







M/S AKUTAI KALYANI CHARITABLE TRUST 12/1A/1.12/1A/2.12/1A/2/2.12/AC/12/3A&13/3 MANJRÍ **PUNE** MAHARASHTRA India - 412307

# 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 170122523400000320 is now live to access your policy anytime, anywhere download our Reliance Selfi App and enjoy a host of special features.





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.

Click here to download

**Customer Information Sheet (CIS)** 

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





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

- 1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of
  its expiry.

Policy Number : 170122523400	Policy Number : 170122523400000320			Proposal/Covernote No: R01022509293			
Insured Name: M/S AKUTAI		ST	Period of Insurance: From 00:00 Hrs on 28-Feb-2025 to Midnight of				
Communication Address & F 12/1A/1,12/1A/2,12/1A/2/2,12/AC 412307.		MAHARASHTRA, India,	27-Feb-2026  Policy Issuing Branch: A Block, Heritage House, Ground floor, 6 Ramabai iia, Ambedkar Road, , PUNE, MAHARASHTRA, 411001.				
Mobile No: 9326*****			Tax Invoice No. & Date: R0102250929	93 & 02 Feb 2025 06:26			
Email-ID: NA			GSTIN/UIN & Place of Supply : MAH	ARASHTRA			
Insured Vehicle Details							
Registration No.	MH12SF7212	- 211	Mfg. Month & Year	JAN-2020			
Make / Model & Variant	EICHER 10.50 E BUS HB BS	S3 STF SRL	CC / HP / Watt	2000			
Engine No. / Chassis No.	E414CDLA316646 / MC2A1D	DRT0LA460966	LCC Including Driver	23			
Type of Body	NA		Total Premium `	34996			
RTO Location	MAHARASHTRA - Pune		Total IDV	1,340,000.00			
Manufacturer fully build in	No		Hypothecation/Lease	NA			
Vehicle Category	Bus		Vehicle Usage Type	Contract Carriage			
Vehicle Usage Sub Type	School Bus		.0				
Insured Declared Value (IDV)							
Chassis IDV	-0"	1,140,000.00 N	Non Electrical Accessories	0.00			
Body IDV	20.	200,000.00	CNG / LPG Kit	0.00			
Vehicle IDV	G.	1,340,000.00	Frailer / Side Car	0.00			
Electrical / Electronic Accesso	ories `	0.00	Total IDV `	1,340,000.00			
Premium Summary							
Own Damage - Section I		Amount (`)	Liability - Section II	Amount (`)			
Basic OD		1,132.02	Basic Liability (TPPD 1)	28,582.00			
Covers for Lamps Tyres/Tubes	Mudguards/Bonet/Side		Total Basic Liability Premium	28,582.00			
parts etc (IMT-23)	_	169.80	PA Benefits - Section III				
Total Basic Own Damage Prem	nium	1,301.82	Legal Liability to paid driver and/or Cond				
Less			cleaner	100.00			
		,					
Sub Total of Deductions		-325.46	TOTAL PACKAGE PREMIUM (Sec I -				
			CGST (@9.00%) SGST (@9.00%)	2669.00 2669.00			
TOTAL OWN DAMAGE PREM	/IUM	976.00					

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

GSTIN:27AABCR6747B1ZG

TOTAL PREMIUM PAYABLE (`)

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 31st October of the next financial year."

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/05/2025/(Validity Period Dt. 27/01/2025 to Dt. 01/12/2026)/424 Date 24-01-2025" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.

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

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

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company

Registered & Corporate Office: Reliance General Insurance Company Limited, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon (East), Mumbai – 400 063.

Corporate Identification No. U66603MH2000PLC128300. UIN: IRDAN103RP0012V02100001. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/PCV/PS/Ver. 1.3/310118

34,996.00



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/-).

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 Central Motor Vehicles Rules, 1989.

Deductible under Section-I:

(i) Compulsory deductible ` 1000/- (ii) Additional compulsory deductible ` 00/- (iii) Voluntary deductible ` 0/-

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

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

% of Discount on Own Damage Premium						
Period of Insurance	% of NCB on OD Premium	100				
The Preceding Year	20%	120				
Preceding Two Consecutive Years	25%	17.				
Preceding Three Consecutive Years	35%	63				
Preceding Four Consecutive Years	45%	-05				
Preceding Five Consecutive Years	50%	- AN - AN				

#### Compulsory PA cover for owner driver :

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

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

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

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

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

#### Statutory Provisions :

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

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

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

Note: In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not

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

The policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. Subject otherwise to the terms, conditions and exclusions of the Reliance Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

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

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

**IMPORTANT NOTICE:** The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the Insured. See the clause headed 'AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY'. For legal interpretation, English version will hold good.

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change. As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

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#### Grievance Clause:

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.

Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

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

# Fast Tag ID -

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

In the unfortunate event of a claim, please call quoting your Policy No. on 022 48903009(Paid) and register your claim immediately within 7days from the date of loss. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

Special Conditions: ACERemark as ACE of Rs.25000 Additional Compulsory Excess of Rs.5000.0 RGICL\_ORB.

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



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

# **Risk Assumption Letter**

Dear M/S AKUTAI KALYANI CHARITABLE TRUST

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 170122523400000320 which has been issued based on the details declared by the applicant.

Insured Vehicle Details						
Registration No. MI	H12SF7212		Mfg. Month &	Year	524	JAN-2020
Make / Model & Variant Ele	CHER 10.50 E BUS HB BS3 STF	SRL	CC / HP / Watt			2000
Engine No. / Chassis No. E4	114CDLA316646 / MC2A1DRT0LA	A460966	LCC Including	Driver	11/2	23
Type of Body NA			Total Premiun	13.7	111	34996
	AHARASHTRA - Pune		IDV `		100	1340000
Manufacturer fully build in No			Hypothecation	n/Lease		NA
Insured's Declared Value (IDV)						
Chassis IDV `	400	1 140 000 00 No	on Electrical Access	ories `	(7)	0.00
Body IDV `	1.3	200,000.00 CN		01100		0.00
Vehicle IDV `	.4		ailer / Side Car		- 3.	0.00
Electrical / Electronic Accessories	200		otal IDV `	120	105	1,340,000.00
Previous Policy Details						
Previous Year Policy No.	Period of Insurance		20	Previous Policy-0	Claim Status	
3027330701	From: <b>28/02/2024</b> To: <b>27/02/2025</b>	i midniaht	40	Yes	V No	
YOU HAVE OPTED FOR THE FO			000		200	0.97
	amage + Third Party Coverage		080		Co.	
Cover				G.		
	electronic accessories		200	65		
	ical accessories comprising LPG/CNG systems	100	100	All Co.		
200	comprising LF G/CNG systems			10	1/1/C	
Add-on Covers	The same	de.		Ser.		
Nil Depreciation Cover	No deduction for depreciation of	on vehicle parts othe	r than tyres and tube	s with respect of ap	oproved partial loss clair	ns.
Additional towing Charges	Provides cover for towing charg Insured - ` 0.0/-).	ges over and above t	the standard policy g	uideline as per the	cover opted by custome	er (Sum
Additional Limit of TPPD	Indemnify the Insured for an add		nt opted for damage	to property other that	an the property belongin	g to the
- Emergency Hetel	Insured or held in trust or in cus	•	on incurred vehicle m	act with accident/ at	rolan 200 kma ayyay fra	m the leastion
Emergency Hotel Accomodation	Provide allowance towards the provided in policy copy.	Hotel accommodati	on insured venicle m	iet with accident/ si	tolen 200 kms away iroi	n the location
NCB Retention Cover	No-Claim Bonus % is retained	even after a claim v	which would have be	come 0% without t	his cover	
Total Cover	Provides cover for registration					
EMI Protect	Pays for car EMIs for the time p					
Daily Allowance Benefit	Provides allowance as per plan				•	own damage
-8	claim., and in case of theft when		0 0			100
Daily Allowance Benefit Plus	Provides allowance as per plan	n opted, if vehicle is i	in garage for more th	nan minimum days	& for eligible own dama	ge claim., and
110	in case of theft where vehicle is	not found for more t	han 90 days			
Tyre Protector	Covers repair or replacement e	expenses arising out	of accidental loss or	damage to tyre & t	ubes	0.00
Rim Protector	Covers repair or replacement e			-		
Personal belongings Cover	Covers loss of personal belong vehicle	gings of insured or hi	s family while such it	tems are in vehicle	at the time loss or dam	age to the
Key Protect Cover	Provides replacement cost of k into	eys in the event the	keys are lost. It also	covers replacemen	nt cost of locks if the vel	nicle is broken
Assistance cover	Provides help or support in varie	ous emergency situa	ation to the insured a	nd Insured Vehicle	due to accident or brea	kdown
Tools and Equipment Cover	It will provide an allowance of s					
Voluntary Deductible	The insured shall be given redu specified expense at the time of	uction in premium if i	•			
No Claim Discount retension	200		no of rangual of the	nolina	627	800
Incurance	It will maintain the current appli	icadie ince at the tin	he of renewal of the	policy		

Reliance General Insurance Company Limited.

**IRDAI Registration No. 103** 

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022 4890 3009 (c)
74004 22200 (S)

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.

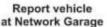
In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 022 48903009 (Paid) or visit any of our branches. Kindly refer to the Key Feature Document and Policy Wording at www.reliancegeneral.co.in to understand your policy better and learn more about 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







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

## Reliance General Insurance Company Limited.

#### IRDAI Registration No. 103



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022 4890 3009	0
74004 22200	0

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

11.5					
The Insurer may seek any other	r information as desired for unde		oser.	COMP	600
*(Applicable to all classes of ve		6	_	.0	
✓ PCV	GCV	MISC D		Trailer	Ŕ
For Office Use Only					
Policy Number	170122523400000320		Date	1111	
Savvion Reference No.	0		Inspection Lead No.	3	
Intermediary Details (1	To be filled in BLOCK L	ETTERS)			
	SAMADHAN RANSHUR	160	Code 2	23P68356	1
	Pune	ILU.		701	
8.5	Anikesh Kailas Kolhapure	NO.		71016662	
2.00	*****907E	*F	POS UID Aadhaar No.		
Details (To be filled in	BLOCK   FTTERS)	~0"			
This Proposal is for	A new Policy	Renewal of Policy	Endorsement	Others (Please sp	nacify)
F-0	- 6		-07	Others (Ficase sp	cony)
2a. Proposer's Full Name	Mr. Mrs.	AKUTAI KALYANI CHARITAI	200	03	20
2b. Address	Address for Commu	nication	Address where vehicle is	normally kept and Used	100
Flat/Building/Door/Block	ν Nο S NO 12/1Δ/1 12/1Δ	/2,12/1A/2/2,12/AC/12/3A&13/3		0	
Road /Street/Sector	MANJRI	Z, 12/1A/2/2, 12/AO/12/3A&13/3		.0	
0.00	- de	110		100	
Nearest Landmark	OP	0.00	The same of the sa	. Office	
Area	-0		100		
City	PUNE		0	100	
Pin Code	412307	6	0	025	
State	MAHARASHTRA	140	00		Sec
Country	India	Au. S	9	Co	
Phone	6	100	Mobile 9	326*****	
Emergency Contact No.	OLD S	1/1/1	Blood Group	100	
#Email	200	0.00	Fax	dillo	
<ol><li>Period of Insurance</li></ol>	From 28/02/202		To 27/02/2026	- CH2.	
4. Source of Funds	Business	Profession Salary			
5. Monthly Income	Upto `20,000	`20,001 to `50,000	`50,001 to `1,00,000	`1,00,001and abov	<i>r</i> e
6. UID Aadhaar No.	101	186	7. PAN No. *****	907E	850
8. Fast Tag ID	elli.	The same of	G.	0,0	
<ol> <li>Are you an existing Reliar Insurance Customer</li> </ol>	nce General Yes	✓ No		.0	
If Yes, please Provide the	Policy No :	11.00	100		
4,000		e anno il ID muonido di alcono i Kristi	iah ta masaina Delimosa		
		e email ID provided above. If you il at rgicl.services@relianceada.o		by and related documents in pr	iysicai form to
_0	adioss, piodos diop de dir oma	. at 1910100111000 © 1011ai 100aaa.ii		4	0
Details of the Vehicle	200		- 20	OV	- 100
<ol><li>Registration Number</li></ol>	MH12SF7212	11	Date of Registration	31/03/2020	80
12. Registering Authority & Lo			0	CO	
13. Year & Month of Manufact			4. Cubic Capacity	2000	
15. Engine Number	E414CDLA3166				
16. Chassis Number	MC2A1DRT0LA	460966		de	
17. Make of Vehicle	EICHER	1.00	200	16.	
18. Type of Body/Model	NA/10.50		11.10	A. Walley	
	GVW)/Cubic Capacity (C.C.)		O	ales Heread & Co. 1	
20. Goods type (Applicable o	100	Hazardous	GOOOS	Non-Hazardous Goods	670
21. Is the Vehicle made in Inc	ıld (	The same of the sa	O.	✓ Yes No	
_ 3/	Market Control of the	V-12		The Control of the Co	

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22. Max.	Licensed carrying capa	city (No. of Passengers) in o	case of Passenger carrying ve	ehicles 22	Malle	
	le Category	✓ Bus	Taxi		- A	
	ele usage type (Applicab		✓ Contract Carriage ✓ School Bu	Stage Carriage s Employee pic	Private Usage	
40.00	ng capacity (Including D	licable if Contract Carriage): Oriver) 23	SCHOOL BU	S Employee pic	Kup Bus Unie	115
1.20		(I)	III.	0	.07	
	of the Vehicle Typ	ren by Non-conventional sou	rce of power?	s ✓ No If yes ☐ Bi	Fuel CNG LPG	Electric
	- 10	Non - electrical		Value of CNG/ LPG Kit Bi		
	red's Declared Value /) of vehicle Chasis	accessories fitted to the	Electronic accessories fitted to the vehicle ( )	Fuel ( )	Total Value ( )	
	y 2 222 22	vehicle ( )	0.00	0.00	4.040.000.00	
1,34	0,000.00	0.00	0.00	0.00	1,340,000.00	00
b. Do	you have a valid PUC?	✓ Yes No	Alle	Go	E-01	
					ate and/or valid fitness certificate, and/or fitness Certificate, as app	
					ncy in the PUC or fitness certificate	
26. Detai	ls of Driver: (a) Ag	e of Owner Driver	So.	Others	The same of the sa	
(b) Does	the driver suffer from d	efective vision or hearing or	any physical infirmity.	11/2	Yes No	
4	s" please give			of Ol	alles	
details	8	A STATE OF THE PARTY OF THE PAR	180	-050	XP	957
50	100	7	HILL	G	C <sub>O</sub>	
		olved for causing any accide			Yes No	
If "Ye	s" please give details as	under including the pending	g prosecution, if any:-	- artic	100	
(d) D.O.E	0.00	(UP	000	401	The state of the s	
		vailability and eligibility)		110	A Prince	
zr. 7100 C	(60)	50		of all		
(a)		99	r: (RGI-MO-A00-00-17-V01-1	4-15)	dillo	870
	If Yes, please choose		Hill	0	00,	
	Plan I - 1 EMI, EMI A	Le	100	100		
	Plan II - 2 EMIs, EMI	20	all to	100	1000	
	Plan III - 3 EMIs, EM	The same of the sa	0.5	Sill	Maria	
(b)	Additional Towing Ch	3.3		Ille.	No	
(c)	500	/er:			No	al la
(d)	Total Cover	(B)	The same of the sa	-0ft	No	850
(e)	Voluntary Deductible		His.	0	Co	
40	Voluntary Deductible		100	20	8	
(f)	Emergency Hotel Ac	commodation	- office	(dil	No	
	Benefit Amount:	THUY.	Ser.	Sh	The state of the s	
(g)	173			A III	No	
- 65	Additional amount op		- 5	and the same of th	Office	
(h)	Personal Belongings	Cover	1100	Call	No	35
	Benefit Amount:		Rea.	.0	C	
(i)	Daily Allowance Ben		NO.	20	No	
	Per day allowance ar		20/10		110	
	Coverage Days opted		60	A SHA	110	
(j)	Daily Allowance Ben			MI.	No	
	Per day allowance ar		- 8	- Cho		
- Alle	Coverage Days opted	d:	A COMMENT	-0	THIN.	Sign

Reliance General Insurance Company Limited.

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	0.00		VIS.			10	The same		Cally .	
	(k) Tools and Equi	pment Cover					140			
	(I) Any other Deta	ils					40	- F		533
	THE STATE OF THE S	20					20			261
28.	Is the vehicle fitted with	any Anti-theft device	e approved b	y the ARAI	?		00	affer	Yes	✓ No
	If Yes,please attach cer					ile Associa	ation of India.		<del></del>	
29.	Are you a member of A	utomobile Associati	on of India?	If Yes,pleas	e submit r	nembersh	ip copy.		Yes	✓ No
30.	Whether the Vehicle is					1/0		age.	Yes	✓ No
31.	Whether use of Vehicle	•				6	The same		Yes	✓ No
32.	Whether the commercia	al vehicle is also us	ed for Private	e purposes	(excluding	use for h	ire or reward)?		Yes	No
33.	Whether the Vehicle is				`		-3	6	Yes	✓ No
34.	Whether the Vehicle be			of a Foreign	n Country	)	NE		Yes	No
04.	If so, is the duty elemen	200		or a roloigi	Todanay		COL	alle,	100	110
35.	Whether the Vehicle is			ned/Mentall	v Challend	ad Parson	n?	C.	Yes	✓ No
36.	Date of purchase of the	W	7.67	ped/ivieritali	y Challerig	jeu i eisoi	1:	60	31/Mar/20	
37.	Whether the Vehicle at					110		New	Anna San	nd Hand
31.	whether the vehicle at	the time of purchase	e was			6.	TI .	INew	Secoi	шпани
Ris	k Inclusions									
38.	Do you wish to restrict	t the above limits to	the statutory	/ TPPD Liab	oility limit o	f 6000/-	only?	. 63	Yes	No
	Do you wish to cover	legal liability to?					20	000		- 0
	(a) Driver/Conductor /	Cleaner (No. of per	rsons)	100			-0	Region	Yes	No
8	(b) Other employees (	(No. of Persons)		Eles.				Co	Yes	No
	(c) Non-fare paying pa	assenger (No. of pe	rsons)	6		- 3		-0	Yes	No
39.	Do you wish to include	personal Accident (	P.A.) Cover f	for paid drive	ers, cleane	ers and co	nductors?	The same	✓ Yes	No
	If Yes, give name and C							in the case of Motoris	ed two wheeler	s and 2
	lakhs for other classes						100		The	
40.	Personal Accident Cove	er for Owner Driver.	Please give	details of no	omination		all the		600	
	1. XX	200		1.0		Nama	of the Appointee (if	- 60		-01
	Name	Name of the	Nominee	Age of N	ominee		ninee is Minor)	Relationship	Addre	SS
		3600		16.				6,4		
	(Note: 1. Personal Acc	cident cover for own	er driver is c	rompulsory i	for Sum In	sured of	15.00.000/- for Two W	heeler Private Car G	CV_PCV and I	Misc-D
			200				owned by a company, a			
		er-driver does not he				0,	Ti.	90.	die	
41.	Do you wish to include	Personal Accident of	over Named	Persons?			100		Yes	✓ No
		. 0.00.1017.100.00111.0	1				Name of the Appointed			
	Name	CSI Opted	Name of	Nominee	Age of N	Nominee	Name of the Appointee (If Nominee is Minor)	Relationship	Addre	SS
	1100	187		186				-000		800
8		C. I.		Alle.			G.	CO		
42.	Extension of Geographi			0		20		_0		
	Whether extension of G	eographical Area to	tne following	g Countries	requirea ?	150		THE		
	1. Bangladesh						- 10		The same	
	2. Bhutan		III.				150		10	
	3. Maldives						The same of the sa			
	3. Ivialuives	-00					630	200		
	4. Nepal	de		1800			- Clar	425		0%
	5. Pakistan	- LII		10			G	-0		
		Mes.		71.				. 0		
	6. Sri Lanka		(2)			- OF				
Det	tails of Hire Purcha	se / Hypothec	ation / Le	ase						
43.	Please state if the vehic	ele is under	Teris	Hire Purch	ase	I	_ease Agreement	Hypothecati	on Agreement	
	If so, give name and add	dress of concerned	parties.				1111	- 3	A	
44.	Full Name	M/s					offer	0		16
45.	Address	1010		1000			O.C.	- SIP		0.00
No	te									
	nce General Insurance	Company Limited		IRDAI	Registra	tion No.	103	An ISO 90	01·2015 Certif	ied Company

Corporate Identification No. U66603MH2000PLC128300. UIN: IRDAN103RP0012V02100001. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures Private Limited and used by Reliance General Insurance Company Limited under License. RGI/MCOM/CO/PCV/PS/Ver. 1.3/310118

Western Express Highway, Goregaon (East), Mumbai – 400 063.

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



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74004 22200 s

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

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

Det	alls of Previous Insurance	ce					
46.	Full Name of previous insurer	KOTAK MAHIN	DRA GENERAL INSURA	ANCE COMPANY LIMITED			
47.	Address	7		000			
48.	Policy Number	3027330701	7/12	Previous Policy Expi	ry 27/02/2025	180	
49.	Type of Cover	Package Policy	Liability only	others (to be de	escribe)	Jan .	
50.	NO CLAIM BONUS allowed un	der previous policy (%)	20	11/2		711.	
51.	Claims taken in previous policy	G				Yes	✓ No
	If yes, No. of Claims	a Gib		Claims Amount `			The second
52.	Are you entitled to No Claim Bor	nus	200	011	ALL Y	✓ Yes	No
	If yes, please submit/attached pr	oof thereof	THE STATE OF THE S	Co.	60,		
Pay	ment Details						
	Cheque/ DD	(5)	Che	eque/ DD No.		6	
	Cheque/ DD Date	-00		Cash Credit Card	d Others	197	
Pro	poser's Bank Details						
53.	Name of the Bank Account Hold	er		1/10		MC.	
54.	Bank Account No.:			55. Account:	Saving	Cur	rent
56.	Name of the Bank	Marie Contract of the Contract	1.80	and the same	900		050
57.	Branch			Go	-01		
58.	MICR Code (9 digit MICR code i	number of the bank and b	ranch appearing on the ch	eque issued by the bank)			
59.	IFSC Code (11 character code a	appearing on your cheque	leaf)	U.S.	"Co		
	I understand that any refund due	on the premium paymen	t / any payment / claims to	be directly credited to my af	oresaid Bank Account .	*	
* As	per IRDAI, its mandetory that all p	payments made to the ins	ured are only through elec	tronic mode.			

Reliance General Insurance Company Limited.

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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	3,600
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 to the
I hereby declare that in future if me, any of my close relatives or any of my family member 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 misrepresentation scrutiny by the company and I shall be solely responsible for the same.	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 with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).

# Declaration by Proposer

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

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	be sending you
Go Green	Hard copy required	Yes No		Distr.	
Name		- 110	Place:	20,0	80
Date:	02 Feb 2025 06:26	Reco	Date:	02 Feb 2025 06:26	
	of the		Will Co.	400	
Signatu	re	"Oly	100	Signature of Proposer & Company Seal	7

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	20,
Name of IRDAI Agent/ Broker Mr. Mrs.	- Gille Hill bre
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 willen
The policy does not cover liability for death, bodily injury or damage as excluded under Sectio	on 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)	77,
	160. Th

Reliance General Insurance Company Limited.

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