under the Motor Insurance Policy (2)In case of transfer of ownership of the Insured Vehicle, the cover under #Accidental Medical Expenses Cover# shall expire

C. Exclusions

In addition to the exclusions mentioned under under under 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. Accidental Bodily Injury that You/Your family members (named in the Schedule) meet with: a) Through suicide, attempted suicide or self inflicted injury or illness b) While under the influence of liquor or drugs c) Arising or resulting from You/Your family members (named in the Schedule) committing any breach of law with criminal intent d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs f) As a result of any curative treatments or interventions that You/Your family members (named in the Schedule) carry out or have carried out on your body g) Arising out of participation in any naval, military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic 3. Consequential losses of any kind, be they by way of loss of poportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever 4. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition 5. Venereal or asxually transmitted diseases 6. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused 7. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these 8. War (whether ment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority 9. Nuclear ener

D. Claims Process

1) Making a Claim If You/Your family members (named in the Schedule) meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to Our liability:
a) You or someone claiming on behalf must inform Us in writing immediately and in any event within 30 days b) You must immediately consult a Doctor and follow the advice and treatment that he recommends c) You must take reasonable steps to lessen the consequence of Bodily injury d) You must have Yourself examined by Our medical advisors if We ask for this e) You or some one claiming on behalf must promptly give Us documentation and other information We ask for to verify the claim or Our obligation to make payment for it f) In the event of Your/Your family members (named in the Schedule) death, someone claiming on deceased#s behalf must inform Us in writing immediately and send Us a copy of the postmortem report within 30 days Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Your family members (named in the Schedule) were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit. 2) Claim Settlement a) You agree that We need only make payment when You or someone claiming on behalf has provided a claim to Our satisfaction b) We will make payment to You or to Your Assignee. If there is no Assignee, We will pay to Your legal heir, executor or validly appointed legal representative as per succession certificate and any payment We make in this way will be a complete and final discharge of Our liability to make payment

E. 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, Accident, Accidental: A sudden, unintended and fortuitous external and visible event 2. Assignee: The person named in the proposal or Schedule to whom the benefits under the cover are assigned by You/Your family members (named in the Schedule) 3. Bodily Injury: Physical bodily harm or injury but not any mental sickness, disease or illness 4. Doctor: A person who holds a recognized qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license. 5. Hospital: means any institution in India established for the indoor care and treatment of disease and injury, which: a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a registered medical practitioner OR b) Complies with minimum criteria of: i) At least 15 inpatient beds (10 in Class C towns) ii) Fully equipped OT of its own where surgical operations are carried out iii) Fully qualified nursing staff under employment round the clock iv) Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place 6. Hospitalized/Hospitalization: Your/Your family members (named in the Schedule) required stay of as an in-patient in a Hospital within India for medically necessary treatment following and due to an insured event 7. In-patient Care: The treatment for which You/Your family members (named in the Schedule) have to stay in a Hospital for more than 24 hours for a covered event 8. Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy 9. 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 10. Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended 11. Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule 12. Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details, the type of insurance cover in force and the Sum Insured 13. Sum Insured: The amount stated in the Schedule, which is the maximum amount We will pay for claims made by You irrespective of the number of claims You make in respect of Yourself/Your family members (named in the Schedule) 14. You, Your, Yourself: The person or persons We insure as set out in the Schedule 15. We, Our, Us: Bajaj Allianz General Insurance Company Limited