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M/S SUDEEP LOGISTICS PVT LTD NEAR GANRAJ RIKSHAW STAND, PLOT NO 04, SAFALYA BUNGALOW WAIDWADI, PROGRESSIVE MODEL CO OPERATIVE SOCIETY, HADAPSAR PUNE CITY MAHARASHTRA India - 411013 9326******

From here on, you're our responsibility.

Welcome on board. Your Reliance Commercial Vehicles (Passengers Carrying 4W>6 & 3W>17) Package Policy -Schedule, with Policy Number 170122523400000248 is now live to access your policy anytime, anywhere download our Reliance Selfi App and enjoy a host of special features.



My Policy Attach, Access or Download your policy

Tap and spot from

amongst 5000+

network garages.

Locator Go cashless, Claim Status Register, Track or Submit claim documents

Video Claim Assistance Intimate claims instantly through live video streaming.

<u>Click here</u> to download Customer Information Sheet (CIS)

Now Live Smart With Reliance general Insurance.



Best Regards,



reliancegeneral.co.in S 022 4890 3009 (Paid) **S** 74004 22200 (WhatsApp)

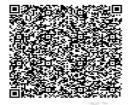
Reliance General Insurance Company Limited.

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.





Digitally signed by Reliance General Insurance Company Limited Date: 2025.02.04 16:24:31 IST

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Reliance Commercial Vehicles (Passengers Carrying 4W>6 & 3W>17) Package Policy - Policy Schedule Important

- 1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- 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 2) its expiry

its expiry.	18 ¹					
Policy Number : 17012252340	0000248		Proposal/Covernote No: R290125	102850		
Insured Name : M/S SUDEE	P LOGISTICS PVT LTD		Period of Insurance : From 00:00 Hrs on 28-Feb-2025 to Midnight of 27-Feb-2026			
STAND, PLOT NO 04, SAFALY	Place of Supply: NEAR GANRA YA BUNGALOW WAIDWADI, PRC CIETY, HADAPSAR PUNE CITY 13.	OGRESSIVE	Policy Issuing Branch : A Block, Her Ambedkar Road, , PUNE, MAHARA	ritage House, Ground floor, 6 Ramabai SHTRA, 411001.		
Mobile No: 9326*****			Tax Invoice No. & Date: R290125102	2850 & 04 Feb 2025 04:24		
Email-ID : NA			GSTIN/UIN & Place of Supply : 27A	ATCS2867F1ZS and MAHARASHTRA		
Insured Vehicle Details						
Registration No.	MH12KQ3360		Mfg. Month & Year	FEB-2016		
Make / Model & Variant	FORCE MOTORS TRAVELLE	R MINIBUS 3700 WE	B CC / HP / Watt	2596		
Engine No. / Chassis No.	D63025963 / MC1E4DBA4GP02	22684	LCC Including Driver	18		
Type of Body	NA		Total Premium `	30360		
RTO Location	MAHARASHTRA - Pune		Total IDV `	945,000.00		
Manufacturer fully build in	Yes		Hypothecation/Lease	NA		
Vehicle Category	Bus		Vehicle Usage Type	Contract Carriage		
Vehicle Usage Sub Type	School Bus		0	R		
Insured Declared Value (IDV)						
Chassis IDV `	- S ^V	0.00	Non Electrical Accessories	0.00		
Body IDV	- C***	0.00	CNG / LPG Kit	0.00		
Vehicle IDV	G	945,000.00	Trailer / Side Car	0.00		
Electrical / Electronic Access	ories `	0.00	Total IDV	945,000.00		
Premium Summary						
Own Damage - Section I		Amount (`)	Liability - Section II	Amount (`)		
Basic OD		839.18	Basic Liability (TPPD 1)	24,857.00		
Covers for Lamps Tyres/Tubes	Mudguards/Bonet/Side		Total Basic Liability Premium	24,857.00		
parts etc (IMT-23)			88 PA Benefits - Section III			
Total Basic Own Damage Pren	nium	965.06				
Less		402.04		100.00		
Deduct 20 % for NCB Sub Total of Deductions		-193.01 -193.01	TOTAL LIABILITY PREMIUM TOTAL PACKAGE PREMIUM (Sec	24,957.00 I + II + III) 25,729.00		
			CGST (@9.00%) SGST (@9.00%)	2316.0 2316.0		
TOTAL OWN DAMAGE PREM	МІИМ	772.00				
OTAL PREMIUM PAYABLE	()			30,360.0		
GSTIN :27AABCR6747B1ZG HSN : 997134. Description of se	ervices : Motor vehicle Insurance S		to I.M.T.Endt.Nos. & Memorandum prin	ted/herein/attached hereto. IMT 40,23,21		

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year." Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/05/2025/(Validity Period Dt. 27/01/2025 to Dt. 01/12/2026)/424 Date 24-01-2025" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

23P68356 / SAMADHAN RANSHUR	9326689009	sujitlolage@gmail.com	****907E
Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.

The Customer Information Sheet (CIS) for this product is available on our website https://www.reliancegeneral.co.in/insurance/about-us/downloads.aspx

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Limits of liability

Limitations as to use

Persons/Classes of persons entitled to drive: PA cover for owner driver under section III CSI 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/-). The policy covers the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988. The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials. (e) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 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 or obtaining such a license. Provided that the person holding a valid learner's license may drive the vehicle when not used for the transport of goods at the time of the accident 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 ` 500/- (ii) Additional compulsory deductible ` 00/- (iii) Voluntary deductible ` 0/-

*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."

% of	Discount on Own Damage Premium	-S-
Period of Insurance	% of NCB on OD Premium	9
The Preceding Year	20%	8
Preceding Two Consecutive Years	25%	De.
Preceding Three Consecutive Years	35%	2
Preceding Four Consecutive Years	45%	3
Preceding Five Consecutive Years	50%	8 05

Compulsory PA cover for owner driver :

Insured is not eligible for the Compulsory PA cover for owner driver in this 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 compulsory PA cover by payment of additional premium as applicable .Liability of insurance company shall commence from the date of receipt of such additional premium.

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

The NCB provided is on Basic OD Premium excluding Add-on wherever applicable. The policy wording with detailed terms, conditions and exclusions are available on our website 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.

Safeguard your transaction by paying your premium via crossed cheque/DD in favour of Reliance General Insurance Co. Ltd.

The 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. Subject otherwise to the terms, conditions and exclusions of the Reliance Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. 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.

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.

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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. 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 the offices of the Insurance Ombudsman are available at IRDAI website www.irda.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@cioins.co.in

Note: Kindly acknowledge the receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately

Fast Tag ID -

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

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. 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.

Special Conditions : ACERemark as ACE of Rs.25000

Policy has been issued with reference to vehicle inspection report, reference lead no. & special conditions. The inspection report remarks can be viewed on company's website by the lead no.

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Reliance General Insurance Company Limited. Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off

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Western Express Highway, Goregaon (East), Mumbai - 400 063. Corporate Identification No. U66603MH2000PLC128300. UIN: IRDAN103RP0012V02100001. Trade logo displayed above belongs to Anil Dhirubhai Ambani

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Risk Assumption Letter

Dear M/S SUDEEP LOGISTICS PVT LTD

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 170122523400000248 which has been issued based on the details declared by the applicant.

Insured Vehicle Details						
Registration No.	MH12KQ3360		Mfg. Month &	Year		FEB-2016
Make / Model & Variant	FORCE MOTORS TRAVELLER MI	NIBUS 3700 WB	CC / HP / Wat	E		2596
Engine No. / Chassis No.	D63025963 / MC1E4DBA4GP022684	00	LCC Including	Driver	100	18
Type of Body	NA		Total Premiur	n`	10	30360
RTO Location	MAHARASHTRA - Pune		IDV `		0.046	945000
Manufacturer fully build in	Yes		Hypothecation	n/Lease		NA
Insured's Declared Value (ID)	/)					
Chassis IDV `	AL AL	0.00 No	n Electrical Access	ories `	22.	0.00
Body IDV `	81 101	0.00 CN	G / LPG Kit `			0.00
Vehicle IDV `	E.	945000 Tra	iler / Side Car `			0.00
Electrical / Electronic Accessor	ies `	0.00 To	al IDV `	15	1999 -	945,000.00
Previous Policy Details						
Previous Year Policy No.	Period of Insurance		20	Previous Policy-	Claim Status	
3035122501	From: 28/02/2024 To: 27/02/2025	midnight		Yes	✓ No	
YOU HAVE OPTED FOR THE	E FOLLOWING COVERS		100		28	250
Standard Vehicle Ow	n Damage + Third Party Coverage		C.		5	
Cover Electric	cal/electronic accessories					
	electrical accessories		8.	- 69		
	I kits comprising LPG/CNG systems	10		20		
Add-on Covers	-R.			Sec.	100	
Nil Depreciation Cover	No deduction for depreciation or	vehicle parts other	than tures and tube	e with respect of ar	proved partial loss clair	me
Additional towing Charg		•				
	Insured - ` 0.0/-).		e standard policy g		cover opica by custom	ci (Ouri
Additional Limit of TPPI			t opted for damage	to property other th	nan the property belongi	ing to the
Emergency Hotel	Provide allowance towards the H	-lotel accommodatio	n insured vehicle m	et with accident/ st	tolen 200 kms away fro	m the location
Accomodation	provided in policy copy.		(C) (
NCB Retention Cover	No-Claim Bonus % is retained e	even after a claim, wl	nich would have be	come 0% without t	his cover.	
Total Cover	Provides cover for registration c					
EMI Protect	Pays for car EMIs for the time p					
Daily Allowance Benefit					& for initial two eligible	own damage
Daily Allowance Benefit F	claim., and in case of theft when Plus Provides allowance as per plan				8 for oligible own dame	an claim and
	in case of theft where vehicle is			an minimum days	a for eligible own dama	ige claim, and
Tyre Protector	Covers repair or replacement ex			damage to tyre &	tubes	85
Rim Protector	Covers repair or replacement ex					
Personal belongings Co					at the time loss or dam	age to the
Key Protect Cover	Provides replacement cost of ke	eys in the event the k	eys are lost. It also	covers replacement	nt cost of locks if the ve	hicle is broken
	into	201	,	50		
Assistance cover	Provides help or support in vario	ous emergency situa	tion to the insured a	and Insured Vehicle	e due to accident or bre	akdown
Tools and Equipment Co	over It will provide an allowance of sp	pecified amount for lo	oss or damage to th	ne tools and equipr	ments at the time of eve	ent
Voluntary Deductible	The insured shall be given reduce specified expense at the time of		sured opts for spec	ified amount of vo	luntary deductible and	will bear the
No Claim Discount retens			e of renewal of the	oolicy	57	80
Insurance	18 St.		0	67		
				-8		
0.						

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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 or call us 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.

(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.)

For Reliance General Insurance Co. Ltd.

Authorised Signatory

Reliance General Insurance Company Limited. Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off

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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 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

How to register a Claim - Reimbursement



Registration

of Claim





Survey, Document verification,Loss Assessment and Re-inspection



Vehicle

Delivery











Cashless Amount Confirmation



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
- 5. Vehicle fitness certificate
- 6. Vehicle route permit
- 7. Vehicle carriage permit
- 8. Road tax copy
- Load Challan (if applicable) 9

Note: 1. As soon as a claim occurs, please intimate immediately to 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.

low to renew your po	licy conveniently		Pa	yment Modes
			-	Internet banking
www.	C			Cheque/DD
Visit 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	-	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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	Live Smart	Go	022 4890 3009	-
	8°	00	74004 22200	
(D)		100	all' se	
Droposal Form for D	OS Balianas Commercial	Vahialaa Daakaga Daliay	Sea succession	
05	OS Reliance Commercial	18 M	1	
(Other than Motor Tr	rade Internal Risks Policy)		5	Nº.
The Insurer may seek any othe	ed below are the minimum requirement to er information as desired for under for un hicles with suitable amendments in 'Limi	nderwriting purpose.)	Contr	
V PCV	GCV	MISC D	Trailer	
For Office Use Only				
Policy Number Savvion Reference No.	170122523400000248	Da Inspection Lead N		
Intermediary Details (T	o be filled in BLOCK LETTERS	S)		
	SAMADHAN RANSHUR	Co	P-24	
4.5	Pune	Co		
0	Anikesh Kailas Kolhapure *****907E	Co *POS UID Aadhaar N		
Details (To be filled in	BLOCK LETTERS)	- 07		
1. This Proposal is for	A new Policy	Renewal of Policy Endorseme	ent Others (Please specify)	
2a. Proposer's Full Name	Mr. Mrs. SUDEI	EP LOGISTICS PVT LTD	200	200
2b. Address	Address for Communication		nicle is normally kept and Used	
Flat/Building/Door/Block	NEAR GANRAJ RIKSHAW No. 04, SAFALYA BUNGALOW		G	
Road /Street/Sector	PROGRESSIVE MODEL CC SOCIETY, HADAPSAR		anco seb	
Nearest Landmark	90	1. C.	2	
Area	PUNE CITY	10	5 V	
City Pin Code	411013	5.01		
State	MAHARASHTRA	- 000	18 9	
Country	India	G	Co.	
Phone		Mobile	9326*****	
Emergency Contact No. #Email	-350	Blood Group Fax	15	
3. Period of Insurance	From 28/02/2025	To 27/02/	2026	
4. Source of Funds			ural Income Savings	
5. Monthly Income	Upto `20,000	20,001 to `50,000 550,001 to `1,0		33
6. UID Aadhaar No.	15	7. PAN No.	*****907E	89C
8. Fast Tag ID		G		
9. Are you an existing Relian Insurance Customer	nce General Yes V No	201	- S ⁰	
If Yes, please Provide the	Policy No.:	- Child	15 -250	
	d documents shall be sent to the email IE address, please drop us an email at rgic		cy copy and related documents in physical form t	to
Details of the Vehicle				
10. Registration Number	MH12KQ3360	11. Date of Registrati	on 22/03/2016	
12. Registering Authority & Lo	200 ·		C ¹⁰	
 Year & Month of Manufac Engine Number 	ture FEB-2016 D63025963	14. Cubic Capacity	2596	
16. Chassis Number	MC1E4DBA4GP022684	4	101	
17. Make of Vehicle	FORCE MOTORS	12	100	
18. Type of Body/Model	NA/TRAVELLER	110		
	WW)/Cubic Capacity (C.C.)			No
 Goods type (Applicable or Is the Vehicle made in Ind 		Hazardous Goods	Non-Hazardous Goods	200
14 C	-5 ⁻¹	0	67	
		AI Registration No. 103 ny Limited, 6th Floor, Oberoi Commerz, Int	An ISO 9001:2015 Certified Comp ernational Business Park, Oberoi Garden City, C	

		Live Smart	miles	co Good	reliancegeneral.co.i 022 4890 300 74004 2220	9 0
	1810	-0 ⁰	Collo	de la companya de la	die.	
Vehicle	icensed carrying capa e Category e usage type (Applicab	V Bus	case of Passenger carrying v Taxi Contract Carriage	ehicles 17	Private Usage	
		licable if Contract Carriage)		0.00		05
Seating	g capacity (Including [Driver) 18	CON.	G	C ON	
tails o	of the Vehicle Typ	be and Use	· · · · · · · · · · · · · · · · · · ·			
a. Whe	ether the Vehicle is driv	ven by Non-conventional so	urce of power?	es 🗸 No If yes 🗌 Bi	i Fuel CNG LPG	Elec
	red's Declared Value) of vehicle Chasis	Non - electrical accessories fitted to the vehicle ()	Electronic accessories fitted to the vehicle ()	Value of CNG/LPG Kit Bi Fuel()	Total Value ()	
	000.00	0.00	0.00	0.00	945,000.00	100
h D	you have a valid PUC?	Yes No	1 Com	Gen	and	8
) Does t If "Yes	the driver suffer from s" please give	ge of Owner Driver defective vision or hearing	g or any physical infirmity.	Others	Yes No	
details	<u> </u>	18		-05	19 C	- 2
100	ුන්	3	(P)	0	G	
) D.O.B. Add Or	n Covers (Subject to a	availability and eligibility)		arahtesure	and Limite	
(a)	Easy Monthly Instaln	201	r: (RGI-MO-A00-00-17-V01-1	4-15)		- 8
(a)	If Yes, please choos	se any one option;	r: (RGI-MO-A00-00-17-V01-1	4-15)	CONNE	2
(a)	lf Yes, please choos Plan I - 1 EMI, EMI A	se any one option; Amount :	r: (RGI-MO-A00-00-17-V01-1	4-15)	P Colority	2
(a)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI	se any one option; Amount : I Amount :	r: (RGI-MO-A00-00-17-V01-1	4-15)	P Comt	2
(a)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM	se any one option; Amount : I Amount : II Amount :	r: (RGI-MO-A00-00-17-V01-1	4-15)	a comit	2
(a) (b)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM Additional Towing Ch	se any one option; Amount : I Amount : II Amount : harges	r: (RGI-MO-A00-00-17-V01-1	4-15)	No	8
(a) (b) (c) (d)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM Additional Towing Cf Nil Depreciation Cov	se any one option; Amount : I Amount : II Amount : harges	r: (RGI-MQ-A00-00-17-V01-1	4-15)	No No	8
(c) (d)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM Additional Towing CH Nil Depreciation Cov Total Cover	se any one option; Amount : I Amount : II Amount : harges ver:	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No No	8
	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM Additional Towing CH Nil Depreciation Cov Total Cover Voluntary Deductible	se any one option; Amount : I Amount : II Amount : harges ver:	r: (RGI-MQ-A00-00-17-V01-1	4-15)		2
(c) (d)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EM Additional Towing CH Nil Depreciation Cov Total Cover	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted:	r: (RGI-MQ-A00-00-17-V01-1	4-15)		9
(c) (d) (e)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cov Total Cover Voluntary Deductible	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted:	r: (RGI-MO-A00-00-17-V01-1	4-15)		9
(c) (d) (e)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CP Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted: excommodation	r: (RGI-MQ-A00-00-17-V01-1	4-15)		8
(c) (d) (e) (f)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount:	se any one option; Amount : I Amount : II Amount : harges ver: amount opted: commodation PPD	r: (RGI-MQ-A00-00-17-V01-1	4-15)		9
(c) (d) (e) (f)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CP Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted: commodation PPD oted:	r: (RGI-MO-A00-00-17-V01-1	4-15)		8
(c) (d) (e) (f)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted: commodation PPD oted:	r: (RGI-MQ-A00-00-17-V01-1	4-15)	No No	8
(c) (d) (e) (f)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CP Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op Personal Belongings	se any one option; Amount : I Amount : II Amount : harges ver: e amount opted: excommodation PPD oted: Cover	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No	8
 (c) (d) (e) (f) (g) (h) 	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op Personal Belongings Benefit Amount:	se any one option; Amount : I Amount : II Amount : harges ver: amount opted: commodation PPD oted: Cover hefit	r: (RGI-MQ-A00-00-17-V01-1	4-15)	No No No	8
 (c) (d) (e) (f) (g) (h) 	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CP Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op Personal Belongings Benefit Amount: Daily Allowance Ben	se any one option; Amount : I Amount : I Amount : harges ver: e amount opted: commodation PPD oted: Cover hefit mount opted :	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No No	8
 (c) (d) (e) (f) (g) (h) 	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cox Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op Personal Belongings Benefit Amount: Daily Allowance Ben Per day allowance Ben	se any one option; Amount : I Amount : I Amount : harges ver: amount opted: PPD oted: Cover lefit mount opted : d: harges	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No No	8
(c) (d) (e) (f) (g) (h)	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CP Nil Depreciation Cov Total Cover Voluntary Deductible Voluntary Deductible Coluntary Deductible Emergency Hotel Act Benefit Amount: Additional limit of TP Additional amount op Personal Belongings Benefit Amount: Daily Allowance Ben Per day allowance Ben Per day allowance Ben	se any one option; Amount : I Amount : II Amount : harges ver: amount opted: commodation PPD oted: Cover hefit mount opted : d: hefit Plus mount opted:	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No No	8
 (c) (d) (e) (f) (g) (h) 	If Yes, please choos Plan I - 1 EMI, EMI A Plan II - 2 EMIs, EMI Plan III - 3 EMIs, EMI Additional Towing CH Nil Depreciation Cox Total Cover Voluntary Deductible Voluntary Deductible Emergency Hotel Ac Benefit Amount: Additional limit of TP Additional amount op Personal Belongings Benefit Amount: Daily Allowance Ben Per day allowance Ben	se any one option; Amount : I Amount : II Amount : harges ver: amount opted: commodation PPD oted: Cover hefit mount opted : d: hefit Plus mount opted:	r: (RGI-MO-A00-00-17-V01-1	4-15)	No No No	8 8 8

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ne	INSURANO	CE Live Smart	1000	G		4890 3009 🕓
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	(k) Tools and Equi	pment Cover		1	2	Mar.
	(I) Any other Deta			211	E.	
		500	6	0	00	- Chi
28.	Is the vehicle fitted with	any Anti-theft device app	roved by the ARAI ?	C.S.	offer	Yes 🗸 No
	If Yes, please attach cer	tificate of Installation in th	e vehicle,issued by Automob	ile Association of India.	0	
29.			India ? If Yes, please submit	membership copy.	100	Yes 🗸 No
30. 21		used for Driving Tuitions is limited to Own Premis		Sellin .	500	Yes ✓ No
31. 32.			r Private purposes (excluding	use for hire or reward)?		Yes ✓ No ─_Yes No
33.		fitted with Fibre Glass Ta			100	Yes V No
34.		- GM	insulate of a Foreign Country	?	Sol	Yes No
-0	If so, is the duty elemen	t included in the IDV?	alle	Ger	20-5	
35.			andicapped/Mentally Challen	ged Person?	0	Yes 🗸 No
36.	1.82	Vehicle by the Proposer	10.77	1105	18 D	22/Mar/2016
37.	day .	the time of purchase was	50	201	New	Second Hand
Ris	k Inclusions	1.00				
38.			e statutory TPPD Liability li	mit of 6000/- only?	S	Yes No
	Do you wish to cover	r legal liability to? Cleaner (No. of persons)	100	- 5°	28	Yes No
-2	(b) Other employees (1000	G	CON	Yes No
		assenger (No. of persons		100 C		Yes No
	Do you wish to include	personal Accident (P.A.)	Cover for paid drivers, clean	ers and conductors?	10	✓ Yes No
39.	Do you mon to molado		covor for para arrento, oloar			
39.	If Yes, give name and (Capital Sum Insured (CS		CSI available per person is 1 La	akh in the case of Motorise	ed two wheelers and 2
	If Yes, give name and C lakhs for other classes	Capital Sum Insured (CS s of vehicles.	I) opted for. The maximum (CSI available per person is 1 La	akh in the case of Motorise	ed two wheelers and 2
	If Yes, give name and C lakhs for other classes	Capital Sum Insured (CS s of vehicles.		CSI available per person is 1 La	akh in the case of Motorise	ed two wheelers and 2
	If Yes, give name and C lakhs for other classes	Capital Sum Insured (CS s of vehicles.	I) opted for. The maximum (se give details of nomination	CSI available per person is 1 La	akh in the case of Motorise Relationship	ed two wheelers and 2 Address
	If Yes, give name and 0 lakhs for other classes Personal Accident Cove	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea	I) opted for. The maximum (se give details of nomination	CSI available per person is 1 La	- and	and the second second
	If Yes, give name and C lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner dr PA cover for owner drive	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) sured of 15,00,000/- for Two May encicle is owned by a company	Relationship Wheeler, Private Car, GCV	Address /, PCV and Misc-D
40.	If Yes, give name and 0 lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner dr PA cover for owner drive	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license)	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) sured of 15,00,000/- for Two May encicle is owned by a company	Relationship Wheeler, Private Car, GCV	Address /, PCV and Misc-D
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) nsured of 15,00,000/- for Two N vehicle is owned by a company Nominee Name of the Appoint	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or Yes V No
40.	If Yes, give name and 0 lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) nsured of 15,00,000/- for Two N vehicle is owned by a company	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or
40.	If Yes, give name and 0 lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Norr cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) nsured of 15,00,000/- for Two N vehicle is owned by a company Nominee Name of the Appoint	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or Yes V No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or Yes V No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or Yes V No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address 7, PCV and Misc-D nilar body corporate or Yes V No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
40.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
40. 41. 42.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons? lame of Nominee Age of ollowing Countries required ?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No
0	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area Geographical Area to the f	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir er cannot be granted where a an effective driving license) Named Persons? lame of Nominee Age of ollowing Countries required ?	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) asured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe (If Nominee is Minor)	Relationship Wheeler, Private Car, GCV, a partnership firm or a sir Relationship Dr	Address /, PCV and Misc-D nilar body corporate or Yes No Address
40. 41. 42.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka ails of Hire Purcha	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area Geographical Area to the f	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons? lame of Nominee Age of ollowing Countries required a ollowing Countries required a	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) Insured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe Nominee	Relationship Wheeler, Private Car, GCV , a partnership firm or a sir	Address /, PCV and Misc-D nilar body corporate or Yes No Address
40. 41. 42. Det 43. 44.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka atls of Hire Purcha Please state if the veh If so, give name and acc Full Name	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area Geographical Area to the f	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons? lame of Nominee Age of ollowing Countries required a ollowing Countries required a	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) asured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe (If Nominee is Minor)	Relationship Wheeler, Private Car, GCV, a partnership firm or a sir Relationship Dr	Address /, PCV and Misc-D nilar body corporate or Yes No Address
40. 41. 42. Det 43.	If Yes, give name and G lakhs for other classes Personal Accident Cove Name (Note: 1. Personal Acc 2. Compulsory where the own Do you wish to include Name Extension of Geographi Whether extension of G 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka ails of Hire Purcha Please state if the veh If so, give name and ac Full Name Address	Capital Sum Insured (CS s of vehicles. er for Owner Driver. Plea Name of the Nom cident cover for owner drive er-driver does not hold a Personal Accident cover CSI Opted N cal Area seographical Area to the f	I) opted for. The maximum (se give details of nomination inee Age of Nominee iver is compulsory for Sum Ir r cannot be granted where a an effective driving license) Named Persons? lame of Nominee Age of ollowing Countries required a ollowing Countries required a	CSI available per person is 1 La Name of the Appointee (if Nominee is Minor) asured of 15,00,000/- for Two Navehicle is owned by a company Nominee Name of the Appointe (If Nominee is Minor)	Relationship Wheeler, Private Car, GCV, a partnership firm or a sir Relationship Dr	Address /, PCV and Misc-D nilar body corporate or Yes No Address

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The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand & model as the vehicle proposed for insurance at the commencement of insurance / renewal, and adjusted for depreciation as per policy wordings.

Det	tails of Previous Insurance						
46.	Full Name of previous insurer	KOTAK MAHIND	ORA GENERAL INSURAN	CE COMPANY LIMITED	0		
47.	Address	100		81			
48.	Policy Number	3035122501	10	Previous Policy Expiry	27/02/2025		
49.	Type of Cover	Package Policy	Liability only	others (to be descril	be)	S.	
50.	NO CLAIM BONUS allowed under	er previous policy (%)	0	162		300	
51.	Claims taken in previous policy	0		and the second sec	E.	Yes	V No
	If yes, No. of Claims			Claims Amount `	20		
52.	Are you entitled to No Claim Bonu	JS	Sec.	0	20	✓ Yes	No
-2	If yes, please submit/attached proc	of thereof	61	0	68		
Pay	yment Details						
	Cheque/DD	S.	Chequ	ue/ DD No.		12	
	Cheque/ DD Date	69	Ca	ash Credit Card	Others	34	
Pro	oposer's Bank Details						
53.	Name of the Bank Account Holder	r G		200	1	10 C	1.3
54.	Bank Account No .:			55. Account:	Saving	Curr	rent
56.	Name of the Bank	800		- all	28		0.50
57.	Branch			G	-01		
58.	MICR Code (9 digit MICR code nu	Imber of the bank and brai	nch appearing on the chequ	ue issued by the bank)			
50	IESC Code (11 character code an	pooring on your chaque lo	of	240 T	1997		

59. 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 mandetory that all payments made to the insured are only through electronic mode.

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.

reliancegeneral.co.in (s) 022 4890 3009 (s) 74004 22200 (s)

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

PEP Declaration:

Are you a Politically Exposed Person (PEP)?	Yes 🗸 No	
If yes, please mention the position held	19	S
Is any of your close relation or family member a PEP?	Yes V No	
If yes, please mention the name and relation and the position held by such close relative/family member.	10 ⁰	
L bareby dealars that in future if mo, any of my along relatives or any of my family mon	share where a position of DED than Labell confirm the same to Delivera Cone	

I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same.

Note :

"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

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 mis-representation, 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 fo 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

P		Initiative by saying "No" to Policy kit, R ur registered Email ID & Mobile numb		and Other Communications hard copy. W	/e will be sending you a
Go Green	Hard copy required	Yes No		Ster Shit	100
Name	0	20	Place :	50	8.
Date :	04 Feb 2025 04:24	1 CON	Date :	04 Feb 2025 04:24	
	all'		000	68	
Signatu	Jre		39	Signature of Proposer & Company Se	eal

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

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.

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

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RELIANCE GENERAL Live Smart

reliancegeneral.co.in (*) 022 4890 3009 (*) 74004 22200 (*)

Signature of IRDAI Agent/ Broker

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 tobe of the registered owner of the vehicle proposed for insurance

Mrs.

Name of IRDAI Agent/ Broker Mr.

Place Date

- (In case of Direct Business, Name & Signature of CSO /SM to be taken)
- * Mandatory details to be filled

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)

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