

Bajaj Allianz General Insurance Company Ltd.
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Commercial Vehicle Package Policy

Dear GAUTAM DILIP GANDHI

We wish to inform you that the contract under policy number 'OG-24-2006-1803-00001938' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

A. Proposer details

- 1. Proposer Name : GAUTAM DILIP GANDHI
- 2. Proposer Address : AP MAHAVIR CHOWK ASHVI BK, , , AHMED NAGAR - 413714
- 3. Proposer Mobile Number : 0-8411836488
- 4. Proposer Residential Number : NA
- 5. Proposer e-mail id : NAKUL6677@GMAIL.COM
- 6. Proposer Profession : NA

B. Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	GVW/KW	Year Of Manufacturing	Vehicle Seating Capacity	Vehicle/Trailer Chassis Number	Vehicle Engine Number
MH04GC8725	EICHER	HIGH DECK LOAD BODY (GVW 12976)	11.10	12976	2013	3	MC226HRC0DD082837	E483CDDD611983

Fuel Type	Vehicle IDV (in Rs.)	Electrical Accessor-ies IDV (in Rs.)	Non-Electrical Ac-cessories IDV (in Rs.)	Trailer	Trailer Re-gistration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum In-sured
DIESEL	5,50,000	0	0			0	5,50,000

C. Coverage opted

1. Period of Insurance : From 13-Jan-2024 00:01(Hrs) To 12-Jan-2025 Midnight
2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.
5. Is Voluntary Excess opted : No.
Amount of voluntary excess opted : Rs.NA.
6. Whether PA cover is opted for owner-driver : Yes.
7. Compulsory Deductible : Rs.1,000
8. Is any additional compulsory deductible imposed and agreed upon : No.
Amount of additional compulsory deductible imposed : Rs.NA.
9. Whether geographical area extension is opted : No.
Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : Yes.
11. Whether PA cover is opted for paid driver other than owner driver : No.
Number Of Paid Driver(s) : NA
Sum Insured Per Paid Driver : Rs.NA.
12. Whether PA cover is opted for passengers : No.
Number Of Passengers : NA
Sum Insured per Passenger : Rs.NA.
13. Is TPPD restricted to statutory limit of Rs.6,000? : No.
14. Pre Existing damages in the vehicle : NA.
15. Premium for Liability coverage, quoted and agreed upon is : Rs.35,744.00.
16. Premium for OD coverage, quoted and agreed upon is : Rs.3,211.00.
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :Rs.38,955.00
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy :NA.
21. About the last insurance company
(i) Insurance Provider : NA
(ii) Previous Policy No : NA
(iii) Previous Policy Expiry Date : NA
22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No.
Name of Pledgee : NA.
23. Add on Cover(s) opted : No.Plan name:NA
24. To support our Go Green initiative, send policy copy link on registered mobile number / email id: YES

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby give voluntary consent to BAGIC/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information : Yes

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-102-5858,1800-209-5858
Email address : Bagichelp@bajajallianz.co.in
Website : www.bajajallianz.com

Contact our policy servicing branch at: ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210 Phone No :0240-2478787/0240-2478747.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH. Bajaj Allianz General Insurance Co Ltd



Bajaj Allianz General Insurance Company Ltd.

Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006(India)

COMMERCIAL VEHICLE PACKAGE POLICY CERTIFICATE CUM POLICY SCHEDULE
UIN : IRDAN113RP0027V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; ABC East,, 3rd Floor,, Chilkathana MIDC,, , AURANGABAD-431210 Phone No :0240-2478787/0240-2478747

Policy Number	OG-24-2006-1803-00001938	Product	Commercial Vehicle Package Policy
Vehicle Type	Goods Carrying - Public Carrier		
Period Of Insurance	From: 13-Jan-2024 00:01 To: 12-Jan-2025 Midnight	Policy issued on	15-Jan-2024 -
		Cover Note No	/
Application No		Scrutiny No	387583092
Insured Name	GAUTAM DILIP GANDHI	Zone	C
Insured Address	AP MAHAVIR CHOWK ASHVI BK, , , AHMED NAGAR - 413714		
Customer ID	422728039	Premium Payer ID	422728039
		Transaction Id	
		Policy Status	ISSUED
GSTIN / UIN	NA	Place of Supply/State Code/Name	27 - Maharashtra

Invoice No. 410576103/1
Company GST No 27AABCB5730G1ZX
Company PAN No AABCB5730G

Registration No.	Place of registration	Make	SubType	Model	GVW/ KW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
MH04GC8725	MH04-THANE	EICHER	HIGH DECK LOAD BODY (GVW 12976)	11.10	12976	2013	3	MC226HRCOD D082837	E483CDDDD611 983

Fuel Type	Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
DIESEL	5,50,000	0	0			0	5,50,000

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	3,211.00	Basic Third Party Liability	35,313.00
State GST (9%)	289	State GST (6%)	2119
Central GST (9%)	289	Central GST (6%)	2119
Total OD Premium	3,789.00	Total Basic TP Premium	39,551.00
		PA Cover For Owner-Driver - SI - Rs. 15,00,000.00	331.00
		LL For Operation/Maintenance For 2 Person	100.00
		State GST (9%)	39
		Central GST (9%)	39
		Total Other TP Premium	509.00
Final Premium Rs.	43,849.00	All Premium Figures are in Rupees	

Geographical Area : No Claim Bonus : 0% **Theft Excess:** Rs. NA **Voluntary Excess :** Nil
Nominee Details Name : NA **Relationship :** NA
Compulsory Deductible : Rs.1,000 **Additional Compulsory Deductible :** Rs.0

The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tution, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)

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

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.7,50,000.00/-

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing

DRIVER : Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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

Subject To IMT Endorsement Nos : 21, 23, 39(Loading and/or Unloading), & Policy wordings attached herewith

Warranted that insured named herein or owner of the vehicle insured holds a valid Pollution Under Control (PUC) and / or Fitness Certificate on the date of commencement of the Policy. If the PUC and/or Fitness Certificate is not found to be valid on the date of commencement of the Policy, the Company reserves its right to consider the policy void ab initio.

Broker Code 10038342	Channel Name : ML
Broker Name : Jainuine Insurance Brokers Pvt. Ltd	
Contact No : 9850049400/9850049400	
Email -	

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] 2006-00537757 / 387583092 / Rs. 43,849.00 ,



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

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

It is hereby understood and agreed that for the purpose of application of Endorsement IMT-21 attached to and forming part of the above policy, the towing vehicle and trailer(s) while attached thereto shall be treated as a single unit.

Damage Details Annexure : - Cost of Repair / Replacement towards the damaged parts noticed during the inspection of your vehicle prior to enrolment under this policy as per Inspection report reference number 2024-09348674 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.

Remarks

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

387583092/-/10038342/NA/-

This is a one page Policy Document [without enclosing the Terms and Conditions (T&C) of the Policy] issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.com) that enables access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.

Kindly contact our nearest / local office(s) for No Claim Bonus Confirmations.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.

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Bajaj Allianz General Insurance Company Ltd.

ABC East, 3rd Floor, Chilkathana MIDC, AURANGABAD - 431210
Contact No: 0240-2478787/0240-2478747; Fax No: 0240-2324254

RECEIPT

Receipt Number **2006-00537757**
Receipt Date **15/01/2024**
Business Channel **ML**

Received with thanks from GAUTAM DILIP GANDHI

(Customer ID : 422728039) a total sum of Rupees Forty Three Thousand Eight Hundred Forty Nine Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Cheque	045823	13/01/2024	DEOGIRI NAGARI SAHAKARI BANK LTD., AURANGABD	BR LASUR STATION MAIN ROAD, LASUR STATION, TQ. GANGAPUR, DIST AURANGABAD-423702	43,849

Total Amount

Rs. 43,849.00

Note : SCR. NO. 387583092

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

* Cheque/DD/PO receipt is valid subject to realisation of the instrument.

For & on behalf of

Bajaj Allianz General Insurance Company Ltd.



Authorised Signatory

Regd.Office: Bajaj Allianz House,Airport Road, Yerwada, Pune - 411006