







M/S MANJEET COTTON PRIVATE LIMITED GAT NO. 6, VILLAGE RATNALI ATKUR ROAD,,NEAR PETROL PUMP DHARMABAD,DIST.NANDED,DHARMABAD DHARMABAD MAHARASHTRA India 431809 9324171518

# From here on, you're our responsibility.

Welcome on board. Your Reliance Commercial Vehicles (Miscellaneous & Special Type) Package Policy -Schedule, with Policy Number 170822423430016848 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 Corporate Identification No. U66603MH2000PLC128300. UIN: IRDAN103P0012V02100001. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ventures





74004 22200 🕒

# Reliance Commercial Vehicles (Miscellaneous & Special Type) Package Policy- Schedule

				64		
Policy Number : 17082242343	0016848		Proposal/Covernote No: R2	22042484372		
Insured Name: M/S MANJE	ET COTTON PRIVATE LIMITE	D	Period of Insurance: From 00:00 Hrs on 23-Apr-2024 to Midnight of 22-Apr-2025			
	LI ATKUR ROAD,,NEAR PETR ),DHARMABAD DHARMABAD		Policy Issuing Branch: C-9 & C-10, Second Floor, ABO MAHARASHTRA, 431001.	C Complex, Adalat Road ,	AURANGABAD,	
Mobile No: 9324171518			Tax Invoice No. & Date: R22	042484372 & 22 Apr 2024	06:38	
Email-ID: shruti.jhanwar@ma	anjeetgroup.com		GSTIN/UIN of the Insured : 2	27AAECM5891Q1ZK MAI	HARASHTRA	
Insured Vehicle Details						
Registration No.	MH26V9448	.40	Mfg. Month & Year	411	MAR-2012	
Make / Model & Variant	NEW HOLLAND 3510 SC,PS	S,HX	CC / HP	CO.	35	
Engine No. / Chassis No.	074195N / 2180395		GVW	0	1995	
Type of Body / LCC(excluding driver)	NA/0	12	Manufacturer fully build	in	Yes	
RTO Location	MAHARASHTRA - Nanded	00	Total Premium `		9,357.00	
Vehicle subtype	AGRICULTURAL TRACTO	RS	IDV `	Ch.	234,381.00	
Hypothecation/Lease	NA		11	4		
Insured Declared Value (IDV)	_60		20			
Chassis IDV	30	0.00	Non Electrical Accessories	20	0.00	
Body IDV	50	230	CNG / LPG Kit	C)	0.00	
Vehicle IDV		234,381.00	Frailer `	-0	0.00	
Electrical / Electronic Accesso	ories `	0.00	Total IDV `	9	234,381.00	
Premium Summary						
Own Damage - Section I		Amount (`)	Liability - Section II		Amount (`)	
Basic OD		1,066.43	Basic Liability (TPPD 1)		7,267.00	
Covers for Lamps Tyres/Tubes	Mudguards/Bonet/Side		Total Basic Liability Premium	1	7,267.00	
parts etc (IMT-23)			PA Benefits - Section III			
Total Basic Own Damage Pren	nium		Legal Liability to paid driver and cleaner		50.00	
Less Deduct 50 % for NCB			TOTAL DACKAGE PREMIUN		7,317.00	
Sub Total of Deductions		-613.20	TOTAL PACKAGE PREMIUN	1 (Sec I + II + III)	7,930.00	
			CGST (@9.00%)		714.00	
			SGST (@9.00%)		714.00	

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 47,40,23,21

GSTIN: 27AABCR6747B1ZG

TOTAL OWN DAMAGE PREMIUM

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 30th September of the next financial year. Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/62/2024/(Validity Period Dt.01/03/2024 to Dt.01/12/2025)/1501 Date 28-02-2024" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir

613.19

BROKERS PVT LTD	0,	9830049400	irisurance@kallasirjalir.iir	THE PLANT
Intermediary Code/Name		Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.
Special Conditions	:	This Tractor is rated as an agricultural tr	actor based on information of exclusive	use for agricultural purpose provided to
Limits of liability	:	PA cover for owner driver under section person so far as it is necessary to meet t (b) Under Section II (1)(ii) of the Policy-D in the custody of control of the insured up Insured - ` 6,000/-).	he requirements of the Motor Vehicle Ac amage to property other than property b	t, 1988. elonging to the insured or held in trust or
Limitations as to use	anck	The policy covers the use only under a punder sub-section (3) of Sec 66 of the M	otor Vehicle Act, 1988. The Policy covers	

Reliance General Insurance Company Limited.

17BRG276 / JAINUINE INSURANCE

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: IRDAN103P0012V02100001. 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/2343/PS/Ver. 1.1/310118

9,357.00





Deductible under Section-I: Persons/Classes of persons entitled to drive:

- : (i) Compulsory deductible ` 2000/- (ii) Additional compulsory deductible ` 00/- (iii) Voluntary deductible ` 0/-
- : When the vehicle is used for transport of goods 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.

#### 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 relevant circulars/notifications issued by the regulator in this regard.

In case you have missed it, please opt for the compulsory PA cover by payment of an additional premium of Rs. 750/-.Liability of insurance company shall commence from the date of issuance of endorsement.

I/ We hereby declare that I/ we hold an effective Personal Accident Insurance Policy / Compulsory Personal Accident (CPA) for Owner-Driver in other vehicles covering Death & Permanent Disability (Total and Partial) whereby the Sum Insured limit is of 1500,000 or more.

I/ We hereby declare that I/ we do not hold a valid Motor Driving license, and I/We am/are aware that Compulsory Personal Accident covering Death & Permanent Disability (Total and Partial) for Owner-Driver of SI 1500,000 will not be applied to this policy.

"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.



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

#### **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

In the unfortunate event of a claim, please call quoting your Policy No. on 022 48

022 48903009(Paid) and register your claim immediately within 7days from the date of loss.

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.

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.

For Reliance General Insurance Co. Ltd.

**Authorised Signatory** 

#### **Risk Assumption Letter**

Dear M/S MANJEET COTTON PRIVATE LIMITED Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 170822423430016848 which has been issued based on the details declared by the applicant.

0.5						
Insured Vehicle Details						
Registration No.	MH26V9448		Mfg. Month &	. Year	7275	MAR-2012
Make / Model & Variant	<b>NEW HOLLAND 3510</b>	SC,PS,HX	CC / HP	all a	00	35
Engine No. / Chassis No.	074195N / 2180395		GVW	The same		1995
Type of Body / LCC(excluding driver)	NA/0		Manufacture	r fully build in	Tiu.	Yes
RTO Location	MAHARASHTRA - Na	anded	Total Premiu	m`	03	9,357.00
Vehicle subtype	AGRICULTURAL TR	ACTORS	IDV `	0		234,381.00
III.	10°	.40	- O.Y.	400	3	10
Insured Declared Value (IDV)						
Chassis IDV		1	0.00 Non Electrical Acce	essories `		0.00
Body IDV			0.00 CNG / LPG Kit	20	6.	0.00
Vehicle IDV `		2	34381 Trailer / Side Car	10		0.00
<b>Electrical / Electronic Accesso</b>	ories `		0.00 Total IDV	CIL	Alex.	234,381.00
Previous Policy Details						
Previous Year Policy No.	Period of Insurance	e	No.	Previous Policy-Claim	Status	300
16060031230100000176	From: 19/04/2023 To	o: <b>18/04/2024</b> midnight	alle	Yes	✓ No	0.0
Cover	FOLLOWING COVERS In Damage + Third Party cal/electronic accessories ectrical accessories kits comprising LPG/CN	<b>Coverage</b> S	Reliance Ge	entance Con.	mited	
Add-on Covers	C.O.			110,5	1111	
Additional towing Charg	es Provides cover for Insured - ` 0/-)	towing charges over and	d above the standard policy	guideline as per the cover	opted by customer	(Sum
Emergency Hotel Accommodation	Provide allowance provided in policy		mmodation insured vehicle	met with accident/ stolen 2	200 kms away from	the location
Additional Limit of TPPD		red for an additional TPF trust or in custody of Ins	PD amount opted for damag ured.	e to property other than the	property belonging	to the
		6.3	130	Contract of the Contract of th		

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

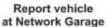
**Documents required**: Letter for addition, policy copy, invoice copy of accessories, endorsed registration certificate copy (for CNG/LPG kit) and cheque for additional premium.

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)
- 2. Registration copy
- 3. Driving License of the driver at the time of loss
- 4. Policy copy
- 5. Vehicle fitness certificate
- 6. Vehicle route permit
- 7. Vehicle carriage permit
- 8. Road tax copy
- 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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# Proposal Form for POS Reliance Commercial Vehicles Package Policy (Other than Motor Trade Internal Risks Policy)

The Insurer may seek any other	ed below are the minimum requirement er information as desired for under for ur ehicles with suitable amendments in 'Lir	nderwriting purpose.)	Colum	4
PCV	GCV	✓ MISC D	Trailer	λ.
For Office Use Only		110	77	_0,0
0.5	4700004004004004	V.	- GY	10.
Policy Number	170822423430016848	lanan	Date	17.
Savvion Reference No.	-0		tion Lead No.	13
Intermediary Details (	To be filled in BLOCK LETTER	RS)		
Intermediary Name	JAINUINE INSURANCE BROKERS P	VT LTD	Code 17BRG276	
Branch Name	Aurangabad	-0	Code 1708	
Sales Manager Name	Samadhan Shamrao Shelake	dillo	Code 71014053	
*POS PAN No.	- die	*POS UID	Aadhaar No.	3600
Details (To be filled in	BLOCK LETTERS)			
This Proposal is for	A new Policy	Renewal of Policy	indorsement Oth	ers (Please specify)
2a. Proposer's Full Name		JEET COTTON PRIVATE LIMITE	0	23
2.50		0	.0"	ad Hand
2b. Address	Address for Communication	Address	where vehicle is normally kept a	nd Used
Flat/Building/Door/Bloo	GAT NO. 6, VILLAGE RAT		0	
Road /Street/Sector	ROAD,, NEAR PETROL PO		CO	A.
OKO.	DHARMABAD,DIST.NAND	DED,DHARMABAD	1810	.100
Nearest Landmark	100	20	all l	Cally Control
Area	c.0\		In	The
City	DHARMABAD		.01	3
Pin Code	431809	8	00	2011
State	MAHARASHTRA	COL	OLU I	de.
Country	India	0	Co	
Phone	II.	Mobile	9324171518	
Emergency Contact No		Blood G	roup	-00
Email 3. Period of Insurance	shruti.jhanwar@manjeetgro From 23/04/2024	oup.com Fax To	22/04/2025	Tille
Source of Funds		ofession Salary	Agricultural Income	Savings Others
5. Monthly Income	Upto `20,000			0,001and above
6. UID Aadhaar No.	Opto 20,000	7. PAN	75	0,00 rand above
o. Old Madriadi 140.	101	7.1740	110.	800
Details of the Vehicle				
8. Registration Number	MH26V9448	9. Date of F	Registration	15/03/2012
10. Registering Authority & L	ocation MAHARASHTRA - Nar	nded	and	
11. Year & Month of Manufa	cture MAR-2012	12. Cubic (	Capacity	35
13. Engine Number	074195N		195	The.
14. Chassis Number	2180395			1
15. Make of Vehicle	NEW HOLLAND	> 0	10	
16. Type of Body/Model	NA/3510	(7)	g Capacity including Driver	1 000
	GVW)/Cubic Capacity (C.C.)	1995	c.01	
19. Goods type (Applicable		Hazardous Goods	Non-Hazardous	Goods
20. Is the Vehicle made in In		10/0	✓ Yes	No
A 100	capacity (No. of Passengers) in case of	A 102	0	1/10
22. Vehicle Category	Bus	Taxi	A60	He
Vehicle usage type (App	100000000000000000000000000000000000000		e Carriage Private Us	
	(Applicable if Contract Carriage):	School Bus	Employee pickup Bus	Others
23. Seating capacity (Includ	uing Driver) 1	So allo	W. W.	0.0

Reliance General Insurance Company Limited.

IRDAI Registration No. 103

An ISO 9001:2015 Certified Company



Dotaile of the	. Vahiala Tuna and Haa	v6.	00	111.	VII.	
	e Vehicle Type and Use			la Kusa Di Fuel	CNC.	
24. a. Whether	the Vehicle is driven by Non-co			No If yes Bi Fuel	CNG	LPG
Insured's Dec	lared Value (IDV) of vehicle	Non - electrical accessories fitted to the vehicle	Electrical accessories fitted to the vehicle	Value of CNG/ LPG Kit Bi Fuel	Total	√alue
Chassis	Body		( )	( )	(	)
0.00	0.00	0.00	0.00	0.00	234,38	31.00
		-031 ·	. all	000	6.	
•	70	es No	~ ()	30	140	
**		owner of the vehicle holds a valid dertakes to renew and maintain a				
		right to take appropriate action in			,g	
25. Details of D	Priver: (a) Age of Owner D	river	Ot	hers		die
(b) Does the dr		or hearing or any physical infire	mity.	Yes	No	60
	ase give details.	in	G	Co.		
	110.	177	AGO .	-0	100	
(c) Has the driv	er ever been involved for causi	ng any accident or loss?	(Id)	Yes	No	
If "Yes" plea	ase give details as under includi	ng the pending prosecution, if an	y:-	The	dillo	
	30	217	14	,	Ju.	
(d) D.O.B.	0		al a	to.		
26. Add On Co	vers (Subject to availability and	eligibility)	00	000		20/11
	.0%	ection Cover: (RGI-MO-A00-00-	-17-V01-14-15)	Oller	Yes	No
	se choose any one option;		-0	C		
[	Plan I -1 EMI,EMI Amount :	N	Plan II -2 EMI,EMI Amount :	, co		
_	Plan III -3 EMI,EMI Amount :	Tall I	allo.	10	100	
(b) Addit	ional Towing Charges	All I	Pro o	J. Lillian	100	
	epreciation Cover:	0,	110	1	Value I	
(d) Total	Cover		40	OLD)		1/2
(e) Volur	ntary Deductible	-00	2/10	200		00,
Volur	ntary Deductible amount opted	diffe	Go	-01		
(f) Emer	gency Hotel Accommodation			0,0		
Bene	fit Amount: 0.0	la.	A DITTE	and Co.	6.	
(g) Addit	ional Limit of TPPD	-00	2011	Hg.	10	
Addit	ional Limit opted: 0.0	July .	Y	,	He.	
(h) Perso	onal Belongings Cover		al la	4		
Bene	fit Amount: 0.0	A	-010	alle		- Ollis
(i) Daily	Allowance Benefit		-01	- Holy		800
Per d	ay allowance amount opted: 0	<u>.0</u>	0	Co.		
Cove	rage Days opted:0	7/2	200	0		
(j) Daily	Allowance Benefit Plus	alles	III a	and		
	ay allowance amount opted: 0	<u>.0</u>	6°0.	THE STATE OF THE S	della	
Cove	rage Days opted:0	2/2	111		711	
	and Equipment Cover		10	(m)		12
(c) Any o	other Details	00	40,	VD.O.		00
27. Is the vehicl	e fitted with any Anti-theft device	e approved by the ARAI?	O.	-Office	Yes	✓ No
		n in the vehicle,issued by automo	obile Association of India.	0	_	_
		on of India ? If Yes,please subm		200	Yes	✓ No
	e Vehicle is used for Driving Tu		aglic	10	Yes	✓ No
	e of Vehicle is limited to Own F		A	30	Yes	✓ No
31. Whether the	e commercial vehicle is also us	ed for Private purposes (excludi	ng use for hire or reward)?	4	Yes	✓ No
32. Are you enti	itled to No Claim Bonus?	A.	of or	200	Yes	✓ No
If Yes, pleas	se submit proof thereof	100	Office	U.S.		60
33. Whether the	e Vehicle is fitted with Fibre Gla	ss Tank?	C	CO	Yes	✓ No
Reliance General	Insurance Company Limited	I. IRDAI Regist	ration No. 103	An ISO 9001	1:2015 Certifi	ed Company



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	OKO	alle	*		11.0		1 Dill	100	
34.	Whether the Vehicle bel	ongs to the Embassy/Consula	te of a Foreign	Country?		, c)	71	☐ Yes ☐	No
04.	If so, is the duty element	ph 102	to or a r oroigir	ournity.		110.			140
35.	1000	lesign for use of Blind/Handica	nned/Mentally	Challenge	d Person?	20	all	☐ Yes ✓	No
36.	Date of purchase of the	No.	ppea/meritally	onaliongo	a i 010011.	40.	V Do	15/03/2012	00
37.		ne time of the purchase was	diffe			Go.	New	Second Har	nd
01.	vinouror are vernole act	to time of the parenace was	The.		_0	)		Cocona i la	10
Ris	k Inclusions				1.000				
38.		:: The policy provides Third Palers) and 7.5 lakhs (other cla		amage (T	PPD)		10		
		the above limits to the statute		ity limit of		20	3.	□ Vaa □	No
	6000/- only?	the above minds to the statute	ory ITT D LIADII	ity iii iii toi		111		Yes ✓	No
	Do you wish to cover I	egal liability to?				of or	-010	7	ii.
	(a) Driver/Conductor /	Cleaner (No. of persons)				OLUP.	ALIP.	Yes	No
0	(b) Other employees (	No. of Persons)	. ITT			G.	60	Yes	No
	(c) Non-fare paying pa	ssenger (No. of persons)	17.				-0	Yes	No
39.	Do you wish to include r	personal Accident (P.A.) Cove	r for paid driver	cleaner	s and cond	ductors?	anc	Yes	No
55.	100			- 23			A.B. Condition on the control of the control	all V	
	lakhs for other classes of	apital Sum Insured (CSI) opte	d for. The maxi	mum CSI	available p	per person is 1 La	ikh in the case of Motoris	sed two wheelers and	2
40.		r for Owner Driver. Please giv	re details of non	nination		al li		4	
		AG.	0		Name of	the Appointee (if	001		-0
	Name	Name of the Nominee	Age of Nor	ninee		nee is Minor)	Relationship	Address	6.
8		C.D.	ALU.			O.	C		
		ident cover for owner driver is							
		PA cover for owner driver can			ehicle is o	wned by a company	y, a partnership firm or a	similar body corporate	te or
44		r-driver does not hold an effect	_	nse)			711	□ vaa □	NI-
41.	Do you wish to include F	Personal Accident cover Name	ed Persons?			100		Yes	No
	Name	CSI Opted Name of	of Nominee	Age of No		Name of the Appoin		Address	33
	1.00	-0	6,			(If Nominee is Mine	or)	<u>(%)</u>	00
		110	7/10			C.C.	-04		100
42.	Extension of Geographic	cal Area	114		_9	)	0		
72.		f Geographical Area to the follo	owing Countries	required	?		200	A	
	1. Bangladesh	2. Bhutan	3. Maldives	4.1	Nepal	5. Pakistan	6. Sri Lanka		
Det	ails of Hire Purcha	se / Hypothecation / L	ease						
43.	Please state if the vehicle	e is under	Hire Purchas	e	Le	ase Agreement	Hypothecat	ion Agreement	
	If so, give name and add	dress of concerned parties.				100	all	3	11
44.	Full Name	alle	-00			alle.	200		00,
45.	Address	- Ulfo	dille			Co	c.01		
	nsured's Declared Value	(II IV) of Venicle	ectrical access	ories El			Value of CNG/LPG Kit E	Bi Total Value	
	-0	litte	d to the vehicle		the	vehicle	Fuel	/ )	•
	Chassis 0.00	Body 0.00	0.00	-03	9/1-	0.00	0.00	234,381.00	
	0.00	0.00	0.00	- 10		0.00	0.00	234,361.00	
Not	te								
		(IDV) of the vehicle will be de	emed to be the	'SUM INS	SURED' fo	r the purpose of thi	s tariff and it will be fixed	at the commenceme	ent of
	policy period for each ins		100			- Cities	412		50
		fixed on the basis of manufact ljusted for depreciation as per			of the brar	nd & model as the v	enicle proposed for insu	rance at the commen	cement
			policy wordings	•	- G	)	0.		
	ails of Previous In				1100		all'	02	
46.	Full Name of previous in	nsurer The New Inc	lia Assurance c	ornpany L	ta		PLO.	dillo	
47. 48.	Address Policy Number	16060031230	1100000176	-		Previous Policy E	ypin/	Tile	
40. 49.	Type of Cover	✓ Package Policy		bility only		others (to be		4	
<del>5</del> 0.	0.00	owed under previous policy (%		only offig		50.000 (10.000			-011
51.	Claims taken in previou		360			-08	- This	Yes	No
9		SIL	1110			S	Co.		_
Relia	nce General Insurance	Company Limited.	IRDAI F	egistrati	on No. 10	3	An ISO 90	001:2015 Certified Co	ompany



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	If yes, No. of Claims	Clai	ms Amount		- 17	
52.	Are you entitled to No Claim Bonus			1 11	✓ Yes	No
	If yes, please submit/attached proof thereof	4			ole,	110
	Hall alle	00	400		0,	00
0	01,	J. P. Co.	Go.	OT		4
	60	70,		- 65		
Pay	ment Details	77	~	600		
	Cheque/ DD	163	Cheque/ DD No.	alle	00	
	Cheque/ DD Date	0	Cash	Credit Card Otl	ners	
	- C		Cush	Orean Gara	1010	
	poser's Bank Details			A	-2/	
53.	Name of the Bank Account Holder	Mr. Mrs.	Ms	<del>*************************************</del>	-000	110
54.	Bank Account No.:	- 0	55. Acco	ount: S	aving Cur	rent
56.	Name of the Bank	Me	Co.	-05		
57.	Branch	114	-0	C		
58.	MICR Code (9 digit MICR code number of the bar issued by the bank)	nk and branch appearing on	the cheque	Co	6	
59.	IFSC Code (11 character code appearing on your	cheque leaf)	Ollico	10	110	
	677		tere to be altered and	Providence of the control Develo	A 1 *	
ш	I understand that any refund due on the premium			lited to my aforesaid Bank	Account ."	
* As	per IRDAI, its mandetory that all payments made to	o the insured are only throug	h electronic mode.	0	63	
Dec	laration by Proposer					
	hereby declare that the statements made by me/us	s in this Proposal Form are to	rue to the best of my/o	ur knowledge and belief a	nd I/We hereby agree tha	at this
decla	aration shall form the basis of the contract between	me/us and RELIANCE Gen	eral Insurance Compa	any Limited. I/We also dec	are that, if any additions	or
altera	ations are carried out after the submission of this pi	roposal form, then the same	would be conveyed to	the insurers immediately.	I/We hereby declare that	at the
conte	ents of the form and documents have been fully exp	lained to me/us and that I/W	e have fully understoo	d the significance of the pro-	oposed contract. I/We ag	ree to accept
a pol	icy subject to the condition prescribed by the comp	any. • I have read and under	rstood the brochure, p	rospectus, sales literature	& Policy wordings and co	onfirm to
abide	by the same. • I/We declare that the rate of NCB	stated above by me/us is co	rrect and that no claim	has arisen in the expiring	policy (copy of the policy	y enclosed). •
I/We	further undertake that, if this declaration is found to	be incorrect, all benefits un	der the policy in respe	ect of section I of the policy	will stand forfeited. • I/W	/e further
	rstand and agree that RELIANCE General Insurar					
	rmation, I/We agree that, though coverage under the					
	claims under section I of the policy only after a conf					
avail	able under section I of the policy from the date of c	ommencement of the policy	shall stand automatic	ally forfeited. Further, any	survey arranged/allowed	by
	ANCE General Insurance of the motor vehicle, per	9				•
	remedies available to RELIANCE General Insurance					
	pt of confirmation of the declaration from my/our p					
	e also shall endeavour to procure the renewal notice					
	e of Payment: Secure your payment by cheque/DD					
	t of mis-representation, mis-description of nondiscle rance Company or other persons, files a proposal f					
	erning any fact material thereto, commits a fraudul					
	fits.• I/We here by state that the above mentioned a					
	osal form and connected documents have been full					00
- 4	Ol.	Me	00	20		4.
This	proposal form was completed by	Hilly	0	C		
	You can support our Go Green Initiativ	ve by saying "No" to Policy k	rit, Renewal Notice an	d Other Communications I	nard copy. We will be se	nding you a
	digitally signed soft copy on your regis	stered Email ID & Mobile nu	mber.	200	00	
	Hard copy required	Yes No	Oliver		Me	
K L	-01,			SI	110	
Nar			Place :	20.4 20012222	1	
Dat	re: 22 Apr 2024 06:38		Date :	22 Apr 2024 06:38	103	3.20
	101	6.			00	2011
	Signature	110	00	Signature of Proposer & 0	Company Seal	10
8		(III)	0	g. m		
	110	1				
	(3)	63	1000	200	6.	
		75.7	110			

Reliance General Insurance Company Limited.

**IRDAI Registration No. 103** 

An ISO 9001:2015 Certified Company



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

#### 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.

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.

4.7	400		
Supporting Confirmation of Agent/Broker/SM/CSO			
I confirm the above signature tobe of the registered owner of the vehicle proposed for insurance	10		
Name of IRDAI Agent/ Broker Mr. Mrs.	-GU	IL.	
Place	110	1/2	
Date		63	0
(In case of Direct Business, Name & Signature of CSO /SM to be taken)	Signature of	of IRDAI Agent/ Broker	
	16.		CA