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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

Insureu Ivame	KETHIREDDI Policy Number OG-24		OG-24-0014-10/0-00000004		
Insured Name	SIMHACHALAM	Doliov Numbor	OG-24-8014-1870-00000004		
er,policy/claim servicing, notices and or summons	PH:0891-6663434/6663828				
ation by policy [or certificate of insurance] hold-	Visakhapatnam VISAKHAPATNAM, VISAKHAPATNAM-530003				
Policy Issuing, correspondence address for communic-	D.No.10-1-49/9, 3rd Floor, , Peejay Plaza, , VIP Road,CBM Compound, , Siripuram,				

Welcome to Bajaj Allianz Family

SIMHACHALAM KETHIREDDI

DNO 127, Y K M NAGAR, BELAGAM, PARVATHIPURAM, PARVATIPURAM , , VIZIANAGARAM, ANDHRA PRADESH-535501

Customer ID: 400584111

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.

<u>Authorized Signatory</u>



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 Private Car

Dear SIMHACHALAM KETHIREDDI,

We wish to inform you that the contract under policy number 'OG-24-8014-1870-00000004' 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 : SIMHACHALAM KETHIREDDI

2. Proposer Address : DNO 127, Y K M NAGAR, BELAGAM, PARVATHIPURAM, PARVATIPURAM

,, VIZIANAGARAM, ANDHRA PRADESH-535501

3. Proposer Mobile Number : 9010062954

4. Proposer Residential Number : NA

5. Proposer e-mail id : ramprasad696@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 Capacity
AP39NL923	AUG/2022	MARUTI	XL6	1.5 ALPHA	1462	Petrol	2022	6
4				SMART HY-				
				BRID AT				

Engine Number	Chassis Number	Vehicle IDV (in	Electrical	Non-Electrical	CNG/LPG Unit	Total IDV (in
		Rs.)	Accessories	Accessories	(Extra fitted)	Rs.)
			IDV (in Rs.)	IDV (in Rs.)	IDV (in Rs.)	
K15CN9065520	MA3CNC72SNG	945256	0	0	0	9,45,256.00
	304680					

C. Coverage opted

1.	Own Damage Standalone Cover	Period of Insurance	From: 19-AUG-2023 00:00 (Hrs)
			To: 18-AUG-2024 Midnight
		Period of Insurance	From: 29-Jul-2022 To:
	2. Details of Active Third Party Liability Policy	reflod of filsurance	28-Jul-2025
2.		Name of Ingurance Company	HDFC ERGO General Insurance
		Name of Insurance Company	Company Limited.
		Policy Number	2311204802379500000

3. Is your vehicle fitted with external LPG/CNG kit : No. 4. Electrical Accessories cover Opted (If Applicable) : No. : No. 5. Non - Electrical Accessories cover Opted (If Applicable): 6. Is Voluntary Excess opted : No. Amount of voluntary excess opted : Rs.NA. : Rs.1.000.00 7. compulsory deductible

8. Is any additional compulsory deductible imposed and agreed upon : No. Amount of additional compulsory deductible imposed : NA. 9. Whether geographical area extension is opted : No.

Details of Countries to which geographical area extension cover is given : NA.

: Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per Inspection report reference number 2023-09022049 duly signed 10. Pre Existing damages in the vehicle by you or your representative as well

as the photographs shall be excluded in the event of any future claims.

11. Total Premium (excluding GST) for OD coverages, quoted and agreed upon is

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 : -20 %. declaration of no claim during your previous policy

14. Previous Own Damage Policy Detail

- (i) Insurer Name HDFC ERGO General Insurance Company Limited..
- (ii) Previous Policy No. 2311204802379500000, Previous Policy Expiry Date :28-JUL-2023
- 15. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: Yes. Name of Pledgee: CHOLAMANDALAM INVESTMENT ANDFINANCE COMPANY LIMITED.
- 16. Whether PA cover is opted for owner-driver: No.
- 17. Add on Cover(s) opted: No.Plan name:NA
- 18. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

Please note Cover Note No. 0/ 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 , 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: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006(India) IRDAI Registration No. 113

Corporate Identity Number: U66010PN2000PLC015329

STANDALONE OWN DAMAGE COVER FOR PRIVATE CAR

Certificate of Insurance

Certificate of Insurance (STANDALONE OWN DAMAGE COVER FOR PRIVATE CAR)

UIN: IRDAN113RP0001V01201920

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 , VISAKHAPATNAM-530003 PH:0891-6663434/6663828	
Insured Name	SIMHACHALAM KETHIREDDI	Policy Number		OG-24-8014-1870-00000004
		Certificate No.		NA

INSU	JRED DETAILS		POLICY DETAILS		
Insured Address	DNO 127, Y K M NAGAR,	Policy Issued on	19-AUG-2023		
	PARVATHIPURAM, PARVATIPURAM ,, VIZIANAGARAM, ANDHRA PRADESH-535501 Third Party Liability	For Own Damage Section	For Third Party Liability Section		
		1, ANDHRA		From: 29-Jul-2022 To: 28-Jul-2025	
			Name of Insurance Co	Policy Number	
			HDFC ERGO General Insurance Company Limited.	2311204802379500000	
Customer ID	400584111	Policy Status	ISSUED		
GSTIN / UIN	NA	Cover Note Details	0/		
Place of Supply/State Code/Name	37 - Andhra Pradesh	Previous Policy No	2311204802379500000 / HDFC ERGO General Insurance Company Limited.		

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
AP39NL9234	AP39-VIZIANAGARA	K15CN9065520	MA3CNC72SNG3046	MARUTI - XL6
	M		80	

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
1.5 ALPHA SMART HYBRID AT	2022	-20	1462	6

Name of Registration Authority : AP39-VIZIANAGARAM

Name and Address of Insured : SIMHACHALAM KETHIREDDI

: DNO 127, Y K M NAGAR, BELAGAM, PARVATHIPURAM, PARVATIPURAM, VIZIANAGARAM, ANDHRA PRADESH-535501

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

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

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

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

22, 7

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.

Now carry your m-policy on your mobile. Click here to download. https://bagic.page.link/Q6XpL6

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 PRIVATE CAR POLICY SCHEDULE IRDAN113RP0001V01201920

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 , SUMMON STANAM STA

, VISAKHAPATNAM-530003 PH:0891-6663434/6663828

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-private car policy

INSURED DETAILS					
Insured Name	SIMHACHALAM KETHIREDDI				
Insured Address	DNO 127, Y K M NAGAR, BELAGAM, PARVATHIPURAM, PARVATIPURAM , , VIZIANAGARAM, ANDHRA PRA- DESH-535501				
Geographical Area	.00				
Customer ID	400584111				
Bank Reference No 1	NA				
GSTIN / UIN	NA				
Place of Supply/ State Code/Name	37 - Andhra Pradesh				
Company GSTIN	37AABCB5730G1ZW				
Company PAN	AABCB5730G				
Invoice No	389626935/1				

	POLICY DETAILS							
Policy Number	OG-24-8014-1870-00000004							
Policy Issued on	19-AUG-2023 1	6:24 PM						
Details of Own Damage Stan- dalone Cover	Policy Period From :19-AUG-2024 O0:00 (Hrs) To :18-AUG-2024 Midnight							
	Policy Period	From: 29-Jul-2022 To: 28-Jul-2025						
Details of Active Third Party Liab- ility Policy	Name of Insurance Co.	HDFC ERGO General Insurance Company Limited.						
	Policy Number 231120480237950000							
Cover Note Details	0/							
Previous Policy No		500000 / HDFC ERGO ce Company Limited.						

Registratio	on Number	Place of Registration	Engine Number	Chassis Number	Make & Model	SubType
AP39N	L9234	AP39-VIZIANAGARA M	K15CN9065520	MA3CNC72SNG3 04680	MARUTI - XL6	1.5 ALPHA SMART HY- BRID AT
NCB %	CC/KW	Seating Capacity	Year Of Manufacturing	Hypothecation Details		
	1.1.52	_		CHOLAMANDALAM INVESTMENT AND ANCE COMPANY LIMITED		ENT ANDFIN-
-20	1462	6	2022			

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 $gichelp@\,bajajallianz.co.in\,\,or\,\,Visit\,\,our\,\,Website\,\,www.bajajallianz.com$



		accessories	tronic accessories	LPG kit	
945256	0	0	0	0	9,45,256.00

Own Damage Premium(Rs.)		Final Premium(In Words): Rupees Ten Thousand Five
Own Damage Premium	8977	Hundred Ninety Three Only
State GST (9%)	808	
Central GST (9%)	808	
Final Premium Rs.	10593	

^{**}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.

Agency Code	20039781	Contact No.	09063315559/09573644730
Agency Name	PATHIVADA ANAND		
E-Mail ID.	RAMPRASAD696@YAHOO.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 is					
Driver	Any person including the insured provided that a person driving holds an effective driving li-					
	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.					
No Claim Bonus	The insured is entitled for a No Claim Bonus (NCB) on the Own Damage section of the policy, if					
110 014111 2 011415	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	Cost of Repair / Replacement to	wards the damaged parts notice	d during the inspection of your			
	vehicle prior to enrolment under this policy as per Inspection report reference number					
	2023-09022049 duly signed by you or your representative as well as the photographs shall be					
	excluded in the event of any future claims.					
Nominee Details	Name :NA - Relationship :NA					
Subject to Warranties/	22, 7					
IMŤ-Endorsements/						
Add on Package						
Additional Details	Coinsurance Details: Transaction Id: -					
Premium Details	Receipt No. 8014-00005847, Date 19-AUG-23 ** If Premium paid through Cheque, the Policy is					
	void ab-initio in case of dishonour of Cheque.					
Excess Details	Compulsory Excess:	Additional Excess: Rs.0	Voluntary Excess: Rs00			
	Rs.1,000.00					

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.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.









Authorized Signatory

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

 $Consolidated \ Stamp\ Duty\ of\ Rs. 0.5/-\ paid\ towards\ Insurance\ Stamps\ vide\ Challan\ No.\ MH004724512202324M\ Defaced\ No.\ 0003192043202324\ dated\ 03-AUG-23\ timing\ 14:53:10\ of\ General\ Stamp\ Office, Mumbai, India.$

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 , VISAKHAPATNAM - 530003 Contact No: O891-6663434/6663828

RECEIPT

Receipt Number 8014-00005847

Receipt Date 19/08/2023

Business Channel POS

Received with thanks from SIMHACHALAM KETHIREDDI

(Customer ID : 400584111) a total sum of Rupees Ten Thousand Five Hundred Ninety Three Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Pay- ment	WAP- 24448468	19/08/2023	NA	NA	10,593

Total Amount Rs. 10,593.00

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.