

Welcome

Mr. NASER BIN KHALED
 KHALED, PLOT NO 158/P SARVE NO 116
 NATIONAL
 COLONY, NEAR ARBAZ KIRANA AURANGABAD
 MAHARASHTRANEAR ARBAZ KIRANA
 AURANGABAD
 MAHARASHTRA India - 431001
 9373*****

From here on, you're our responsibility.

Welcome on board.
 Your Number 170822423470007693 is now
 live to access your policy anytime, anywhere
 download our Reliance Selfi App and enjoy a
 host of special features.



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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.



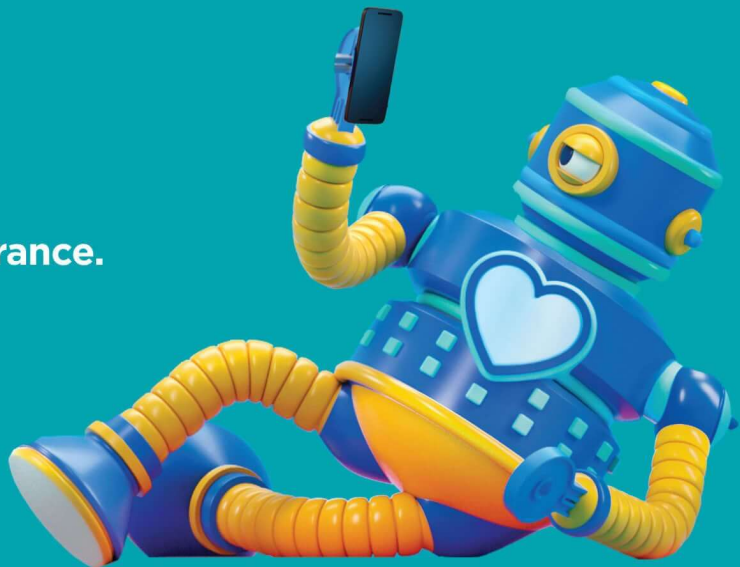
Video Claim Assistance

Intimate claims
 instantly through
 live video streaming.

Now *Live Smart*
 With Reliance general Insurance.

Tech+ 

Best Regards,



reliancegeneral.co.in



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



"A" Policy for Act Liability Insurance (Private Car)- Policy Schedule

Policy Number : 170822423470007693	Proposal/Covernote No: R05092481870
Insured Name : Mr. NASER BIN KHALED	Period of Insurance : From 00:00 Hrs on 06-Sep-2024 to Midnight of 05-Sep-2025
Communication Address & Place of Supply : KHALED, PLOT NO 158/P SARVE NO 116 NATIONAL COLONY, NEAR ARBAZ KIRANA AURANGABAD MAHARASHTRANEAR ARBAZ KIRANA AURANGABAD, MAHARASHTRA, India, 431001.	Policy Issuing Branch : C-9 & C-10, Second Floor, ABC Complex, Adalat Road , AURANGABAD, MAHARASHTRA, 431001.
Mobile No : 9373*****	Tax Invoice No. & Date: R05092481870 & 05 Sep 2024 05:11
Email-ID : n****@jainuineinsurance.co.in	GSTIN/UIN & Place of Supply : MAHARASHTRA
Nominee Name : MRS KHALED	

Insured Vehicle Details			
Registration No.	MH12FF6670	Mfg. Month & Year	OCT-2008
Make / Model	HYUNDAI / I10 / ERA	CC / HP / Watt	1086
Engine No. / Chassis No.	G4HG8M628732 / MALAM51BR8M208754	Seating Capacity of side car (if any) Including driver	5
Type of Body / LCC	NA / 4	Total Premium ()	4827
RTO Location	MAHARASHTRA - Pune	Total IDV ()	0.00
Hypothecation/Lease	NA		

Premium Summary			
Own Damage - Section I	Amount ()	Liability - Section II	Amount ()
Basic OD	0.00	Basic Liability (TPPD 1)	3,416.00
		Total Basic Liability Premium	3,416.00
		PA Benefits - Section III	
		Compulsory PA cover to Owner Driver	375.00
		PA for unnamed passenger (IMT-16) No of passengers:5 CSI per person: 100000	250.00
TOTAL OWN DAMAGE PREMIUM	0.00	Total PA Premium	625.00
		Legal Liability to paid driver	50.00
		TOTAL LIABILITY PREMIUM	4,091.00
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	4,091.00
		CGST (@9.00%)	368.00
		SGST (@9.00%)	368.00
TOTAL PREMIUM PAYABLE ()			4,827.00

GSTIN :27AABCR6747B1ZG, HSN : 997134

Subject to I.M.T.Endt.Nos.IMT 15,16,28

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."

Nominee Detail				
PA Owner Driver	Nominee Name	Age	Relation with Owner Driver	Appointee Name
1	MRS KHALED	40	Spouse	

Limits of liability	:	(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. (iii) PA cover for owner driver under section III CSI 1500000/- (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 or 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 use for any purpose other than: (a) Hire or Reward , (b)Carriage of goods (other than samples or personal luggage), (c) Organized racing, (d) Pace making, (e) Speed testing,(f) Reliability trials, (g) Any Purpose in connection with Motor Trade.
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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.
Special Conditions	:	NA

17BRG276 / JAINUINE INSURANCE
BROKERS PVT LTD

9850049400

insurance@kailashjain.in

Intermediary Code/Name

Intermediary Contact No.

Intermediary E-mail ID

POS UID Aadhaar No. / PAN No.

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

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Consolidated Stamp duty Paid vide Letter of Authorisation "NO LOA/ENF-1/CSD/39/2024-25/(Validity Period Dt.16/07/2024 to Dt.01/12/2025)/2900 Date 16-07- 2024" at General Stamp Office, Mumbai. ** Not Applicable for the State of Jammu & Kashmir.

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

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.

Subject to Reliance General Insurance Endorsement Numbers printed herein/attached hereto. NA

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.

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 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.

For Customer service, please call along with your Policy No. on 022 48903009 (Paid) or visit www.reliancegeneral.com

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 : NA

For Reliance General Insurance Co. Ltd.



Authorised Signatory

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 Identity No. U66603MH2000PLC128300. **UIN:** IRDAN103RP0003V01200102. 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/2347/PS/VER.1.0/010218.

A Policy for Act Liability Insurance (Private Car) - Proposal Form

(The liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

Private Car Two Wheeler

For Office Use Only

Policy Number 170822423470007693 Date 05-09-2024

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name JAINUINE INSURANCE BROKERS PVT LTD Code 17BRG276
Branch Name Aurangabad Code 1708
Sales Manager Name Samadhan Shamrao Shelake Code 71014053

Proposer's/Owner Details (To be filled in BLOCK LETTERS)

1. Proposer's Full Name Mr. Mrs. Ms. NASER BIN KHALED
2. Address (where the Vehicle is normally kept)
Flat/Building/Door/Block No. KHALED, PLOT NO 158/P SARVE NO 116 Road /Street/Sector COLONY, NEAR ARBAZ KIRANA
NATIONAL AURANGABAD MAHARASHTRANEAR
Area City AURANGABAD
Pin Code 431001 State MAHARASHTRA Country India
Phone Mobile 9373*****
Emergency Contact No. Blood Group
Email n****@jainuineinsurance.co.in Fax
UID Aadhaar No PAN
Fast Tag ID
3. Do you have a GST Registration Number Yes No
If Yes, please specify _____
4. Related Party
Source of Funds Business Profession Salary Agricultural Income Savings Others
Monthly Income Upto `20,000 `20,001 to `50,000 `50,001 to `1,00,000 `1,00,001 and above
5. Occupation / Business Others
6. Type of Cover Liability Only Policy
7. Period of Insurance From 06/09/2024 To 05/09/2025

Details of the Vehicle

8. Registration Number MH12FF6670 9. Date of Registration 13/03/2009
10. Registering Authority & Location MAHARASHTRA - Pune
11. Year & Month of Manufacture OCT-2008 12. Engine Number G4HG8M628732
13. Chassis Number MALAM51BR8M208754 14. Make of Vehicle HYUNDAI
15. Type of Body/Model NA/I10
16. Cubic Capacity 1086
17. Seating capacity including Driver 5

Details of the Vehicle Type and Use

18. a. Whether the Vehicle is driven by Non-conventional source of power? Yes No
If Yes, please give details Bi Fuel CNG LPG
b. Do you have a valid PUC? Yes No
(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.)
19. Whether the use of Vehicle is limited to Own Premises? Yes No
20. Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)? Yes No
21. Whether the Vehicle is used for Driving Tuitions? Yes No

Details of Hire Purchase / Hypothecation / Lease

22. Please state if the vehicle is under Hire Purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned party/parties.

Full Name M/s

Address

Pin Code

Liability Coverage

23. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

i) Owner Driver Only Yes No

ii) Any person other than Paid Driver Yes No

If 'Yes', give details of such other persons

a. _____

b. _____

c. _____

Note:

1. Section 146 of Motor Vehicle Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to Section 146 exempts the paid driver

2. As per Section 147 (2)(a) the liability is 'as incurred' in the case of death/bodily injury of a third party

24. Do you wish to restrict the above limits to the statutory TPPD Liability limit of 6000/- only? Yes No

25. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. Yes No

The liability of the Employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicles Act 1988

a. Drivers No. of persons:

b. Employees (Workmen) No. of persons:

Note: The Motor Vehicles Act 1988 under Sec.147(1)(ii)(l) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923

26. The Policy provides additional Third Party Property Damage liability limits of 1,00,000/- for Two Wheelers and 7,50,000/- for other classes of vehicles. Do you wish to cover the additional limit? Yes No

27. Do you wish to cover wider legal liability to employees who are 'workmen'? Yes No

(This information is sought to cover in addition to liability under the Workmen's Compensation Act 1923, also liability under the Fatal Accidents Act 1855 and the Common Law)

Note: The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement

28. Do you wish to cover wider legal liability to employees who are NOT 'workmen'? Yes No

Note: The additional liability under Common Law and Fatal Accidents Act 1855 in respect of employees who are NOT workmen is covered under this endorsement

29. Personal Accident Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination:

Name of the Nominee	Age	Relationship	Name of the Appointee	Relationship to the Nominee
MRS KHALED	40			Spouse

Note:

i) Personal Accident cover for owner driver is compulsory for Sum Insured of 15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D

ii) Compulsory PA Cover to owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license

30. Do you wish to include Personal Accident Cover for Named persons? Yes No

If 'Yes', give name and Capital Sum Insured (CSI) opted for:

Name	CSI Opted ()	Nominee	Relationship
	0	MRS KHALED	Spouse

Note: The maximum CSI available per person is 2,00,000/- in case of private car and Commercial Vehicle and 1,00,000/- in case of Motorized Two Wheelers

31. Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers(Two Wheelers)? Yes No

If 'Yes', give number of persons and Capital Sum Insured (CSI) opted:

No of persons:

CSI (per person):

Note: The maximum CSI available per person is 2,00,000/- in case of private car and Commercial Vehicle and 1,00,000/- in case of Motorized Two Wheelers

32. Do you wish the Geographical Area of the coverage by the policy to be extended to the following countries ?

Please tick relevant boxes.

- Bangladesh
- Bhutan
- Maldives
- Nepal
- Pakistan
- Sri Lanka

Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement.

Details of Previous History

33. Date of purchase of the Vehicle by the Proposer.

13-Mar-2009

34. Whether the vehicle was new or second hand at the time of purchase?

New Second Hand

35. Will the vehicle be used exclusively for:

- i) Private, Social, Domestic, Pleasure & Professional Purpose?
- ii) Carriage of goods other than samples or personal language?

Yes No
 Yes No
 Yes No

36. Is the vehicle in good condition?

If 'No' please give details

37. Name of the previous insurer M/s.

38. Address of previous insurer -

Flat Building _____ Road /Street/Sector _____
Area _____ City _____
Pin Code _____ State _____ Country _____
Phone _____ Mobile _____
Email naser@jainuineinsurance.co.in Fax _____

39. Previous Policy Number

40. Period of Insurance From 01-01-1900 To 01-01-1900

41. Claim lodged during the preceding 3 years

Year	No. of claims	Claim Amount ()

Driver Details

42. Date of Birth of the Owner:

Age:

43. Date of Birth of the Driver:

Age:

44. Does the driver suffer from defective vision or hearing or any physical infirmity?

Yes No

If 'Yes', please give details of such infirmity

45. Has the Driver ever been involved/convicted for causing any accident of loss?

Yes No

If 'Yes', give details as under including the pending prosecutions:

Driver's Name:

Date of Accident:

Loss / Cost ()

Circumstances of Accident / Loss:

Payment Details

Cheque

DD

Cheque or DD Amount _____

Amount in words (_____)

Bank Name _____

Cheque/DD No. _____

Cheque/DD Date _____

Proposer's Bank Details

46. Name of the Bank Account Holder

Mr. Mrs. Ms.

47. Bank Account No.:

48. Account:

Saving

Current

49. Name of the Bank

50. Branch

51. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

52. IFSC Code (11 character code appearing on your cheque leaf)

AML Guidelines

"I/ We hereby confirm that all premiums have been/ will be paid from bonafide sources and no premium have been/ will be paid out of the proceeds of crime related to any of the offence listed in Prevention of Money Laundering Act 2002. I understand that the company has the right to call for the documents to establish source of funds. The insurance company has the right to cancel the insurance contract in case I am/ have been found guilty by any competent court of law under any of the statutes, directly/ indirectly governing the prevention of Money Laundering in India.

Nationality Indian Non-Indian, If Non Indian Please specify the country

Type of organization Corporation Government Non Government Organization Society Trust Partnership

International Organization Corporatives Section 25 Companies

Declaration

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 document 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/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, misdescription or non-disclosure 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 for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. I further agree and undertake not to receive from Reliance General Insurance Company Limited any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015.

I/We hereby 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.

You can support our Go Green Initiative by saying "No" to Policy kit, Renewal Notice and Other Communications hard copy. We will be sending you a digitally signed soft copy on your registered Email ID & Mobile number.

Hard copy required Yes No

Place : _____ Date: 05 Sep 2024 05:11

Signature of Proposer _____

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

1. 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.
- Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.

IMPORTANT NOTICE

1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
2. For preferred cashless garage list, please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*.
3. Please intimate us your mobile number and we shall keep you updated of the status of the claim by way of SMS periodically . You can download our claim form and claim procedure.

Also view claim status on our website.
Insurance is the subject matter of solicitation. * conditions apply.

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)

