



## Dear MOHAN KUMAR K,

It is our privilege to welcome you to the Bajaj Allianz General Insurance family.

We thank you for choosing Bajaj Allianz for your Insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made the right choice by choosing us and we will stand by you in your hour of need.

To provide you with the best customer experience, here are a few important things for you to note:

Policy Details	
Policy Number	OG-21-9906-1869-00018285
Policy Type	
Name of Insured	MOHAN KUMAR K
Address	No 22, 4th street, ponv, izha nagar, villivakkam



Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications - let us know within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj Allianz family and look forward to a long association with you.

With Warm Regards,

Sourabh Charterjee

Sourabh Chatteriee President-Direct Sales and Marketing, Head-Web Sales

# Stay Connected







Visit our website













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

# **Receipt**

Receipt Number: 9906-04680814

Receipt Date: 14-MAR-21

Business Channel: WS

Received with Thanks from: MOHAN KUMAR K

(Customer ID: 211365425) a total sum of 391.

Instrument Type	Instrument Date	Amount
CREDIT CARD	14-MAR-21	6172
Total Amount Received for this Po	6172	

Receiving the Premium amount and issuance of this receipt does not automatically amount to underwriting risk by Bajaj Allianz General Insurance Company Ltd. Our assuming risk arises only after Proposer completing all required formalities for our taking underwriting call, upon which our Company specifically takes underwriting call to assume risk and accordingly informs the Proposer by way of issuing Policy Schedule or Cover Note, but not before. Our standard terms and conditions shall apply upon our assuming risk.

Please note: This is an electronically generated receipt and does not require signature.

Regd Office: Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006



# **Certificate Cum Policy Schedule**

Policy Details			
Policy Issuing Office:	Bajaj Finserv Building, 1st Floor, Behind Weikfield IT-Park, Viman Nagar Pune-411014 Ph:1800-209-0144		
Cover Note No.:	<b>Policy Issued On:</b> 14-Mar-2021 12:18:30		
Policy Number:	OG-21-9906-1869-00018285	Product:	CPA Standalone Policy
Period of Insurance:	From: 16-Mar-2021, 00:00 To: 15-Mar-2022 Midnight		
Insured Name:	MOHAN KUMAR K	Zone:	Α
Insured Address:	No 22, 4th street, ponv, izha nagar, villivakkam , , TIRUVALLUR, TAMIL NADU-600049		
Policy Holder ID:	211365425	Intermediary:	5555557 - WEB SALES
Hypothecation:		Sub Imd Code:	9906
GSTIN / UIN	NA		
State Code / Name	33 - Tamil Nadu		

Vehicle Details				
Registration No.	Make	Model	Sub Type	Year Of Mfg.
Seat Cap.	CC/KW	CNG/LPG Unit	Elec.Acc	Non- Elec. Acc.
		0	0	0
Vehicle IDV	Chassis No.	Engine No.	Total Insured Declared Value	

Schedule Of Premium	
A. Own Damage	
Total Own Damage Premium:	0
B. Liability	
Basic Third Party Liability	0
PA Cover for Owner-Driver of Rs.1500000	331
PA Cover For 0 Paid Driver(s) of Rs. 0 each	0
Bonus/ Malus	0
Total Liability Premium:	331
C. Special Discount	0
D. Net Premium (A+B)	331
E. Service Tax Details	
Integrated GST (18%)	60
Final Premium Rs.(D+E)	391
***All Premium Figures are in Rupees	
No Claim Bonus:	-50%

I/We declare that I have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim as arisen in the existing policy period (copy of the policy enclosed). I further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section 1 of the policy will stand forfeited. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.

Geographical Area	India	Additional Excess	Rs. 0
Compulsary Deductible	Rs.	Voluntary Excess	Nil
Previous Policy Expired On:	15-MAR-21	Previous Policy Number	50240031191144823029

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 Extn., Imported Vehicle etc wherever applicable).

#### Limits Of Liability

Under section II-I(i) of the policy -> Death of or bodily injury: Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under section II-I(ii) of the policy -> Damage to Third Party Property: Rs. 0

#### Limitation As To Use:

The Policy covers any use permitted by the Certificate of Insurance of the towing vehicle provided the latter is insured.

#### Driver

Any person including the insured Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence 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 Vehicles Rules, 1989.

#### **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. On specific request and subject to terms and conditions, record of information exchange will be made available.

Subject to IMT Endorsement Nos: Policy wordings attached herewith

#### No Details

#### Plan Description:

\*\*\* If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque.

 $Premium\ Collection\ Details: - [Receipt\ No/Collection\ No/Amount]\ 9906-04680814, \\ /254879357, /\ Rs. 391, \\ /\ Rs.$ 

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V.Act, 1988.

\*\*\*\*\* In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858, 1800-209-5959 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'bagichelp@bajajallianz.co.in' \*\*\*\*\*

Damage Details:-

Kindly contact our nearest  $\slash$  local offices for No Claim Bonus Confirmations.

### Insured Declared Value:

Policy Year Tenure From Tenure To Total Sum Insured

The schedule of age wise Insured Declared Value (IDV) as shown in the above table is applicable for the purpose of Total Loss including Theft/ Constructive Total Loss (TL/CTL) claims only on basis of loss date falling in the respective year. A vehicle will be considered to be a CTL, where the aggregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.

#### null





**Authorized Signatory** 

Bajaj Finserv,1st Floor , Survey # 208/1-B, Behind Weikfield IT-Park, Viman Nagar, Pune-411014

 $\underline{Principal\ Location: Bajaj\ Allianz\ House,\ Airport\ Road,\ Yerwada,\ Pune\ -\ 411006\ PH: 66026666\ |\ Services\ Accounting\ Code:\ NA.\ No\ reverse\ charge\ is\ payable\ on\ these\ services.}$