

RELIANCE

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INSURANCE

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Welcome

KASHIRAM BALKRISHNA PALAV  
1010, Bhavani CHS, Garage Lane , Near Tilak  
Bhavan,  
MUMBAI

MAHARASHTRA,  
India  
400028



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**My Policy**

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Download your policy

**Claim Status**

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or Submit claim  
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**Locator**

Go cashless,  
Tap and spot from  
amongst 5000+  
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**Video Claim  
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Intimate claims  
instantly through  
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**From here on,  
you're our responsibility.**

Welcome on board.

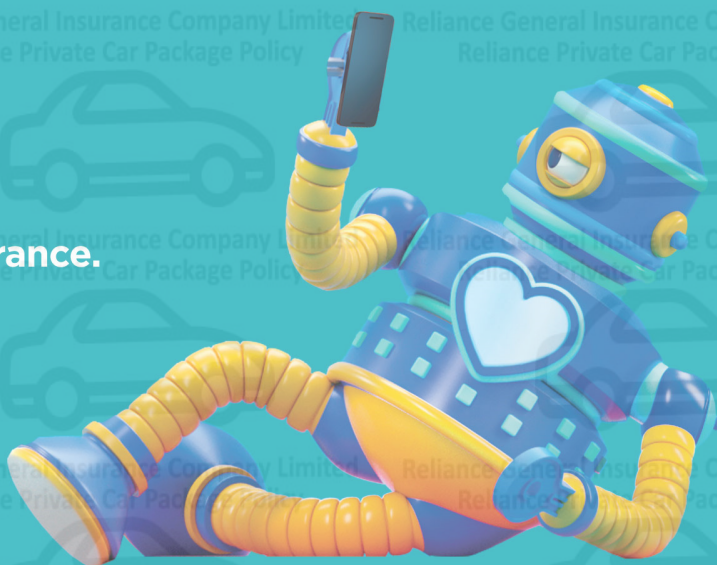
Your Reliance Private Car Policy-Stand-alone Own  
Damage Policy

Number 920222423090021434 Is now live to access  
your policy anytime, anywhere download our Reliance  
Selfi App and enjoy a host of special features.

Now *Live Smart*  
With Reliance general Insurance.

Tech+

Best Regards,

[reliancegeneral.co.in](http://reliancegeneral.co.in)

022 4890 3009 (Paid)



74004 22200 (WhatsApp)

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & 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.

Corporate Identity No. U66603MH2000PLC128300. UIN: IRDAN103RP0001V01201920. Trade Logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/2311/PS/Ver. 1.3/010218.



## Reliance Private Car Policy-Stand-alone Own Damage

Policy Number: 920222423090021434	Proposal/Covernote No: R27012496048
Insured Name :MR.KASHIRAM BALKRISHNA PALAV	Period of Insurance: From 00:00 Hrs on 29-Jan-2024 to Midnight of 28-Jan-2025
Communication Address & Place of Supply :1010, BHAVANI CHS, GARAGE LANE , NEAR TILAK BHAVAN,,MUMBAI,,MAHARASHTRA,,INDIA,400028	Policy Issuing Branch : 6TH FLOOR, OBEROI COMMERZ, OBEROI GARDEN CITY, OFF. WESTERN EXPRESS HIGHWAY, GOREGAON (EAST), MUMBAI,,MAHARASHTRA, 400063
Mobile No :9821754379	Tax Invoice No. & Date :R27012496048 & 27 Jan 2024 22:51
Email-ID : sugam112@gmail.com	GSTIN/UIN & Place of Supply: MAHARASHTRA
Insured's Blood group :	

Insured Vehicle Details			
Registration No.	MH01DT9806	Mfg. Month & Year	JAN-2021
Make / Model & Variant	Tata/Punch / Adventure	Date of Registration	08-Nov-2021
Engine No./Chassis No.	REVTRN10KYXM49343/MAT634002MPKM6476	Seating Capacity Including Driver	5
Type of Body	NA	CC / HP / Watt	1199
RTO Location	MAHARASHTRA - Mumbai Central-Tardeo	LCC Excluding Driver	4
Hypothecation/Lease	NA	Kilometer Limit Opted	
Opening Odometer Reading / Coverage Upto		Carry Forward Limit (applicable for Limit sure - Pay as you Drive Add On)	
Top Up Limit (If Opted)		Grace Limit(applicable for Limit sure - Pay as you Drive Add On)	
Available Kilometers(applicable for Limit Sure - Pay as you Drive Add On)			

Insured Declared Value (IDV)			
Vehicle IDV ₹	387158.00	CNG / LPG Kit ₹	0.0
Electrical / Electronic Accessories ₹	0.0	Trailer / Side Car ₹	0.0
Non Electrical Accessories ₹	0.0	Total IDV ₹	387158.00

Premium Summary			
Own Damage - Section I	Amount(₹)	Liability - Section II	Amount(₹)
Basic OD	4448.64	TOTAL PACKAGE PREMIUM (Sec I)	2892.00
Total Basic Own Damage Premium	4448.64	CGST (@9.00 %)	260.00
Less		SGST (@9.00 %)	260.00
Deduct 35 % for NCB	-1557.02		
Sub Total of Deductions	-1557.02		
TOTAL OWN DAMAGE PREMIUM	2891.62		
TOTAL PREMIUM PAYABLE (₹)			3413.00

Subject to I.M.T.Endt.Nos.IMT 22

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"

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/Enf-1/CSD/35/2023/(Validity Period Dt.01/01/2024 to Dt.01/12/2024)/52 Date 02 Jan 2024" at General Stamp Office, Mumbai.\*\* Not Applicable for the State of Jammu & Kashmir

21BRG642 / Policybazaar  
Insurance Brokers Pvt. Ltd.

18002585970

care@policybazaar.com

Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.
Existing TP Policy Details			
Existing TP Policy No	Existing TP Policy Company Name	Existing TP Policy Period :	



P0022000100/4111/810355	National Insurance Company Limited	From: 02/11/2021 to 01/11/2024
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Special Conditions : NA

**Limits of liability** : Under Section III of the policy - PA cover for owner driver CSI ₹ 0.0/-a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988.

(b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- (TPPD 1 Sum Insured - ₹ 7,50,000/-, TPPD 2 Sum Insured-₹ 6,000/-).

**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.

**Persons/Classes of persons entitled to drive** : Any person including insured:  
Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding of such a license. Provided that the person holding a valid learner's license may drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Deductible under Section-I** : (i) Compulsory deductible ₹ 1000.0/- (ii) Additional compulsory deductible ₹ 0 (iii) Voluntary deductible ₹/-0.0/-

**Grace Limit (applicable for Limit Sure Pay as you Drive Add On Cover if opted)** : 5% Available Kilometre limit or Grace Limit, whichever is lower.

Claims occurring during Grace Limit is payable (subject to all other terms and condition), if and only if the Insured opts for a suitable Top Up Limit before the expiry of the Grace Limit.

**Compulsory PA cover for owner driver :**

Insured is not eligible for compulsory PA cover for owner driver in the policy as the same has not been opted for the reasons allowed as per motor tariff and/or basis insured's declaration given below:

"I/ we hereby declare that I/ we hold an effective personal accident insurance policy covering death and permanent disability (total & partial) and/ or compulsory personal accident (CPA) for owner driver in other vehicles; whereby the Sum Insured limit is of Rs 1,500,000 or more in all such above mentioned conditions."

In case you have missed it, please opt for the compulsory PA cover by payment of an additional premium as applicable. Liability of insurance company shall commence from the date of issuance of endorsement.

"It is hereby declared and agreed that all pre-existing damages to the vehicle having occurred prior to the commencement of cover are excluded from the scope of the policy"

Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of its expiry.

\*No Claim Bonus is subject to no claim on the previous policy. Benefits under the policy stands forfeited if claim is/was made in previous policy.

"It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy."

Payment of premium under Liability Section (Section II) of bundled policy to other insurer is sole responsibility of policy holder.

The policy wording with detailed terms, conditions and exclusions are available on our website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in).

**Statutory Provisions:**

"As per Section 146 of the Motor Vehicle Act, 1988 it is mandatory to have your vehicle insured against third party risk.

As per Section 196 of the Motor Vehicle Act, 1988 driving an uninsured vehicle is punishable with fine or Rs. 2000 and/or imprisonment up to 3 months for the first offence and fine of Rs. 4000 and/or imprisonment up to 3 months for the second offence."

I/We hereby certify that the Policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

**Note:** In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not. No Claim Bonus will be allowed, provided the policy is renewed within 90 days of the expiry of the previous policy.

\*\*\* Compulsory PA cover to Owner driver is opted for 12 year/s term with effective from 19/07/2013 to 17/09/2019.

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

**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'. For legal interpretation, English version will hold good.

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

As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

**Grievance Clause :-** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at [rgicl.services@relianceada.com](mailto: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](mailto: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](mailto: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 the offices of the Insurance Ombudsman are available at IRDAI website [www.irda.gov.in](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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@cioins.co.in](mailto:bimalokpal.mumbai@cioins.co.in)

**Note:** This policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately. Subject otherwise to the terms, conditions and exclusions of the Reliance Motor Private Car Package Policy.

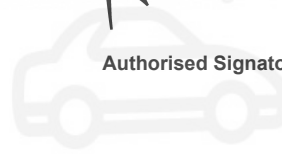
In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

In the unfortunate event of a claim, please call quoting your Policy No. on 022 48903009(Paid) and register your claim immediately within 7days from the date of loss. You can also reach us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com).

In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

For Reliance General Insurance Co. Ltd.



Authorised Signatory





## Risk Assumption Letter

Dear Mr. KASHIRAM BALKRISHNA PALAV

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 920222423090021434 which has been issued based on the details declared by the applicant.

Insured Vehicle Details			
Registration No.	MH01DT9806	Mfg. Month & Year	JAN-2021
Make / Model & Variant	Tata/Punch / Adventure	Date of Registration	08-Nov-2021
Engine No./Chassis No.	REVTRN10KYXM49343/MAT634002MPKM6476	Seating Capacity Including Driver	5
Type of Body	NA	CC / HP / Watt	1199
RTO Location	MAHARASHTRA - Mumbai Central-Tardeo	LCC Excluding Driver	4
Insured Declared Value (IDV)			
Vehicle IDV ₹	387158.00	CNG / LPG Kit ₹	0.0
Electrical / Electronic Accessories ₹	0.0	Trailer / Side ₹	0.0
Non Electrical Accessories ₹	0.0	Total IDV ₹	387158.00
Previous Policy Details			
Previous Year Policy No.	Period of Insurance	Previous Policy-Claim Status	
22300031230160049613	From : 29-01-2023 To : 28-Jan-2024 midnight	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

## YOU HAVE OPTED FOR THE FOLLOWING COVERS

## Standard Cover

## Vehicle Own Damage + Third Party Coverage

- ☐ Electrical/electronic accessories
- ☐ Non-electrical accessories
- ☐ Bi-fuel kits comprising LPG/CNG systems

## Add-on Covers

- ☐ **Limit Sure - Pay as you Drive** The own damage insurance for the motor vehicle including theft shall be covered upto the Available Kilometres mentioned in the Policy Schedule. The Available Kilometres includes sum of Kilometre Limit, Top Up Limit and Carry Forward Limit.
- ☐ **Nil Depreciation Cover** No deduction for depreciation on vehicle parts other than tyres and tubes with respect of approved partial loss claims.
- ☐ **NCB Retention Cover** No-Claim Bonus % is retained even after a claim, which would have become 0% without this cover.
- ☐ **Total Cover** Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured - ₹ 0.0/-)
- ☐ **EMI Protect** Pays for car EMIs for the time period during which the car is in one of our network garages for repair.
- ☐ **Daily Allowance Benefit** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for initial two eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days.
- ☐ **Daily Allowance Benefit Plus** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days.
- ☐ **Consumable Expenses** Covers expenses incurred towards consumable items due to damage to vehicle caused by perils covered. For e.g. nut & bolt, screw, washers, grease etc
- ☐ **Emergency Hotel Accomodation** Provide allowance towards the Hotel accommodation insured vehicle met with accident/ stolen 200 kms away from the location provided in policy copy.
- ☐ **Engine Protector** Provides coverage to internal parts of engine, gear box, transmission assembly & differential assembly due to ingress of water or leakage of lubricating oil.
- ☐ **Key Protect Cover** Provides replacement cost of keys in the event the keys are lost. It also covers replacement cost of locks if the vehicle is broken into.
- ☐ **Return to Invoice** Covers difference between IDV & purchase price of the vehicle in the event of theft, total loss/ CTL including first time registration charges, road tax & applicable insurance cost.
- ☐ **Tyre Protector** Covers repair or replacement expenses arising out of accidental loss or damage to tyre & tubes.
- ☐ **Rim Protector** Covers repair or replacement expenses arising out of accidental loss or damage to Rims.
- ☐ **Loss of Personal Belongings** Covers loss of personal belongings of insured or his family while such items are in vehicle at the time loss or damage to the vehicle
- ☐ **Hospital Cash Cover** Provides hospital confinement allowance for accident or injuries sustained while driving insured vehicle.

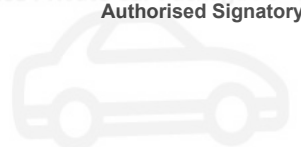


(Note- Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com) or call us on **022 48903009(Paid)** for necessary changes/rectification. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or rejection of your claims.

For Reliance General Insurance Co. Ltd.

**Authorised Signatory**





## Know your Policy

Remember to carefully go through the Risk Assumption Letter and confirm your personal as well as your vehicle details.

In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on **022 48903009 (Paid)** or visit any of our branches. Kindly refer to the Key Feature Document and Policy Wording at [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. This document is a statement of the specific provisions that form the Terms and Conditions of this Policy.

## What documents do you require for making any change to your Policy

### 1. Changes in vehicle make & model/cubic capacity/seating capacity/engine & chassis no./year of manufacture/registration no./ location/address

**Documents required:** Letter for change, policy copy and registration certificate copy along with additional premium cheque, if applicable.

### 2. Changes in electrical and non electrical accessories/CNG/LPG kit

**Documents required:** Letter for addition, policy copy, invoice copy of accessories, endorsed registration certificate copy (for CNG/LPG kit) and cheque for additional premium.

### 3. Changes in financier details (Hypothecation/Lease/Hire purchase)

**Documents required:** Letter for change, policy copy, endorsed registration certificate copy and no objection certificate from financier (not mandatory for deletion, if registration certificate copy is endorsed).

## How to register a Claim - Cashless



**Report vehicle  
at Network Garage**



**Claim registration  
by Network Garage**



**Survey, Document verification,  
Loss Assessment & Re-inspection**



**Cashless Amount  
Confirmation**



**Vehicle  
Delivery**

## How to register a Claim - Reimbursement



**Registration  
of Claim**



**Report Vehicle  
at Garage**



**Survey, Document  
verification, Loss Assessment  
and Re-inspection**



**Vehicle  
Delivery**



**Submission of  
Original Repair Bills +  
Payment Receipt**



**Claim Settlement  
to Customer**

## What documents do you require to register a Claim

1. Claim form duly filled and signed (company stamp in case of company registered vehicles)
2. Registration copy
3. Driving License of the driver at the time of loss
4. Policy copy

Note: 1. As soon as a claim occurs, please intimate immediately at our call centre **022 48903009 (Paid)**. Delay in intimation would result in the violation of policy condition.

2. Any additional document, if required, will be informed.

## How to renew your policy conveniently



Visit [reliancegeneral.co.in](http://reliancegeneral.co.in)  
and renew online



Call **022 4890 3009 (Paid)**  
and renew



Submit a cheque/DD along with signed Renewal  
Notice to branch/agent and renew

## Payment Modes

- Internet banking
- Cheque/DD
- Credit/Debit Card

The content on this page is for additional information & Should not be considered as part of the policy document/Schedule

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Name : KASHIRAM BALKRISHNA

Policy no. : 920222423090021434

Policy Period : 29-Jan-2024 to 28-Jan-2025

Chasis No. : MAT634002MPKM6476

Vehicle No. : MH01DT9806

Emergency Contact no. :

Blood Group. :

Scan QR code for  
more details

For breakdown and claims Call 022 48903009

- All insurance contracts are based on the information provided by the insured in the proposal form.
- Intimate claim immediately at our Paid No. 022 48903009 and provide:
  1. Policy No. as mentioned on the card.
  2. Place, Date & Time of Loss.
  3. Name of the Driver Driving the vehicle at the time of Loss.
  4. The damages suffered by the vehicle.
  5. Injuries to passengers/driver/third parties if any.
  6. Place when the vehicle is currently available for inspection.

**IRDAI Registration No. 103**

Reliance General Insurance Company Limited.

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.

Corporate Identity No. U66603MH2000PLC128300.

RGI/MCOM/MOT-02/MOTOR CARD/Ver. 1.0/200115

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## Proposal Form For Reliance Private Car Policy-Stand-alone Own Damage

Is the Vehicle Made in India? ☒ Yes ☐ No Type of Vehicle : ☐ Two wheeler ☒ Four wheeler ☐ Three Wheeler

### For Office Use Only

Policy Number 920222423090021434 Date

Savvion Reference No. Inspection Lead No.

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name POLICYBAZAAR INSURANCE Code 21BRG642  
Branch Name Corporate Office(Servicing) Code 9202  
Sales Manager Name Web Sales Code D9202162

### Details (To be filled in BLOCK LETTERS)

- This Proposal is for ☐ A new Policy ☐ Renewal of Policy ☐ Endorsement ☐ Others (Please specify)
- Proposer's Full Name ☒ Mr. ☐ Mrs. ☐ Ms. KASHIRAM BALKRISHNA PALAV
- Address Address for Communication Address where Vehicle is Normally Kept and Used  
Flat/Building/Door/Block No. 1010, Bhavani Chs, Garage Lane , Near Tilak  
Road/Street/Sector Bhavan,,  
Nearest Landmark Mumbai  
Area  
City  
Pin Code 400028  
State MAHARASHTRA,  
Country India  
Phone 09821754379 Mobile 9821754379  
Emergency Contact No. Blood Group  
Email sugam112@gmail.com Fax
- Period of Insurance: From: 29/01/2024 Hrs of To: Mid Night of 28/01/2025
- Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
- Monthly Income ☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above
- UID Aadhaar No. 7. PAN
- Do you have a GST Registration Number ☐ Yes ☒ No  
If Yes, please specify
- Related Party ☒ Yes ☐ No

### Details of the Vehicle

- Registration Number MH01DT9806 11. Date of Registration 08-Nov-2021
- Registering Authority & Location MAHARASHTRA - Mumbai 14. Cubic Capacity 1199
- Year & Month of Manufacture JAN-2021

15. Engine Number: REVTRN10KYXM4934  
 16. Chassis Number: MAT634002MPKM6476  
 17. Make of Vehicle: TATA  
 18. Type of Body : NA  
 19. Seating capacity including Driver: 5

### Details of the Vehicle Type and Use

20. a. Whether the Vehicle is driven by Non-conventional source of power? ☒ Yes ☒ No If yes ☐ Bi Fuel ☐ CNG ☐ LPG

Insured's Declared Value (IDV) of vehicle Chassis Body	Non - electrical accessories fitted to the vehicle (₹)	Electronic accessories fitted to the vehicle (₹)	Side car (two Wheeler) Trailer (Pvt. Cars) (₹)	Value of CNG/ LPG Kit Bi Fuel (₹)	Total Value (₹)
387158.00	0.0	0.0	0.0	0.0	387158.00

- b. Do you have a valid PUC? ☒ Yes ☐ No

(Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

21. Age of Owner Driver  
 22. D.O.B  
 23. Add On Covers (Subject to availability and eligibility)

- a. Limit Sure- Pay as you drive ☐ Yes ☒ No

- ai. if Yes  
 Select Kilometer Limit
- ☐ 2500 Kms, ☐ 3500 Kms, ☐ 4500 Kms, ☐ 5500 Kms,  
☐ 6500 Kms, ☐ 7500 Kms, ☐ 8500 Kms, ☐ 9500 Kms,  
☐ 10500 Kms, ☐ 11500 Kms, ☐ 12500 Kms,  
☐ 13500 Kms, ☐ 14500 Kms, ☐ 15500 Kms

- a.ii. Odometer Reading (since first registration of Vehicle) Kms  
 Date :

The customer has to resubmit the actual Odometer reading (in KM) at the Policy Inception date, in case the Policy Inception Date is later than the Proposal form.  
 Where the Insured fails to declare , the latest Odometer reading (in KM) declared to the Us shall be considered as the Odometer reading (in KM) of the Vehicle at the Policy inception date.

- a. Nil Depreciation Cover ☐  
 b. NCB Retention Cover (Applicable only for Annual Policy) ☐  
 c. Easy Monthly Instalment (EMI) Protection Cover: ☐ Yes ☒ No  
 If Yes, please choose any one option;  
☐ Plan I - 1 EMI, EMI Amount: ₹ \_\_\_\_\_ ☐ Plan II - 2 EMIs, EMI Amount: ₹ \_\_\_\_\_  
☐ Plan III - 3 EMIs, EMI Amount: ₹ \_\_\_\_\_  
 d. Total Cover ☐  
 e. Daily allowance benefits ☐  
 Per Day Allowance: ₹0.0 Coverage Days: 0  
 f. Return to Invoice (Applicable only for Annual Policy) ☐



g. Tyre Protector (Applicable only for Annual Policy) ☐

Specifications of Tyre & Tubes

h. Rim Protector (Applicable only for Annual Policy) ☐

Specifications of Rims

i. Hospital Cash Cover (Applicable only for Annual Policy) ☐

(Sum Insured: ₹0.0)

(No of Days: 0)

(Convalescence Benefit

SI: ₹ )

j. Consumable expenses ☐

k. Engine Protect ☐

Key Protect cover ☐

l. (Sum Insured: ₹0.0) ☐

m. Daily Allowance Benefit Plus ☐

Per day allowance amount opted: ₹0.0

Coverage Days opted:

n. Loss of Personal Belongings (Applicable only for Annual Policy) ☐

Sum Insured: ₹0.0

o. Emergency Hotel Accommodation ☐

Benefit Amount: ₹0.0

p. Voluntary Deductible ☐

Voluntary Deductible amount opted ₹

q. Additional limit of TPPD ☐

Additional amount opted: 0.0

r. Battery Protection Cover ☐

s. Electric Motor Protect Cover ☐

t. EV Charger Cover ☐

u. Any other Details

24. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? ☐ Yes ☐ No

If Yes, please attach certificate of installation in the vehicle, issued by Automobile Association of India.

25. Are you a member of Automobile Association of India ? If Yes, please submit membership copy. ☐ Yes ☒ No

26. Will the Vehicle be used exclusively for

a. Private, social, domestic, pleasure and professional purposes ? ☐ Yes ☐ No

b. Carriage of goods other than samples or personal luggage? ☐ Yes ☐ No

27. Whether the Vehicle is used for Driving Tuitions ? ☐ Yes ☒ No

28. Whether use of Vehicle is limited to Own Premises ? ☐ Yes ☒ No

29. Whether the Vehicle is fitted with Fibre Glass Tank ? ☐ Yes ☒ No

30. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ? ☐ Yes ☒ No

If so, is the duty element included in the IDV ?

31. Whether the Vehicle is design for the use of Blind/Handicapped/Mentally Challenged Person ? ☐ Yes ☐ No

31. Date of purchase of the Vehicle by the Proposer 08-Nov-2021

32. Whether the Vehicle at the time of purchase was ☐ New ☐ Second Hand

#### Risk Inclusions

33. Please select the higher deductible if you wish to opt for over and above the compulsory deductible

Private Car : ☐ ₹ 2500 ☐ ₹ 5000 ☐ ₹ 7500 ☐ ₹ 15000

35. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Private car)

Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only ? ☐ Yes ☒ No

Legal Liability

Drivers

36. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D

2. Compulsory PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

37. Extension of Geographical Area  
Whether the extension of Geographical Area to the following Countries required ?

☐ 1. Bangladesh ☐ 2. Bhutan ☐ 3. Maldives ☐ 4. Nepal ☐ 5. Pakistan ☐ 6. Sri Lanka

**Details of Hire Purchase / Hypothecation / Lease**

38. Please state if the vehicle is under ☐ Hire purchase ☐ Lease Agreement ☐ Hypothecation Agreement  
If so, give name and address of concerned parties.

39. Full Name M/s

40. Address

**Details of Previous Insurance**

41. Full Name of previous insurer United India Insurance company Ltd  
42. Address  
43. Policy Number 22300031230160049613 Previous policy Expiry 28-Jan-2024  
44. Type of cover: ☐ Package Policy ☐ Liability Only ☐ Other (To be describe)  
45. Claims taken in previous policy ☐ Yes ☐ No  
If yes, No. of Claims Claims Amount ₹  
46. Are you entitled to No Claim Bonus ☐ Yes ☐ No  
If yes, please submit/attached proof thereof  
47. No Claim Bonus allowed under previous Policy (%)

I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

**Existing TP Policy Details**

Existing TP Policy Details:  
Existing TP Policy Company Name :  
Existing TP Policy Period :

**Payment Details**

☐ Cheque / DD Cheque / DD No.  
Cheque/DD Date ☐ Cash ☐ Credit Card ☐ Others

**Proposer's Bank Details**

48. Name of the Bank Account Holder  
49. Bank Account No.: 50. Account: ☐ Saving ☐ Current  
51. Name of the Bank  
52. Branch  
53. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  
54. IFSC Code (11 character code appearing on your cheque leaf)  
☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.\*

\*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

**AML Guidelines**

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality: ☐ Indian ☐ Non- Indian, If Non Indian please specify the country

Type of Organization : ☐ Corporations ☐ Government ☐ Non Government Organizations ☐ Society ☐ Trust

☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 companies

**Declaration by Proposer**



I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. • I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). • I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. • I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. • I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. • I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of misrepresentation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. • I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST. • I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

This proposal form was completed by

You can support our Go Green Initiative by saying "No" to Policy kit, Renewal Notice and Other Communications hard copy. We will be sending you a digitally signed soft copy on your registered Email ID & Mobile number.

Hard copy required ☐ Yes ☐ No

Name

Date : 27 Jan 2024 22:51

Place :

Date : 27 Jan 2024 22:51

Signature

Signature of Proposer & Company Seal

**Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.**

1. 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 or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

**Supporting Confirmation of Agent/Broker/SM/CSO**

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/Broker ☐ Mr. ☐ Mrs.

Place :

Date :

(In case of Direct Business, Name & Signature of CSO / SM to be taken)

Signature of IRDAI Agent/Broker