



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

Policy Issuing, correspondence address for communication by policy [or certificate of insurance] holder, policy/claim servicing, notices and or summons	D.No.10-1-49/9, 3rd Floor, , Po	eejay Plaza, , VIP R	toad,CBM Compound, , Siripuram,
	Visakhapatnam, VISAKHAPA	TNAM-530003 PH	I:0891-6663434/6663828
Insured Name	G RAJESH	Policy Number	OG-25-1804-1871-00005291

Welcome to Bajaj Allianz Family

G RAJESH

G Kannam Naidu, H No 2-104 Main Street Parvathipuram Chinabondapalli, Parvatipuram, Vizianagaram-535501, VIZIANAGARAM, Andhra Pradesh-535501

Customer ID: 201734049

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 G RAJESH,

We wish to inform you that the contract under policy number 'OG-25-1804-1871-00005291' 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 : G RAJESH

: G Kannam Naidu, H No 2-104 Main Street Parvathipuram Chinabondapalli, Parvatipuram, Vizianagaram-535501 2. Proposer Address

,, VIZIANAGARAM, Andhra Pradesh-535501

3. Proposer Mobile Number : 9550755039

4. Proposer Residential Number : NA

5. Proposer e-mail id : VARUNBAJAJ@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 Ca- pacity
AP39HG002	JAN/2021	BAJAJ	AVENGER	CRUISE BS	220	Petrol	2021	2
0			220	VI				

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.)
PDXCLJ42204	MD2A22EX0LC J07398	67291	0	0	0	67,291.00

C. Coverage opted

1.	Own Damage Standalone Cover	Period of Insurance	From: 06-JAN-2025 00:00 (Hrs) To: 05-JAN-2026 Midnight
	During Chair Think Day	Period of Insurance	From: 01-JAN-21 To: 31-DEC-25
2.	Details of Active Third Party Liability Policy	Name of Insurance Company	Bajaj Allianz General Insurance Co Ltd.
		Policy Number	OG-24-1804-1871-00004100

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. 6. Is Voluntary Excess opted : No. Amount of voluntary excess opted : Rs.NA. : Rs.100.00 7. compulsory deductible 8. Is any additional compulsory deductible imposed and agreed upon : Yes. Amount of additional compulsory deductible imposed : Rs. 9. Whether geographical area extension is opted : No. Details of Countries to which geographical area extension cover is given : NA. 10. Pre Existing damages in the vehicle : NA. 11. Total Premium (excluding GST) for OD coverages, quoted and agreed upon is : Rs.260 12. Do you have valid PUC certificate of the vehicle NA 13. NCB (No Claim Bonus) claimed by you and granted by us based on your : -45 %. declaration of no claim during your previous policy

- 14. Previous Own Damage Policy Detail
- (i) Insurer Name Bajaj Allianz General Insurance Co Ltd..
- (ii) Previous Policy No. OG-24-1804-1871-00004100, Previous Policy Expiry Date :05-JAN-2025
- 15. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No. Name of Pledgee: NA.
- 16. Add on Cover(s) opted: No.Plan name:NA
- 17. 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: D.No.10-1-49/9, 3rd Floor, , Peejay Plaza, , VIP Road, CBM Compound, , Siripuram, Visakhapatnam, VISAKHAPATNAM-530003 PH:0891-6663434/6663828.

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

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:			D.No.10-1-49/9, 3rd Floor, , Peejay Plaza, , VIP Road,CBM Compound, , Siripuram, Visakhapatnam, VISAKHAPATNAM-530003 PH:0891-6663434/6663828	
Insured Name	G RAJESH	Policy Number		OG-25-1804-1871-00005291
		Certificate No.		NA

INSU	JRED DETAILS		POLICY DETAILS		
Insured Address	G Kannam Naidu, H No 2-104	Policy Issued on	26-DEC-2024		
	Chinabondapalli, Parvatipuram, Vizianagaram-53550 , , VIZIANAGARAM, Andhra Pradesh-535501 To Third Party Liability	Period of Insurance	For Own Damage Section	For Third Party Liability Section	
			From: 01-JAN-21 To: 31-DEC-25		
			Name of Insurance Co	Policy Number	
			Bajaj Allianz General (Insurance Co Ltd.)G-24-1804-1871-00004100	
Customer ID	201734049	Policy Status	ISSUED		
GSTIN / UIN	NA	Cover Note Details	/		
Place of Supply/State Code/Name	37 - Andhra Pradesh	Previous Policy No	OG-24-1804-1871-00004100 / Bajaj Allianz Genera Insurance Co Ltd.		

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
AP39HG0020	AP39-VIZIANAGARA	PDXCLJ42204	MD2A22EX0LCJ073	BAJAJ - AVENGER
	M		98	220

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
CRUISE BS VI	2021	-45	220	2

Name of Registration Authority : AP39-VIZIANAGARAM

Name and Address of Insured : G RAJESH

: G Kannam Naidu, H No 2-104 Main Street

Parvathipuram Chinabondapalli, Parvatipuram, Vizianagaram-535501, VIZIANAGARAM, Andhra Pradesh-535501

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

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

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 ${\bf Bagichelp@\,bajajallianz.co.in\,\,or\,\,Visit\,\,our\,\,Website\,\,www.bajajallianz.com}$

Corporate Identification Number U66010PN2000PLC015329

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.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

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: D.No.10-1-49/9, 3rd Floor, , Peejay Plaza, , VIP Road,CBM Compound, , Siripuram, Visakhapatnam, VISAKHAPATNAM-530003 PH:0891-6663434/6663828

Note:-

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	G RAJESH
Insured Address	G Kannam Naidu, H No 2-104 Main Street Parvathipuram Chinabondapalli, Parva- tipuram, Vizianagaram-535501,, VIZ- IANAGARAM, Andhra Pradesh-535501
Geographical Area	.00
Customer ID	201734049
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	37 - Andhra Pradesh
Company GSTIN	37AABCB5730G1ZW
Company PAN	AABCB5730G
Invoice No	324622586/7

	POLICY DETA	ILS		
Policy Number	OG-25-1804-187	71-00005291		
Policy Issued on	26-DEC-2024 16	5:15 PM		
Details of Own Damage Stan- dalone Cover	Policy Period From :06-JAN-2025 00:00 (Hrs) To :05-JAN-2026 Midnight			
	Policy Period	From: 01-JAN-21 To: 31-DEC-25		
Details of Active Third Party Liab-	Name of Insurance Co.	Bajaj Allianz General Insurance Co Ltd.		
ility Policy	Policy Number	OG- 24-1804-1871-0000410 0		
Cover Note Details	/			
Previous Policy No	OG-24-1804-187	71-00004100 / Bajaj Alsurance Co Ltd.		

Registratio	on Number	Place of Registration	Engine Number	Chassis Number	Make & Mod- el	SubType
AP39H	G0020	AP39-VIZIANAGARA M	PDXCLJ42204	MD2A22EX0LCJ0 7398	BAJAJ - AVENGER 220	CRUISE BS VI
NCB %	CC/KW	Seating Capacity	Year Of Manufactur- ing	Trailer Registra- tion Number	Hypothecation Details	
-45	220	2	2021	-,-	BAJAJ FINA	ANCE LTD
Vehicl	le IDV	Value For Trailers	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/ LPG kit	Total Value
672	.91	0	0	0	0	67,291.00

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.)		Final Premium(In Words):	Rupees Three Hundred Six
Own Damage Premium	260	Only	
State GST (9%)	23		
Central GST (9%)	23		
Final Premium Rs.	306		

^{**}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.

MISP Code	40002466	Contact No.	09885900791/09885900791	
MISP Name	VARUN MOTORS			
E-Mail ID.	VARUNBAJAJINS60@GMAIL.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 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	NA				
Nominee Details	Name :NA - Relationship :NA				
Subject to Warranties/ IMT-Endorsements/ Add on Package	22,7				
Additional Details	Coinsurance Details: Transaction Id: -				
Premium Details	Receipt No. 1804-00962599, Date 26-DEC-24 ** 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				

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.

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.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.











Authorized Signatory

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

Consolidated Stamp Duty of Rs. 0.25/- 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: D.No.40-1-10, Upsatirs of Kusalava Hyundai Showroom, 2nd Floor, MG Road, Labbipet, Vijayawada - 520010 PH:0866-6632031 | Services Accounting Code: 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

Bajaj Allianz General Insurance Company Ltd.

D.No.10-1-49/9, 3rd Floor, Peejay Plaza, VIP Road, CBM Compound, Siripuram, Visakhapatnam, VI-SAKHAPATNAM - 530003

Contact No: O891-6663434/6663828

RECEIPT

Receipt Number 1804-00962599

Receipt Date 26/12/2024

Business Channel MD

Received with thanks from G RAJESH

(Customer ID: 201734049) a total sum of Rupees Three Hundred Six Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Pay- ment	107560145	26/12/2024	NA	NA	306

Total Amount Rs.

306.00

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.