

Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Two-Wheeler Package Policy

Dear VANDRASI SURESH KUMAR.

We wish to inform you that the contract under policy number 'OG-25-9906-1802-00443825' has been finalized based on the 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, failing which it will be deemed that you 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 : VANDRASI SURESH KUMAR

2. Proposer Address : 2-125B MAIN STREET GUMMA VILLA, GE KURUPAM PARVATHIPURAM

MANYAM

, , VIZIANAGARAM, ANDHRA PRADESH-535523

3. Proposer Mobile Number : 77997736564. Proposer Residential Number : 7799773656

5. Proposer e-mail id : softpro.ppm@gmail.com

6. Proposer Profession : NA

B.Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model		Cubic Capa- city/Kilowatt		Year of Man- ufacture	Seating Ca- pacity
AP31CH976	NOV/2013	HERO MO-	SPLENDOR	XTEC I3S	97	Petrol	2013	2
5		TOCORP	PLUS	DRUM				
				SELF				
				START				
				CAST				
				WHEEL				

Engine Number	Chassis Number	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total IDV (in Rs.)
HA10EJDHK512 54	MBLHA10ALD HK68334	23,115.00	0	0	0	23,115.00

C. Coverage opted

1. Period of Insurance : From 10-JAN-2025 00:00(Hrs)

To 09-JAN-2026 Midnight

2. Is your vehicle fitted with external LPG/CNG kit : No. 3. Electrical Accessories cover Opted (If Applicable) : No.

4. Non - Electrical Accessories cover Opted (If Applicable): : No. : No.

5. Is Voluntary Excess opted Amount of voluntary excess opted : Rs.NA.

6. Whether PA cover is opted for owner-driver

:Already having Personal Accident (PA) Cover of Rs. 15 Lac PA cover is exempted for owner-driver with Reason

7. compulsory deductible : Rs.100.00

8. Is any additional compulsory deductible imposed and agreed upon : Yes. Amount of additional compulsory deductible imposed : Rs. : No. 9. Whether geographical area extension is opted Details of Countries to which geographical area extension cover is given : NA.

10. Is LL to person for Paid driver/Operation/Maintenance opted : No. 11. Whether PA cover is opted for paid driver other than owner driver : No. Sum Insured for Paid Driver : Rs.NA.

13. Is TPPD restricted to statutory limit of Rs.6,000? : No. 14. Pre Existing damages in the vehicle : NA.

15. 1 Premium for Liability coverage, quoted and agreed upon is

16. 1 Premium for OD coverage, quoted and agreed upon is

17. Do you have valid PUC certificate of the vehicle : NA 18. Do you have valid Fitness certificate of the vehicle : NA

19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is

- 20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous previous policy: 0 %.
- 21. About the last insurance company
- (i) Insurance Provider: .
- (ii) Previous Policy No: NA, Previous Policy Expiry Date: 30-SEP-24
- 22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No. Name of Pledgee: NA.
- 23. Add on Cover(s) optedm3: No.Plan name:NA
- 24. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

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.

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

Contact our policy servicing branch at: Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar,

Pune-411014 PH:1800-209-0144.

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

Certificate of Insurance (TWO-WHEELER PACKAGE POLICY)

UIN: IRDAN113RP0026V01200102

<u>Policy Number:</u> OG-25-9906-1802-00443825 <u>Customer ID:</u> 457163855

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model	
AP31CH9765	AP31-VISAKHAPATN	HA10EJDHK51254	MBLHA10ALDHK68	HERO MOTOCORP -	
	AM		334	SPLENDOR PLUS	

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
XTEC I3S DRUM SELF START CAST	2013	0	97	2
WHEEL				

Name of Registration Authority : AP31-VISAKHAPATNAM

Name and Address of Insured : VANDRASI SURESH KUMAR

: 2-125B MAIN STREET GUMMA VILLA, GE KURUPAM PARVATHIPURAM MANYAM, VIZIANAGARAM, ANDHRA PRADESH-535523

Geographical Area : .00 **Business or Profession** : NA

Effective date of commencement of Insurance for the purpose of act:

Policy Inception Date: From 00:00 O' Clock on 10-JAN-2025

Policy Expiry Date: Midnight on 09-JAN-2026

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

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Beneficier Details:

Beneficier1	Beneficier2	Beneficier3	Beneficier4	Beneficier5

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.

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:

Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune-411014 PH:1800-209-0144

Date of issue :08-JAN-2025

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

For help and more information

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

Authorized Signatory





BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006(India))

TWO-WHEELER PACKAGE POLICY SCHEDULE UIN: IRDAN113RP0026V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc: Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune-411014 PH:1800-209-0144

	INSURED DETAILS
Insured Name	VANDRASI SURESH KUMAR
Insured Address	2-125B MAIN STREET GUMMA VILLA, GE KURUPAM PARVATH- IPURAM MANYAM , , VIZ- IANAGARAM, ANDHRA PRADESH- 535523
Geographical Area	India
Customer ID	457163855
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	37 - Andhra Pradesh

PC	OLICY DETAILS
Policy Number	OG-25-9906-1802-00443825
Policy Issued on	08-JAN-2025 10:01 AM
	From: 10-JAN-2025 00:00 (Hrs)
Policy Period	To: 09-JAN-2026 Midnight
Cover Note Details	/
Previous Policy No	0
Invoice No	444085901/1
Company GST No	27AABCB5730G1ZX
Company PAN	AABCB5730G

Registration Number		Place of Registration	En	Engine Number		r Chassis Number		Make & Mod- el		ıbType
AP31CH9765		AP31-VISAKHAPATN AM	HA10EJDHK51254		MBLHA10ALDH K68334				TEC I3S UM SELF RT CAST /HEEL	
NCB %	CC/KW	Seating Capacity	Yea	ar Of Man	ufactu	ıfacturing Hy		pothecation Details		
0	97	2		2013	013					
Vehicl	Vehicle IDV Value For Side Car			Non electrical accessories			trical/Elec- accessories	Value of CNG/ LPG kit	Tot	al Value
23,11	5.00	0		0		0		0	23	,115.00
	Own 1	Damage Premium(Rs.)					Liability I	Premium(Rs.)		
Own Dama	ge Premium			246.00	Basic	sic Third Party Liability				714.00
Special Discount				0.00	Total .	Total Act Premium - B 71				714.00
Total OD Premium - A				246.00						
Total Premium (Net Premium) (A+B)			960.00							
Integrated GST (18%)			173.00							
	` •	One Thousand One Hur	dred	1,133.00						
Thirty Three	Only)									

^{**}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)

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 I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Broker Code 43080002 Contact No.	18002585881/18002585970
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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 $gichelp@\,bajajallianz.co.in\,\,or\,\,Visit\,\,our\,\,Website\,\,www.bajajallianz.com$





Broker Name	POLICYBAZAAR INSURANCE BROKERS PRIVATE LIMTED
E-Mail ID.	care@policybazaar.com

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 li-							
Driver	cense 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.							
Limits of Liability	Under section II-I(i) of the policy -> Death of or bodily injury: Such amount is necessary to meet							
	there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Dam-							
	age to Third Party Property: Rs. 1,00,000.00							
No Claim Bonus	The insured is entitled for a No Claim Bonus (NCB) on the Own Damage section of the policy, if							
	no claim is made or pending during the preceding year (s), as per the following: 1. The preceding							
	year: 20%, 2. Preceding Two consecutive years: 25%, 3. Preceding Three consecutive years:							
	35%, 4. Preceding Four consecutive years: 45%, 5. Preceding Five consecutive years: 50% No							
	Claim Bonus will only be allowed provided the policy is renewed within 90 days of the expiry							
	date of the previous policy.							
Existing Damage Details	NA							
Nominee Details	Name :Sankar Rao - Relationship :Father							
	•							
Subject to Warranties/	22							
IMT-Endorsements/								
Add on Package								
Additional Details	Coinsurance Details: Transaction Id: -							
Premium Details	Receipt No. 9906-10966492, Date 08-JAN-25 ** 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. Voluntary Excess: Rs00							
	Theft Excess: Rs.0							
	l l							

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. It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through Caringly yours App {Link}, WhatsApp Service { Say Hi on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS WORRY to 575758, Email bagichelp@bajajallianz.co.in, website {http://www.bajajallianz.com}, contact your agent or nearest branch.

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

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.

Stamr Duty Rs. 0.50





Consolidated Stamp Duty of Rs. 0.50/- paid for insurance policy stamps vide Order No. CSD/36/2024-25/2886 dated 01-AUG-24 of General Stamp Office, Mumbai, India.

Principal Location: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

Bajaj Allianz General Insurance Company Ltd.

Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar, Pune - 411014 Contact No: Contact No: 1800-209-0144

RECEIPT

Receipt Number 9906-10966492

Receipt Date 08/01/2025

Business Channel WS

Received with thanks from VANDRASI SURESH KUMAR

(Customer ID: 457163855) a total sum of Rupees One Thousand One Hundred Thirty Two Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Pay- ment	PBPB1147086 16	08/01/2025	NA	NA	1,132

Total Amount Rs.

1,132.00

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.