







M/S SUDEEP LOGISTICS PRIVATE LIMITED

314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS 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 170122423400001775 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



Claim Status

Register, Track or Submit claim documents



Locator

Go cashless, Tap and spot from amongst 5000+ network garages.



▲ Video Claim Assistance

Intimate claims instantly through live video streaming.

Now live Smart With Reliance general Insurance.

Tech+

Best Regards,





reliancegeneral.co.in



022 4890 3009 (Paid) (S)



74004 22200 (WhatsApp)

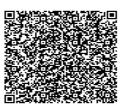
Reliance General Insurance Company Limited.

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.





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

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

	3
Policy Number : 170122423400001775	Proposal/Covernote No: R181024110685
Insured Name: M/S SUDEEP LOGISTICS PRIVATE LIMITED	Period of Insurance: From 00:00 Hrs on 29-Oct-2024 to Midnight of 28-Oct-2025
Communication Address & Place of Supply: 314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS PUNE CITY, PUNE, MAHARASHTRA, India, 411013.	Policy Issuing Branch: A Block, Heritage House, Ground floor, 6 Ramabai Ambedkar Road, , PUNE, MAHARASHTRA, 411001.
Mobile No: 9326*****	Tax Invoice No. & Date: R181024110685 & 19 Oct 2024 01:11
Email-ID: NA	GSTIN/UIN & Place of Supply: 27AATCS2867F1ZS and MAHARASHTRA
77	The state of the s

Insured Vehicle Details			
Registration No.	MH12KQ3343	Mfg. Month & Year	FEB-2016
Make / Model & Variant	FORCE MOTORS TRAVELLER MINIBUS 3700 WB	CC / HP / Watt	2596
Engine No. / Chassis No.	D63025095 / MC1E4DAA4GP022539	LCC Including Driver	17
Type of Body	NA	Total Premium `	29040
RTO Location	MAHARASHTRA - Pune	Total IDV `	540,000.00
Manufacturer fully build in	Yes	Hypothecation/Lease	NA
Vehicle Category	Bus	Vehicle Usage Type	Contract Carriage
Vehicle Usage Sub Type	School Bus		3

Insured Declared Value (IDV)			
Chassis IDV	0.00	Non Electrical Accessories `	0.00
Body IDV `	0.00	CNG / LPG Kit	0.00
Vehicle IDV `	540,000.00	Trailer / Side Car	0.00
Electrical / Electronic Accessories	0.00	Total IDV	540,000.00

Premium Summary			
Own Damage - Section I	Amount (`)	Liability - Section II	Amount (`)
Basic OD	487.03	Basic Liability (TPPD 1)	24,112.00
Covers for Lamps Tyres/Tubes Mudguards/Bonet/Side		Total Basic Liability Premium	24,112.00
parts etc (IMT-23)	73.05	PA Benefits - Section III	
Total Basic Own Damage Premium	560.08	Legal Liability to paid driver and/or Conductor and/or	
Less		cleaner	50.00
Deduct 20 % for NCB	-112.02	TOTAL LIABILITY PREMIUM	24,162.00
Sub Total of Deductions	-112.02	TOTAL PACKAGE PREMIUM (Sec I + II + III)	24,610.00
		CGST (@9.00%)	2215.00
		SGST (@9.00%)	2215.00

TOTAL OWN DAMAGE PREMIUM 448.00

TOTAL PREMIUM PAYABLE (`) 29,040.00

GSTIN:27AABCR6747B1ZG

HSN: 997134, Description of services: Motor vehicle Insurance Service

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year."

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/50/2024-25/(Validity Period Dt.01/09/2024 to Dt.01/12/2025)/4240 Date 20-08-2024" 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

Limits of liability

: 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/-).

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 40,23,21

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Limitations as to use

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.

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 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

Deductible under Section-I: : (i) Compulsory deductible `500/- (ii) Additional compulsory deductible `00/- (iii) Voluntary deductible `0/-

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.

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 IRDAl 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

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74004 22200 s

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



eliancegeneral.co.in	•
022 4890 3009	0
74004 22200	0

Risk Assumption Letter

Dear M/S SUDEEP LOGISTICS PRIVATE LIMITED

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 170122423400001775 which has been issued based on the details declared by the applicant.

			34.30		
Insured Vehicle Details					
Registration No.	MH12KQ3343	- 5	Mfg. Month & Year	10	FEB-2016
Make / Model & Variant	FORCE MOTORS TRAVELLER M	INIBUS 3700 WB	CC / HP / Watt		2596
Engine No. / Chassis No.	D63025095 / MC1E4DAA4GP02253	39	LCC Including Driver		17
Type of Body	NA		Total Premium	- 4	29040
RTO Location	MAHARASHTRA - Pune		IDV `	- CV	540000
Manufacturer fully build in	Yes		Hypothecation/Lease		NA
Insured's Declared Value (IDV))				
Chassis IDV `	The Galler	0.00 Nor	Electrical Accessories `	6.87	0.00
Body IDV `	1,2	0.00 CN	G / LPG Kit `	.00	0.00
Vehicle IDV `	150	540000 Tra	iler / Side Car `		0.00
Electrical / Electronic Accessorie	es`	0.00 Tota	al IDV `		540,000.00
Previous Policy Details					
Previous Year Policy No.	Period of Insurance		Previous	Policy-Claim Status	12
3872206800	From: 29/10/2023 To: 28/10/2024	l midnight	Ye	es 🗸 N	No
YOU HAVE OPTED FOR THE	FOLLOWING COVERS		all of	Sell Sell	0.00
Standard Vehicle Own	Damage + Third Party Coverage			-01	
Cover Electric	al/electronic accessories		-0		
Non-ele	ectrical accessories	26		C	
Bi-fuel I	kits comprising LPG/CNG systems	- Allo			1400
Add-on Covers	OP	0.0	The same of the sa		Contract of the Contract of th
Nil Depreciation Cover	No deduction for depreciation of	on vehicle parts other	than tyres and tubes with resp	pect of approved partial	loss claims.
Additional towing Charge	Provides cover for towing charge Insured - ` 0/-)	ges over and above th	e standard policy guideline as	s per the cover opted by	y customer (Sum
Additional Limit of TPPD	Indemnify the Insured for an ad Insured or held in trust or in cus		opted for damage to property	other than the property	belonging to the
Emergency Hotel Accommodation	Provide allowance towards the provided in policy copy.		n insured vehicle met with ac	cident/ stolen 200 kms	away from the location
Please take a moment to carefully	check your policy details mentioned	above and in the poli	cy schedule. Kindly confirm th	nat the same are in orde	er. In case of
discrepancies, please let us know	immediately. You can write to us at	rgicl.services@relian	ceada.com or call us 022 489	903009(Paid) for necess	sarv

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

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



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)
- Registration copy
- 3. Driving License of the driver at the time of loss
- Policy copy
- 5. Vehicle fitness certificate
- 6. Vehicle route permit
- 7. Vehicle carriage permit
- 8. Road tax copy
- 9. Load Challan (if applicable)

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.



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

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Proposal Form for POS Reliance Commercial Vehicles Package Policy (Other than Motor Trade Internal Risks Policy)

(The queries made/details stated The Insurer may seek any other *(Applicable to all classes of veh	information as desired for under	er for underwriting purpose	e.)	Count		Sec.
✓ PCV	GCV	MIS	SC D	Trailer	6.	
For Office Use Only						
	70122423400001775		A A	ate	110	
Savvion Reference No.	C		Inspection Lead	No.	3,00	
Intermediary Details (To	o be filled in BLOCK L	ETTERS)	20	_		
	SAMADHAN RANSHUR	ITTERO)	- C	ode 23P68356		1
363	Pune	L. L		ode 1701		
4.50	Anikesh Kailas Kolhapure		200	ode 71016662		
100	****907E	117	*POS UID Aadhaar		- 60	
Details (To be filled in I	BLOCK LETTERS)	_0		100	1207	
This Proposal is for	A new Policy	Renewal of Policy	Endorsem	ent Oth	ners (Please specify)	
F. 60	Mr. Mrs.	SUDEEP LOGISTICS	0.7	on on	ioro (i rodoo opoony)	
2a. Proposer's Full Name	-C. C.		200	000		00
2b. Address	Address for Commu	nication	Address where v	ehicle is normally kept a	and Used	
Flat/Building/Door/Block	No. 314 PROGRESIVE	MODEL COLONY		0		
Road /Street/Sector	VAIDUWADI HADA		Oc.	CO		
100	300		5	All I	100	
Nearest Landmark	OP	000		The same of	Carlotte Contract	
Area	-01		10	8:		
City	PUNE CITY		0			
Pin Code	411013	- 25	3	-32		
State	MAHARASHTRA	180	00			80
Country	India	Her	8	0,0		
Phone			Mobile	9326*****		
Emergency Contact No.	OLD.	- 49	Blood Group	William .		
Email 3. Period of Insurance	From 29/10/202	24	Fax To 28/10	/2025	dillo	
Source of Funds	Business			Itural Income	Savings	
5. Monthly Income	Upto `20,000	`20,001 to `50,000	`50,001 to `1		00,001and above	
6. UID Aadhaar No.	177.4	13/4	7. PAN No.	*****907E	,	-01
8. Fast Tag ID	(3)	110	-0			800
Details of the Vehicle	72.	.85°	0	, D		
Registration Number	MH12KQ3343		10. Date of Registra	tion	19/03/2016	
11. Registering Authority & Loc		A - Pune	To. Date of Registre	uon	10/00/2010	
12. Year & Month of Manufactu			13. Cubic Capacity	111	2596	
14. Engine Number	D63025095		- 150		100	
15. Chassis Number	MC1E4DAA4GF	022539	100		23	
16. Make of Vehicle	FORCE MOTO	RS	100	-00		08
17. Type of Body/Model	NA/TRAVELLER	340	CC	alle		3
18. Gross Vehicle Weight (GV	VW)/Cubic Capacity (C.C.)	III.	.0	GY		
19. Goods type (Applicable or	nly if GVW+7500kgs)	Haza	ardous Goods	Non-Hazardous	Goods	
20. Is the Vehicle made in India	a?	113	2	✓ Yes	No	
21. Max. Licensed carrying ca	apacity (No. of Passengers) in o	case of Passenger carrying	g vehicles	16	- Colle	
22. Vehicle Category	✓ Bus	Taxi	400	_	171	
Vehicle usage type (Applic		✓ Contract Carriage	Stage Carriag			
12 AC 1876	applicable if Contract Carriage):	✓ School	Bus Em	oloyee pickup Bus	Others	201
23. Seating capacity (Including	g Driver) 17	THE.	50	YELL ST.		80

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	f the Vehicle Typ						
4. a. Whe	ether the Vehicle is driv	en by Non-convent	tional source of power?	Yes	✓ No If yes Bi Fuel		LPG
The second secon	ed's Declared Value of vehicle Chasis	Non - electrical accessories fitted vehicle ()	Electronic a fitted to the		NG/ LPG Kit Bi Total Value ()	6
540,00	00.00	0.00	0.00	0.00	540,000.00		
h Dov	ou have a valid PUC?	✓ Yes	No	1100	and the same	6.	
		_		a valid Pollution Under Contr	ol (PUC) Certificate and/or valid fi	tness certificate	e as
applical	ble, on the date of com	mencement of the F	Policy and undertakes to	renew and maintain a valid a	nd effective PUC and/or fitness Ce	ertificate, as ap	plicable, d
		-85	ny reserves the right to ta	ake appropriate action in case	e of any discrepancy in the PUC or	r titness certitic	ate.)
100		e of Owner Driver	aaring or any shyaiaal i	ofice its	Others	□ No	- 8
/100	ne anver suffer from a " please give	erective vision or n	earing or any physical ir	mirmity.	Yes	No	
details	picace give		Lillian	"CO.	.0		
	- CO.		100	101	766	6	
(c) Has the	e driver ever been invo	lyed for causing an	w accident or loss?	O.C.	Yes	□No	
• •		1000	e pending prosecution, if	anv:-	165	140	
03	P		, period (period) , i		31		
(d) D.O.B.		The same	000	200	a P		0
. Add Or	n Covers (Subject to a	vailability and eligib	oility)	Go	-01		
(a)	Easy Monthly Instaln	nent (EMI) Protecti	on Cover: (RGI-MO-A0	0-00-17-V01-14-15)	-0		
(-)	If Yes, please choose		11/3	Ald I	MIL		
	Plan I - 1 EMI, EMI A			000	"Illo	dillo	
	Plan II - 2 EMIs, EMI				162	1716	
	Plan III - 3 EMIs, EM			- 4			
(b)	Additional Towing Ch			The state of the s	100	No	0
(c)	Nil Depreciation Cov	10.	dille	G	-01	No	
(d)	Total Cover	Ci.		200	-0	No	
	Voluntary Deductible		The state of the s	Carlo Carlo	Me	INO	
(e)			300	0.0	- III'o	dillo	
(f)	Voluntary Deductible Emergency Hotel Ac	-0"		17	142	No	
(†)		commodation			all all	NO	
(a)	Benefit Amount: Additional limit of TP	DD	0.0	- Aller	200	No	
(9)			The state of the s	G.		INU	
(1-)	Additional amount op		1711		.0	Na	
(h)	Personal Belongings	Cover	600	Car.	allic	No	
(1)	Benefit Amount:				- Ulla		
(i)	Daily Allowance Ben				11/2	No	
-3	Per day allowance ar	05		1	87		
Fig.	Coverage Days opter		Day.	"US.	200		0
(j)	Daily Allowance Ben		alle	G	F.01	No	
	Per day allowance ar		1711	-69	.0		
	Coverage Days opter		NO PORT	Tale.	allo		
(k)	Tools and Equipmen	t Cover		00	JIPO .	dillo	
(1)	Any other Details	-010			1110	171	
	2				3		

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



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022 4890 3009	(
74004 22200	2

	0.00		20				
28.	Are you a member of Aut	omobile Associat	ion of India ? If Yes.plea	ase submit member	ship copy.		☐ Yes ✓ No
29.	Whether the Vehicle is us				110		Yes V No
30.	Whether use of Vehicle is					36	Yes V No
	Whether the commercial			s (excluding use for	hire or reward)?	200	Yes No
0	3)	Office.	dillo	, ,	Co	-00	
		13	" Here			-0	
33.	Whether the Vehicle is fit	ted with Fibre Gla	ass Tank?		54	200	Yes ✓ No
34.	Whether the Vehicle belo	ngs to the Embas	sy/Consulate of a Forei	ign Country?		(6)	Yes No
	If so, is the duty element i			P.	160		HE
35.	Whether the Vehicle is de	esign for use of Bli	ind/Handicapped/Menta	ally Challenged Pers	son?		Yes V No
36.	Date of purchase of the V				30		19/Mar/2016
37.	Whether the Vehicle at th				all be	New	Second Hand
À	0,1	" Car	Alle.		000	-07	_
	k Inclusions						
38.	Do you wish to restrict t		the statutory TPPD Li	ability limit of 6000)/- only?	CC.	Yes No
	Do you wish to cover le	•	OFF	26/1		(2)	
	(a) Driver/Conductor /C		rsons)		18°		Yes No
	(b) Other employees (N		araana)		111		Yes No
	(c) Non-fare paying pas	128			20	260	
38.	Do you wish to include pe	0.00%				100	✓ Yes No
8	If Yes, give name and Calakhs for other classes of		d (CSI) opted for. The m	naximum CSI availa	ole per person is 1 Lak	h in the case of Motor	ised two wheelers and 2
9.	Personal Accident Cover	for Owner Driver	. Please give details of	1,50	85	TCO.	å
	Name	Name of the	Nominee Age of	Naminas Name	e of the Appointee (if	Relationship	Address
			7 190 01	NOTHINEE		Relationship	Addiess
	(Note: 1. Personal Accid	dent cover for ow	ner driver is compulsor	y for Sum Insured o	ominee is Minor) f 15,00,000/- for Two \	Vheeler, Private Car,	GCV, PCV and Misc-D
0.	(Note: 1. Personal Accident 2. Compulsory P.	dent cover for own A cover for owner driver does not h	ner driver is compulsor r driver cannot be grant old an effective driving	y for Sum Insured o eed where a vehicle license)	ominee is Minor) f 15,00,000/- for Two \	Vheeler, Private Car,	Thu.
Ю.	(Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Paymer Pay	dent cover for owner A cover for owner driver does not he driver does not he	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons?	y for Sum Insured o eed where a vehicle license)	f 15,00,000/- for Two Vis owned by a company,	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
0.	(Note: 1. Personal Accident 2. Compulsory Paymere the owner)	dent cover for own A cover for owner driver does not h	ner driver is compulsor r driver cannot be grant old an effective driving	y for Sum Insured o eed where a vehicle license)	f 15,00,000/- for Two Vis owned by a company,	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or
0.	(Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Paymer Pay	dent cover for owner A cover for owner driver does not he driver does not he	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons?	y for Sum Insured o eed where a vehicle license)	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
0.	(Note: 1. Personal Accidence 2. Compulsory Paymer the owner Do you wish to include Paymer Name	dent cover for owner A cover for owner -driver does not h ersonal Accident of CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons?	y for Sum Insured o eed where a vehicle license)	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
0.	(Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Paymer Pay	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
10. 11.	(Note: 1. Personal Accidence 2. Compulsory Paymer the owner Do you wish to include Paymer Name Extension of Geographica Whether extension e	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
0.	(Note: 1. Personal Accidence 2. Compulsory Programmer 2. Compulsory Programmer 2. Compulsory Programmer 3. Computer 2. Computer 3. Com	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
i0.	(Note: 1. Personal Accidence 2. Compulsory Paymere the owners of Do you wish to include Paymere Paymere 2. Bangladesh 2. Bhutan 2. Shutan 2. Compulsory Paymere 2. Compulsory Pa	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
io.	(Note: 1. Personal Accidence 2. Compulsory Programmer 2. Compulsory Programmer 2. Compulsory Programmer 3. Computer 2. Computer 3. Com	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
IO.	(Note: 1. Personal Accidence 2. Compulsory Paymere the owners of Do you wish to include Paymere Paymere 2. Bangladesh 2. Bhutan 2. Shutan 2. Compulsory Paymere 2. Compulsory Pa	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
HO.	(Note: 1. Personal Accidence 2. Compulsory Paymer the owner) Do you wish to include Polymer Paymer	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
11.	(Note: 1. Personal Accidence 2. Compulsory Provided Provi	dent cover for own A cover for owner driver does not hersonal Accident CSI Opted	ner driver is compulsor r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
11.	(Note: 1. Personal Accidence 2. Compulsory Paymer the owner) Do you wish to include Polymer Paymer	dent cover for owner A cover for owner -driver does not h ersonal Accident of CSI Opted al Area ographical Area to	ner driver is compulsor, or driver cannot be grant old an effective driving cover Named Persons? Name of Nominee of the following Countries	y for Sum Insured of sed where a vehicle license) Age of Nominee	f 15,00,000/- for Two Vis owned by a company, Name of the Appointe	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No
0. 11.	(Note: 1. Personal Accident 2. Compulsory Provident 1. Personal Accident 2. Compulsory Provident 1. Personal Accident 2. Personal Accident 2. Personal Accident 3. Manual 4. Personal 4. Nepal 4. Nepal 5. Pakistan 6. Sri Lanka 4. Personal 4. Seri Lanka 4. Personal 4. Personal 4. Personal 5. Pakistan 6. Sri Lanka 4. Personal 4. Personal 4. Personal 4. Personal 5. Pakistan 6. Sri Lanka 4. Personal 5. Personal 6. Sri Lanka 4. Personal 6. Personal 6. Personal 6. Personal 6. Personal Accident 2. Personal Accident 2	dent cover for owner A cover for owner driver does not he ersonal Accident of CSI Opted al Area ographical Area to	ner driver is compulsor, r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee to the following Countries	y for Sum Insured of seed where a vehicle license) Age of Nominees seed are required?	nominee is Minor) f 15,00,000/- for Two Vis owned by a company, Name of the Appointe (If Nominee is Minor)	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No Address
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Deta	(Note: 1. Personal Accidence 2. Compulsory Provided Provi	dent cover for owner A cover for owner does not hersonal Accident of CSI Opted al Area ographical Area to established to be a concerned to the concerned to th	ner driver is compulsor, r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc	y for Sum Insured of seed where a vehicle license) Age of Nominees seed are required?	nominee is Minor) f 15,00,000/- for Two Vis owned by a company, Name of the Appointe (If Nominee is Minor)	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No Address
Deta 11.	(Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Personal Accident 2. Do you wish to include Personal Accident 2. Whether extension of Geographical Whether extension of Geograp	dent cover for owner A cover for owner driver does not he ersonal Accident of CSI Opted al Area ographical Area to	ner driver is compulsor, r driver cannot be grant old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc	y for Sum Insured of seed where a vehicle license) Age of Nominees seed are required?	nominee is Minor) f 15,00,000/- for Two Vis owned by a company, Name of the Appointe (If Nominee is Minor)	Wheeler, Private Car, a partnership firm or a	GCV, PCV and Misc-D a similar body corporate or Yes No Address
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Reliance General Insurance Company Limited.

of insurance / renewal, and adjusted for depreciation as per policy wordings.

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.



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			100				
De	tails of Previous Insuranc	ce					
45.	Full Name of previous insurer	KOTAK MAHINDRA	GENERAL INSURANC	E COMPANY LIMITED	- 4		
46.	Address	0			850		11
47.	Policy Number	3872206800	10	Previous Policy Expiry	28/10/2024		08
48.	Type of Cover	Package Policy	Liability only	others (to be descr	ibe)		
49.	NO CLAIM BONUS allowed un	der previous policy (%) 0					
50.	Claims taken in previous policy	4				Yes	✓ No
	If yes, No. of Claims	OL.		Claims Amount `		180	
51.	Are you entitled to No Claim Bor	nus	0.00	The same of the sa		✓ Yes	No
	If yes, please submit/attached pr	roof thereof		11/2	1.5	710.	
Pay	ment Details						
	Cheque/ DD	AGY.	Cheque	e/ DD No.			20
	Cheque/ DD Date	21	Cas	sh Credit Card	Others		80
Pro	poser's Bank Details						
52.	Name of the Bank Account Hold	er	200	37	5		
53.	Bank Account No.:	Mes.	410	54. Account:	Saving	Cur	rent
55.	Name of the Bank	0	201	- Mar	_		
56.	Branch	ALC:		100		160	
57.	MICR Code (9 digit MICR code i	number of the bank and branch	appearing on the chequ	e issued by the bank)		~	
58.	IFSC Code (11 character code a	appearing on your cheque leaf)		250	- Olles		
	I understand that any refund due	e on the premium payment / any	y payment / claims to be	directly credited to my afore	said Bank Account .*	*	050
* As	per IRDAI, its mandetory that all p				-0		



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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	360
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.	ince de la
I hereby declare that in future if me, any of my close relatives or any of my family mem Insurance Co. Ltd as a mandate. I understand that this is a crucial information under th given by me is true. In case the company comes to know that this is a misrepresentation scrutiny by the company and I shall be solely responsible for the same.	e PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers
Note: "Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted v States/Governments, senior politicians, senior government/judicial/military officers, se	enior executives of state-owned corporations, important political party officials,

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

This proposal form was completed by

		Initiative by saying "No" to Policy kit, R r registered Email ID & Mobile numbe		and Other Communications hard copy. We will I	be sending you
Go Green	Hard copy required	Yes No		District Control	
Name		- 110	Place:	200	30
Date:	19 Oct 2024 01:11	Hilly	Date:	19 Oct 2024 01:11	
	al line	The same of the sa	Will.	70°	10
Signatu	ire	Br. S.		Signature of Proposer & Company Seal	

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

proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

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

An ISO 9001:2015 Certified Company

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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	(a)	-6/1
Name of IRDAI Agent/ Broker Mr. Mrs.	- GL	Sec
Place	C.O.	
Date		
(In case of Direct Business, Name & Signature of CSO /SM to be taken)	Signature of IRDAI Agent/ Broker	
* Mandatory details to be filled	They want	
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 198	88 (Inserted
Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)	3.75	
	10.	

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