







M/S SUDEEP LOGISTICS PRIVATE LIMITED

314 PROGRESIVE MODEL COLONY VAIDUWADI HADAPS PUNE CITY MAHARASHTRA India - 411013 9326****



Welcome on board. Your Reliance Commercial Vehicles (Passengers Carrying 4W>6 & 3W>17) Package Policy -Schedule, with Policy Number 170122423400001771 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)

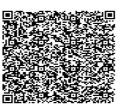
Reliance General Insurance Company Limited.

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.





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

| Policy Number : 170122423400001771 | Proposal/Covernote No: R181024107909 |
|--|---|
| 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: R181024107909 & 19 Oct 2024 01:04 |
| Email-ID: NA | GSTIN/UIN & Place of Supply: 27AATCS2867F1ZS and MAHARASHTRA |
| | |

| Insured Vehicle Details | | | |
|-----------------------------|------------------------------------|----------------------|-------------------|
| Registration No. | MH12KQ2276 | Mfg. Month & Year | MAY-2015 |
| Make / Model & Variant | FORCE MOTORS TRAVELLER SCHOOL BUS. | CC / HP / Watt | 2596 |
| Engine No. / Chassis No. | D63016488 / MC1E4DEA5FP018962 | LCC Including Driver | 17 |
| Type of Body | NA | Total Premium ` | 28971 |
| RTO Location | MAHARASHTRA - Pune | Total IDV ` | 468,000.00 |
| Manufacturer fully build in | Yes | Hypothecation/Lease | NA |
| Vehicle Category | Bus | Vehicle Usage Type | Contract Carriage |
| Vehicle Usage Sub Type | School Bus | | 30 |

| Insured Declared Value (IDV) | | | | | | |
|-------------------------------------|------------|------------------------------|------------|--|--|--|
| Chassis IDV | 0.00 | Non Electrical Accessories ` | 0.00 | | | |
| Body IDV ` | 0.00 | CNG / LPG Kit | 0.00 | | | |
| Vehicle IDV | 468,000.00 | Trailer / Side Car ` | 0.00 | | | |
| Electrical / Electronic Accessories | 0.00 | Total IDV | 468,000.00 | | | |

| Fremium Summary | | | |
|---|------------|--|------------|
| Own Damage - Section I | Amount (`) | Liability - Section II | Amount (`) |
| Basic OD | 424.43 | 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) | 63.66 | PA Benefits - Section III | |
| Total Basic Own Damage Premium | 488.09 | Legal Liability to paid driver and/or Conductor and/or | |
| Less | | cleaner | 50.00 |
| Deduct 20 % for NCB | -97.62 | TOTAL LIABILITY PREMIUM | 24,162.00 |
| Sub Total of Deductions | -97.62 | TOTAL PACKAGE PREMIUM (Sec I + II + III) | 24,552.00 |
| | | CGST (@9.00%) | 2210.00 |
| | | SGST (@9.00%) | 2210.00 |
| | | | |

TOTAL OWN DAMAGE PREMIUM 390.00

TOTAL PREMIUM PAYABLE (`) 28,971.00

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

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.



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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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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.: 170122423400001771 which has been issued based on the details declared by the applicant.

| Insured Vehicle Details | | | | |
|------------------------------------|--|----------------------|---|--|
| Registration No. | MH12KQ2276 | - SA | Mfg. Month & Year | MAY-201 |
| Make / Model & Variant | FORCE MOTORS TRAVELLER SCHOOL | OL BUS. | CC / HP / Watt | 259 |
| Engine No. / Chassis No. | D63016488 / MC1E4DEA5FP018962 | | LCC Including Driver | 1 |
| Type of Body | NA | 1 | Total Premium | 2897 |
| RTO Location | MAHARASHTRA - Pune | | IDV ` | 46800 |
| Manufacturer fully build in | Yes | | Hypothecation/Lease | N |
| Insured's Declared Value (IDV) | | | | |
| Chassis IDV ` | 77. (44) | 0.00 Non | Electrical Accessories ` | 0.0 |
| Body IDV ` | | 0.00 CNG | J/LPG Kit ` | 0.0 |
| Vehicle IDV ` | - 23 | 468000 Trail | er / Side Car ` | 0.0 |
| Electrical / Electronic Accessorie | es ` | 0.00 Tota | IDV ` | 468,000.0 |
| Previous Policy Details | | | | |
| Previous Year Policy No. | Period of Insurance | | Previous Policy-C | Claim Status |
| 3871452800 | From: 29/10/2023 To: 28/10/2024 midr | night | Yes | ✓ No |
| YOU HAVE OPTED FOR THE | FOLLOWING COVERS | | -0100 | El. 50 |
| | n Damage + Third Party Coverage | | 60 | |
| Non-ele | al/electronic accessories ectrical accessories kits comprising LPG/CNG systems | Har | Je alice | , eb |
| Add-on Covers | OD. | 00 | 401 | Contract of the Contract of th |
| Nil Depreciation Cover | No deduction for depreciation on veh | nicle parts other th | nan tyres and tubes with respect of ap | pproved partial loss claims. |
| Additional towing Charge | Provides cover for towing charges ov Insured - ` 0/-) | er and above the | standard policy guideline as per the | cover opted by customer (Sum |
| Additional Limit of TPPD | Indemnify the Insured for an additional Insured or held in trust or in custody | | opted for damage to property other that | an the property belonging to the |
| Emergency Hotel Accommodation | Provide allowance towards the Hotel provided in policy copy. | l accommodation | insured vehicle met with accident/ st | olen 200 kms away from the location |
| Please take a moment to carefully | check your policy details mentioned above | e and in the polic | y schedule. Kindly confirm that the sa | me are in order. In case of |

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 Insurer may seek any other | ted below are the minimum requi er information as desired for und rehicles with suitable amendmen | er for underwriting purpose.) | | Comp | g. |
|---|---|--|--------------------------|---------------------------|---------------------|
| ✓ PCV | GCV | MISC | C D | Trailer | 6 |
| For Office Use Only | | | | A | |
| Policy Number | 170122423400001771 | | Dat | te | - Ju |
| Savvion Reference No. | G. | | Inspection Lead N | 0. | |
| Intermediary Details (| To be filled in BLOCK L | ETTERS) | 2.0 | | |
| Intermediary Name | SAMADHAN RANSHUR | 24.9 | Cod | de 23P68356 | 100 |
| Branch Name | Pune | (III) | Cod | | |
| Sales Manager Name | Anikesh Kailas Kolhapure | 7 | Cod | | |
| *POS PAN No. | *****907E | Al al | *POS UID Aadhaar N | | - CO |
| Details (To be filled in | n BLOCK LETTERS) | -0° | | | 120 |
| This Proposal is for | A new Policy | Renewal of Policy | Endorsemer | nt Othe | rs (Please specify) |
| 2a. Proposer's Full Name | Mr. Mrs. | SUDEEP LOGISTICS P | RIVATE I IMITED | 26 | |
| 100 | - | .0 | 000 | siala ia narmally kant ar | ud Hood |
| 2b. Address | Address for Commu | inication | Address where ver | nicle is normally kept ar | id Used |
| Flat/Building/Door/Bloo | ck No. 314 PROGRESIVE | MODEL COLONY | -0 | 0. | |
| Road /Street/Sector | VAIDUWADI HADA | | 300 | AGO. | |
| 10,000 | A THE | | | | N.C. |
| Nearest Landmark | The same | De. | 100 | | |
| Area | 1.62 | | 100 | | The same |
| City | PUNE CITY | | - CO. | | 3. |
| Pin Code | 411013 MAHARASHTRA | .0 | 000 | 200 | |
| State Country | India | "Illa" | 00 | | |
| Phone | IIIula | Mr. | Mobile | 0326**** | |
| Emergency Contact No | 0 | | Blood Group | 9320 | |
| Email | | allio | Fax | 100 | 481 |
| Period of Insurance | From 29/10/20 | 24 | To 28/10/2 | 025 | 100 |
| 4. Source of Funds | Business | Profession S | Salary Agricultu | ıral Income | Savings |
| Monthly Income | Upto `20,000 | `20,001 to `50,000 | `50,001 to `1,0 | |),001and above |
| 6. UID Aadhaar No. | and and | · O | 7. PAN No. | *****907E | 0.0 |
| 8. Fast Tag ID | Mo. | "Illo | 60 | | 80 |
| Details of the Vehicle | | | | | |
| 9. Registration Number | MH12KQ2276 | | 10. Date of Registration | on | 12/06/2015 |
| 11. Registering Authority & L | Location MAHARASHTR | RA - Pune | | (0) | 100 |
| 12. Year & Month of Manufa | icture MAY-2015 | Sec | 13. Cubic Capacity | | 2596 |
| 14. Engine Number | D63016488 | | 1110 | | 1 |
| 15. Chassis Number | MC1E4DEA5FF | | 307 | 26.5 | |
| 16. Make of Vehicle | FORCE MOTO | and the second s | allo | 20, | 08 |
| 17. Type of Body/Model | NA/TRAVELLER | 3 | G | -01 | |
| | GVW)/Cubic Capacity (C.C.) | 711. | -0 | | |
| 19. Goods type (Applicable | | Hazar | dous Goods | Non-Hazardous C | |
| 20. Is the Vehicle made in In | | once of Danzanara and a | vehicles | ✓ Yes | No |
| | capacity (No. of Passengers) in | | venicies | 10 | 1600 |
| Vehicle Category Vehicle usage type (App | ✓ Bus | ☐ Taxi ☐ Contract Carriage | Stage Carriage | Private Usa | 200 |
| | (Applicable if Contract Carriage) | | | yee pickup Bus | Others |
| 23. Seating capacity (Include | | . V OC1001 L | Lilipic | you plokup bus | Ouleis |
| | | die | 00 | -00 | |

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| | f the Vehicle Typ | | | —————————————————————————————————————— | | | |
|---|--|--|---|--|--|--------------------|--------------|
| | ether the Vehicle is driv | _0 | | Yes | ✓ No If yes Bi Fuel | | LPG |
| - m - m - m - m - m - m - m - m - m - m | ed's Declared Value of vehicle Chasis | Non - electrical accessories fitted to vehicle () | Electronic actions to the fitted to the v | | G/ LPG Kit Bi Total Value (|) | 6 |
| 468,00 | 00.00 | 0.00 | 0.00 | 0.00 | 468,000.00 | | |
| h Dov | ou have a valid PUC? | ✓ Yes | ☐ No | Wall. | The same | 6,0 | |
| | | | | a valid Pollution Under Contro | ol (PUC) Certificate and/or valid fi | tness certificate | e, as |
| applical | ble, on the date of com | mencement of the Po | olicy and undertakes to r | enew and maintain a valid an | d effective PUC and/or fitness Co of any discrepancy in the PUC o | ertificate, as ap | plicable, du |
| | | e of Owner Driver | y reserves the right to ta | ke appropriate action in case | Others | i illiess certific | ate.) |
| 100 | () 3 | | aring or any physical in | firmity. | Yes | No | 0 |
| 100 | " please give | | annig or any priyonoarin | | 600 | | |
| details_ | 10. | | 4/2 | 2000 | -6 | | |
| | 01/02 | | 360 | 110) | 10/10 | 0.50 | |
| (c) Has the | e driver ever been invo | lved for causing any | accident or loss? | | Yes | No | |
| If "Yes" | " please give details as | under including the | pending prosecution, if | any:- | 10 | 12. | |
| 0 | G. | | | 200 | din | | |
| (d) D.O.B. | | 15 | 1600 | -010 | THE PERSON | | 8 |
| . Add Or | n Covers (Subject to a | vailability and eligibi | lity) | 0 | Co. | | |
| (a) | Easy Monthly Instaln | nent (EMI) Protectio | n Cover: (RGI-MO-A00 |)-00-17-V01-14-15) | CO | | |
| | If Yes, please choose | any one option; | ALCO. | " Allo | Agree . | N.C. | |
| | Plan I - 1 EMI, EMI A | mount : | | Sec. | A STORY | 160 | |
| | Plan II - 2 EMIs, EMI | Amount: | | | Mr. | Sec. 1 | |
| 100 | Plan III - 3 EMIs, EM | I Amount : | - 2 | .01 | 01 | | |
| (b) | Additional Towing Ch | narges | 130 | 000 | The state of | No | 8 |
| (c) | Nil Depreciation Cov | ver: | Mr. | -8 | C | No | |
| (d) | Total Cover | | H | Me | 200 | No | |
| (e) | Voluntary Deductible | o o | | a Cilia | A Carlo | 100 | |
| | Voluntary Deductible | amount opted: | | Age. | A STATE OF THE PARTY OF THE PAR | 110 | |
| (f) | Emergency Hotel Ac | commodation | | | 1111 | No | |
| 100 | Benefit Amount: | 200 | .6. | 100 | Olli | | |
| (g) | Additional limit of TP | PD | 11/10 | 000 | | No | 50 |
| 4 | Additional amount op | ted: | THE | -0 | | | |
| (h) | Personal Belongings | Cover | to | ALL LAND | 200 | No | |
| | Benefit Amount: | | | | The state of the s | Mr. | |
| (i) | Daily Allowance Ben | efit | | de. | 1750 | No | |
| | Per day allowance ar | nount opted : | | | E. S. | | |
| 2.00 | Coverage Days opted | d: | bu | No. | -0'81 | | |
| (j) | Daily Allowance Ben | efit Plus | Me | Ge. | = Olle | No | 15 |
| | Per day allowance ar | nount opted: | The same | -8 | G. | | |
| | Coverage Days opted | d: | Par | TO THE | TIC. | | |
| (k) | Tools and Equipmen | t Cover | | 001 | 140 | die | |
| (1) | Any other Details | - Oler | | N. S. | KILE. | P. He. | |
| | .0 | 0 | _ | | F | | |

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.

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



| reliancegeneral.co.in | (|
|-----------------------|---|
| 022 4890 3009 | 0 |
| 74004 22200 | 2 |

| | 0 | | 20 | | | | - 200 |
|-------------|--|---|--|--|--|---|---|
| 28. | Are you a member of Aut | omobile Associat | ion of India ? If Yes.plea | ase submit members | ship copy. | | Yes V No |
| 29. | Whether the Vehicle is us | | | | 1100 | | Yes V No |
| 30. | Whether use of Vehicle is | | | | | 36 | Yes V No |
| 31. | Whether the commercial | vehicle is also us | sed for Private purposes | s (excluding use for | hire or reward)? | 700 | Yes No |
| 0 | 3) | Ole . | dillo | , , | Go | -00 | |
| | | 33 | 1 The | | | -0 | |
| 33. | Whether the Vehicle is fit | ted with Fibre Gla | ass Tank? | | -/ | 200 | Yes V No |
| 34. | Whether the Vehicle belo | | | gn Country? | | 8 | Yes No |
| | If so, is the duty element i | | | - Pri | 1911 | | Alle. |
| 35. | Whether the Vehicle is de | esign for use of Bli | ind/Handicapped/Menta | lly Challenged Person | on? | | Yes V No |
| 36. | Date of purchase of the V | | | | 30 | | 12/Jun/2015 |
| 37. | Whether the Vehicle at th | | | | all per | New | Second Hand |
| À | 0. | " Can | Alle. | | 000 | -67 | _ |
| | k Inclusions | | | | | - 1 | |
| 38. | Do you wish to restrict t | | the statutory TPPD Lia | ability limit of 6000 | /- only? | CC. | Yes No |
| | Do you wish to cover le | • | Office | 26/1 | | 25 | |
| | (a) Driver/Conductor /C | | rsons) | | 190 | | Yes No |
| | (b) Other employees (N | | araana) | | 111 | | Yes No |
| | (c) Non-fare paying pas | - 228 | | | 200 | 26 | |
| 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 | aximum CSI availab | le per person is 1 Lakh | in the case of Motori | sed two wheelers and 2 |
| 9. | Personal Accident Cover | for Owner Driver | . Please give details of | 1.50 | 55 p | TCO. | å |
| | Name | Name of the | Nominee Age of | | of the Appointee (if | Relationship | Address |
| | | | | | | | |
| | (Note: 1. Personal Accid | dent cover for own | ner driver is compulsory | for Sum Insured of | minee is Minor) 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, (| GCV, PCV and Misc-D |
| 0. | (Note: 1. Personal Accident 2. Compulsory P. | A cover for owner driver does not h | ner driver is compulsory r driver cannot be grant old an effective driving | of for Sum Insured of ed where a vehicle is license) | 15,00,000/- for Two W | heeler, Private Car, (| GCV, PCV and Misc-D a similar body corporate or Yes No |
| Ю. | (Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Possible 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 2. Computer 2. Compulsory Paymere 2. Compulsory Paymere 2. Compulsory Paymere 2. Computer 2. Comp | A cover for owner driver does not he ersonal Accident of the ersonal Accident | ner driver is compulsory r driver cannot be grant old an effective driving cover Named Persons? | of for Sum Insured of ed where a vehicle is license) | 15,00,000/- for Two W | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No |
| 0. | (Note: 1. Personal Accident 2. Compulsory Paymere the owner) | A cover for owner driver does not h | ner driver is compulsory r driver cannot be grant old an effective driving | of for Sum Insured of ed where a vehicle is license) | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or |
| IO. | (Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Possible 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 2. Computer 2. Compulsory Paymere 2. Compulsory Paymere 2. Compulsory Paymere 2. Computer 2. Comp | A cover for owner driver does not he ersonal Accident of the ersonal Accident | ner driver is compulsory r driver cannot be grant old an effective driving cover Named Persons? | of for Sum Insured of ed where a vehicle is license) | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No |
| Ю. | (Note: 1. Personal Accidence 2. Compulsory Paymer the owner Do you wish to include Polyname | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant old an effective driving cover Named Persons? | of for Sum Insured of ed where a vehicle is license) | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No |
| ii0. | (Note: 1. Personal Accident 2. Compulsory Paymere the owner Do you wish to include Possible 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 1. Personal Accident 2. Compulsory Paymere 2. Computer 2. Compulsory Paymere 2. Compulsory Paymere 2. Compulsory Paymere 2. Computer 2. Comp | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No |
| io. i1. | (Note: 1. Personal Accidence 2. Compulsory Paymer the owner Do you wish to include Paymer Name Extension of Geographica Whether extension e | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No |
| 10. 11. | (Note: 1. Personal Accidence 2. Compulsory Paymere the owner.) Do you wish to include Property Name Extension of Geographical Whether extension of Geographical Whether extension of Geographical Management (Note: 1. Bangladesh) | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| io. | (Note: 1. Personal Accidence 2. Compulsory Paymer the owner Do you wish to include Paymer Pay | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| 10. | (Note: 1. Personal Accidence 2. Compulsory Paymere the owner.) Do you wish to include Property Name Extension of Geographical Whether extension of Geographical Whether extension of Geographical Management (Note: 1. Bangladesh) | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
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| 10. | (Note: 1. Personal Accidence 2. Compulsory Paymer the owner) Do you wish to include Polymer Paymer | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| io. | (Note: 1. Personal Accidence 2. Compulsory Provided Provi | A cover for owner- driver does not hersonal Accident of CSI Opted | ner driver is compulsory r driver cannot be grant- iold an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| 11. | (Note: 1. Personal Accidence 2. Compulsory Paymer the owner) Do you wish to include Polymer Paymer | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to | ner driver is compulsory or driver cannot be grant- old an effective driving cover Named Persons? Name of Nominee | of for Sum Insured of ed where a vehicle is license) Age of Nominee | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| Deta | (Note: 1. Personal Accidence 2. Compulsory Provided Provi | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to | ner driver is compulsory r driver cannot be grant- old an effective driving cover Named Persons? Name of Nominee to the following Countries | Age of Nominee s required ? | 15,00,000/- for Two W sowned by a company, a Name of the Appointee (If Nominee is Minor) | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No Address |
| 0. 11. | (Note: 1. Personal Accident 2. Compulsory Paymere the owner) Do you wish to include Personal Accident 2. Compulsory Paymere the owner) Name Extension of Geographical Whether | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to see / Hypothece is under | ner driver is compulsory or driver cannot be grants old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc | Age of Nominee s required ? | 15,00,000/- for Two W s owned by a company, a | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes V No |
| Deta | (Note: 1. Personal Accidence 2. Compulsory Provided Provi | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to see / Hypothece is under ess of concerned | ner driver is compulsory or driver cannot be grants old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc | Age of Nominee s required ? | 15,00,000/- for Two W sowned by a company, a Name of the Appointee (If Nominee is Minor) | heeler, Private Car, a partnership firm or a | 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. Compulsory Paymere the owner) Name Extension of Geographical Whether | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to see / Hypothece is under | ner driver is compulsory or driver cannot be grants old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc | Age of Nominee s required ? | 15,00,000/- for Two W sowned by a company, a Name of the Appointee (If Nominee is Minor) | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No Address |
| Deta | (Note: 1. Personal Accidence 2. Compulsory Paymere the owners 2. Compulsory Paymere 2. Computer 2. Co | A cover for owner-driver does not hersonal Accident of CSI Opted al Area ographical Area to see / Hypothece is under ess of concerned | ner driver is compulsory or driver cannot be grants old an effective driving cover Named Persons? Name of Nominee to the following Countries ation / Lease Hire Purc | Age of Nominee s required ? | 15,00,000/- for Two W sowned by a company, a Name of the Appointee (If Nominee is Minor) | heeler, Private Car, a partnership firm or a | a similar body corporate or Yes No Address |

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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| | | | 0.00 | | | | |
|-------|--------------------------------------|-------------------------------|-------------------------|---------------------------------------|--|---------|------|
| Det | tails of Previous Insurance | е | | | | | |
| 45. | Full Name of previous insurer | KOTAK MAHINDRA | GENERAL INSURAN | CE COMPANY LIMITED | - 4 | | |
| 46. | Address | 0 | | | 800 | | 11 |
| 47. | Policy Number | 3871452800 | 10 | Previous Policy Expiry | 28/10/2024 | | 08 |
| 48. | Type of Cover | Package Policy | Liability only | others (to be desc | ribe) | | - |
| 49. | NO CLAIM BONUS allowed und | 1,275,7 | _ ′ ′ | , | - G7- | | |
| 50. | Claims taken in previous policy | . , , (, | | 9 | | Yes | ✓ No |
| | If yes, No. of Claims | all of | 110 | Claims Amount ` | Contract of the Contract of th | - 600 | |
| 51. | Are you entitled to No Claim Bonu | IS | 00 | 7800 | | ✓ Yes | No |
| 01. | If yes, please submit/attached pro | | | 9 | | | |
| Day | ment Details | 0. 11.0.001 | | - 1 | | | |
| I a | Cheque/ DD | .GY | Choqu | ue/ DD No. | -000 | | 16. |
| | Cheque/ DD Date | 200 | ACHE : | ash Credit Card | Others | | 000 |
| | 00.7 | - 1 | | Sil Credit Card | Others | | |
| Pro | pposer's Bank Details | | | | | | |
| 52. | Name of the Bank Account Holde | r | 32 | O. | 500 | 56.5 | |
| 53. | Bank Account No.: | No. | 110 | 54. Account: | Saving | Cur | rent |
| 55. | Name of the Bank | 20, | 00 | - Alexander | | - Clare | |
| 56. | Branch | 200 | | 100 | | 110 | |
| 57. | MICR Code (9 digit MICR code no | umber of the bank and branch | appearing on the chec | ue issued by the bank) | | ~ | |
| 58. | IFSC Code (11 character code ap | ppearing on your cheque leaf) | | 25.00 | ale, | | |
| | I understand that any refund due | on the premium payment / any | v payment / claims to b | e directly credited to my afore | esaid Bank Account | * | 050 |
| * A - | per IRDAI, its mandetory that all pa | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |



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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 | The | |
| If yes, please mention the position held | A Division of the Control of the Con | | Ollis. | 3 |
| Is any of your close relation or family member a PEP? | Yes | ✓ No | | 800 |
| If yes, please mention the name and relation and the position held by such close relative/family member. | Wee. | -00 | - 30 | |
| 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 the given by me is true. In case the company comes to know that this is a misrepresentatio | e PMLA Rules and AML | / CFT Guidelines and | d shall confirm that the | answers |

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

scrutiny by the company and I shall be solely responsible for the same.

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

This proposal form was completed by

| | | Initiative by saying "No" to Policy kit, Reur registered Email ID & Mobile number | | and Other Communications hard copy. We will be | oe sending you |
|----------|--------------------|---|--------|--|----------------|
| Go Green | Hard copy required | Yes No | - 1 | O'll | |
| Name | | 310 | Place: | 200 | 30 |
| Date : | 19 Oct 2024 01:04 | Hill | Date: | 19 Oct 2024 01:04 | |
| | of the | | The. | | |
| Signatu | re | "all" | 0 | Signature of Proposer & Company Seal | |

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.

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

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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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. | - GE | 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) | 3.7 | |
| | 10. | |

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