

Motor Cycle/Scooter Comprehensive Policy

Corporate Office/Policy Issuing Office

Registered Office & Corporate Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063

Policy Servicing Branch Office:

Reliance General Insurance Co. Ltd,  
4th floor, Chintamani Avenue, Next to Virvani Industrial Estate, W.Exp. Highway, Goregaon East MUMBAI  
MUMBAI MAHARASHTRA  
400063

Name of the Insured

Ms. GEDELA ANUSHA

Correspondence Address of the Insured

18253 BANGARA COLONY  
PARVATIPURAM VIZIANAGARAM  
ANDHRA PRADESH - 535501  
India  
Phone No: 09494110441, Mobile No: 9494110441

Policy No: 110522323120027751

Policy Period:From 15/02/2023 to 14/02/2024

Endorsement No. 21001

TAX Invoice No & Date : E022123100216 & 21/02/2023  
GSTIN/UIN & Place Of Supply : NA & ANDHRA PRADESH

Endorsement Effective Date: 21/02/2023

Type of Endorsement: Nil

Vehicle Make

Vehicle Model

Engine No./Chassis No.

Registration Number

HONDA

ACTIVA 5G STD

JF50ET7005716 / ME4JF50ACJT005668

AP-35-AN-6164

Not withstanding anything to the contrary contained in the policy, it is hereby declared and agreed that Engine Number Changed from JF49EU3057803 To JF50ET7005716,Chassis Number Changed from ME4JF49AAJU020731 To ME4JF50ACJT005668 and Registration Number Changed from AP35AN6154 To AP35AN6164. All other terms and conditions of the policy remain unchanged.  
Subject otherwise to terms, exclusions, conditions, limitations and warranties of the Policy.

Premium Summary	
Premium Breakup	Amount(Rs.)
Net Premium	0.00
IGST @ 18.00 %	0.00
Total Premium	0.00

GSTIN : 27AABCR6747B1ZG HSN : 997134

Description of Services : Motor vehicle Insurance Service  
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

Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017 In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy. In case of any assistance with claims, please contact us on 74004 22200 (toll free) or email us at rgicl.services@relianceada.com.

In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

**Grievance Clause:** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 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. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the company is located :Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman,Jeevan Darshan Bldg.,3rd Floor,C.T.S. No.s. 195 to 198,N.C. Kelkar Road,Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

Intermediary Name & Code 11BRG387 / TURTLEMINT INSURANCE  
BROKING SERVICES

Intermediary Contact No: 018002660101 / 1800266010

  
Authorized Signatory