

Welcome

RAJENDRAN P.
46
WEAVER COLONY, ONDIPUDUR
COIMBATORE SOUTH,
TAMIL NADU,
India
641016
9994791629

From here on, you're our responsibility.

Welcome on board.
Your Reliance Two Wheeler Package Policy -
Schedule
Number 920222323121047753 is now live to
access your policy anytime, anywhere download
our Reliance Selfi App and enjoy a host of
special features.

RELIANCE
Selfi

Download Now



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.



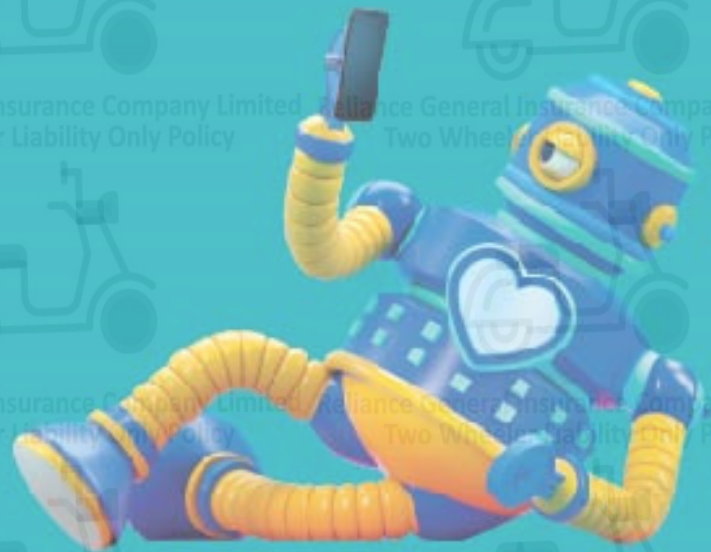
Video Claim Assistance

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)



Reliance Two Wheeler Package Policy - Schedule

Policy Number: 920222323121047753	Proposal/Covernote No: R29072301310
Insured Name : MR.RAJENDRAN P.	Period of Insurance: From 00:00 Hrs on 05-Aug-2023 to Midnight of 04-Aug-2024
Communication Address & Place of Supply : 46,WEAVER COLONY, ONDIPUDUR,COIMBATORE SOUTH,,COIMBATORE,,TAMIL NADU,,INDIA,641016	Policy Issuing Branch : 6TH FLOOR, OBEROI COMMERZ, INTERNATIONAL BUSINESS PARK,OBEROI GARDEN CITY, OFF WESTERN EXPRESS HIGHWAY,GOREGAON (EAST), MUMBAI,,MAHARASHTRA, 400063
Mobile No : 9994791629	Tax Invoice No. & Date : R29072301310 & 29 Jul 2023 12:00
Email-ID : rajuopr@gmail.com	GSTIN/UIN & Place of Supply: TAMIL NADU

Insured's Blood group :

Insured Vehicle Details

Registration No.	TN37CT3586	Mfg. Month & Year	AUG-2017
Make / Model & Variant	Honda / Activa / 125	CC / HP / Watt	125
Engine No./Chassis No.	JF49E82136049 / ME4JF496GH8020789	Seating Capacity Including Driver	2
Type of Body	NA	Total Premium ₹	1368.00
RTO Location	TAMIL NADU - Coimbatore South	IDV ₹	22643.00
Hypothecation/Lease	Atharva Finance , 110,trichy Road,ondipudur		

Insured Declared Value (IDV)

Vehicle IDV ₹	22643.00	Non Electrical Accessories ₹	0.0
Electrical / Electronic Accessories ₹	0.0	Total IDV ₹	22643.00

Premium Summary

Own Damage - Section I	Amount (₹)	Liability - Section II	Amount (₹)
Basic OD	199.26	Basic Liability (TPPD 1)	714.00
Total Basic Own Damage Premium	199.26	Total Basic Liability Premium	714.00
Less		PA Benefits - Section III	
Voluntary Deductible - (IMT - 22A)	-59.78	Compulsory PA cover to Owner Driver	375.00
Deduct 50 % for NCB	-69.74	Total PA Premium	375.00
Sub Total of Deductions	-129.52	TOTAL LIABILITY PREMIUM	1089.00
TOTAL OWN DAMAGE PREMIUM	69.74	TOTAL PACKAGE PREMIUM (Sec I + II + III)	1159.00
		IGST (@18.00 %)	209.00
TOTAL PREMIUM PAYABLE (₹)			1368.00

Subject to I.M.T.Endt.Nos. IMT 22A,15,22,7

GSTIN :27AABCR6747B1ZG,HSN :997134,

Description of services :Motor vehicle Insurance Service

"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year"

PA-Nominee Details	Name	Age	Relation
	Mahalakshmi	51	Spouse

Add-on for Total Cover : Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured - ₹ 0.0)

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.

(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 - ₹ 1,00,000 /- ,TPPD 2 Sum Insured - ₹ 6,000 /-).

(iii) PA cover for owner driver under section III CSI ₹1500000.0/-

Consolidated Stamp duty Paid vide Letter of Authorisation "NO.LOA/CSD/78/2023/(Validity Period Dt.01/07/2023 to Dt.01/01/2024)/3029 DT.26 JUN 2023" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir

DIRECT / Direct

Intermediary Code/Name	Intermediary Contact No.	Intermediary E-mail ID	POS UID Aadhaar No. / PAN No.
Limitations as to use	: The Policy covers use for any purpose other than: (a) Hire or Reward other than for the purpose of driving tuition, (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 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 ₹100.0 /- (ii) Additional compulsory deductible ₹0 /- (iii) Voluntary deductible ₹1000.0 /-		

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.

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.

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

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@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.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.

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

In the unfortunate event of a claim, please call quoting your Policy No. 022 48903009(Paid) on 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 : NA

Policy has been issued with reference to vehicle inspection report, reference lead no. InspectionID_HIDE & special conditions. The inspection report remarks can be viewed on company's website by the lead no.

For Reliance General Insurance Co. Ltd.

Authorized Signatory

Proposal Form For Reliance Two Wheeler Package Policy

Is the vehicle made in India? Yes No Type of vehicle: Two Wheeler Three Wheeler Four Wheeler

For Office Use Only

Policy Number 920222323121047753

Date

Savvion Reference No

Inspection Lead No.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name Direct

Code Direct

Branch Name Corporate

Code 9202

Sales Manager Name Web Sales

Code D9202162

Details (To be filled in BLOCK LETTERS)

1. This Proposal is for A new Policy Renewal of Policy Endorsement Others (Please specify) _____
- 2a. Proposer's Full Name Mr. Mrs. Ms. RAJENDRAN P.
- 2b. Address Address for Communication Address where Vehicle is Normally Kept and Used
- Flat/Building/Door/Block No. 46,
Road/Street/Sector Weaver Colony, Ondipudur
- Nearest Landmark
- Area
- City COIMBATORE SOUTH,
- Pin Code 641016
- State TAMIL NADU,
- Country India
- Phone Mobile 9994791629
- Emergency Contact No. Blood Group
- Email rajuopr@gmail.com Fax
3. Period of Insurance: From: 05/08/2023 To: Mid Night of 04/08/2024
4. Source of Funds Business Profession Salary Agricultural Income Savings Others
5. Monthly Income Upto ₹ 20,000 ₹ 20,001 to ₹ 50,000 ₹ 50,001 to ₹ 1,00,000 ₹ 1,00,001 and above
6. UID Aadhaar No. 7. PAN
8. Do you have a GST Registration Number Yes No
- If Yes, please specify _____
9. Related Party Yes No

Details of the vehicle

10. Registration Number: TN37CT3586
11. Date of registration: 02-Aug-2017
12. Registration Authority & Location: TAMIL NADU - Coimbatore
14. Cubic Capacity 125
13. Year & Month of Manufacture: AUG-2017
19. Seating Capacity including Driver 2
15. Engine Number: JF49E82136049
16. Chasis Number: ME4JF496GH8020789
17. Make of Vehicle: HONDA
18. Type of Body/Model NA

Details of the Vehicle Type and Use

20. a. Whether the Vehicle is driven by Non-conventional source of power? Yes No If yes Bi Fuel CNG LPG

Insured declared value (IDV) of the Vehicle	Non-electrical Accessories fitted to the Vehicle	Electrical & Electronics Accessories fitted to the Vehicle	Side Car(Two_wheeler) Trailer(Pvt.Cars)	Value of CNG/ LPG Kit	Total Value
22643.00	0.0	0.0	0.0	0.0	22643.00

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.)

21. Age of Owner Driver 22. D.O.B

23. Add On Covers (Subject to availability and eligibility)

- a. Nil Depreciation Cover
- b. NCB Retention Cover (Applicable only for Annual Policy)
- c. Easy Monthly Instalment (EMI) Protection Cover: Yes No
 If Yes, please choose any one option;
 Plan I -1 EMI,EMI Amount : ₹ Plan II -2 EMI,EMI Amount: ₹
 Plan III -3 EMI,EMI Amount: ₹
- d. Total Cover
- e. Daily allowance benefits
 Per Day Allowance: ₹0.0 Coverage Days: 0
- f. Helmet cover: ₹ Number of Helmet Cover:
- g. Daily Allowance Benefit Plus
 Per day allowance amount opted: ₹0.0
 Coverage Days opted : 0
- h. Voluntary Deductible
 Voluntary Deductible amount opted ₹
- i. Hospital Cash Cover (Applicable only for Annual Policy)
 (Sum Insured: ₹0.0)
 (No of Days: 0)
 (Convalescence Benefit SI: ₹
- j. Emergency Hotel Accommodation
 Benefit Amount: ₹0.0
- k. Additional limit of TPPD
 Additional amount opted: `0.0
- l. Tyre Protector(Applicable only for annual Policy)
 Specifications of Tyres and Tubes:
- m. Rim Protector(Applicable only for annual Policy)
 Specification of Rims:
- n. Consumable Expenses
- o. Engine Protector:
- p. Key Protect Cover: (Sun Insured: Rs. 0.0)
- q. Return to Invoice (Applicable only for Annual Policy)
- r. Loss of Personal belongings (Applicable only for annual Policy)
 (Sum Insured: Rs. 0.0)
- s. Enhanced PA to owner Driver
- t. Any other Details

24. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? Yes No

If Yes,please attach certificate of installation in the vehicle,issued by automobile Association of India.

25. Are you a member of Automobile Association of India ? If Yes,please submit membership copy. Yes No

26. Will the Vehicle be used exclusively for Yes No

a. Private,social,domestic,pleasure and professional purposed ? Yes No

b. Carriage of goods other than samples or personal luggage? Yes No

Reliance General Insurance Company Limited Previous Insurer Name Previous Policy No. Period of Insurance Previous Policy Claim (Only for SAOD)

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: IRDAN103RP0011V02100001. 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/2312/PS/VER. 1.0/310118.

- 27. Whether the Vehicle is used for Driving Tuitions ? Yes No
- 28. Whether use of Vehicle is limited to Own Premises ? Yes No
- 29. Whether the Vehicle is fitted with Fibre Glass Tank ? Yes No
- 30. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country ? Yes No
If so, is the duty element included in the IDV ?
- 31. Whether the Vehicle is design for the use of Blind/Handicapped/Mentally Challenged Person ? Yes No
- 32. Date of purchase of the Vehicle by the Proposer 02-Aug-2017
- 33. Whether the Vehicle at the time of purchase was New Second Hand

Risk Inclusions

- 34. Please select the higher deductible if you wish to opt for over and above the compulsory deductible
Two wheeler
- 35. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Private car)
Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only ? Yes No
Legal Liability | No of Persons
Driver

35. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of Nominee	Age of Nominee	Name of Appointee (if Nominee is Minor)	Relationship	Address
	Mahalakshmi	51		Spouse	46,WEAVER COLONY,ODIPUTHU RCoimbatore,South,TAMIL NADU,COIMBATORE ,COIMBATORE SOUTH

- (Note: 1. 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
2. Compulsory PA cover for 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)
- 36. Extension of Geographical Area:
Whether extension of Geographical Area to the following countries required?
 1. Bangladesh 2. Bhutan 3. Maldives 4. Nepal 5. Pakistan 6. Sri Lanka

Details of Hire Purchase / Hypothecation / Lease

- 37. Please state if the vehicle is under Hire purchase Lease Agreement Hypothecation Agreement
If so, give name and address of concerned parties.
- 38. Full Name M/s ATHARVA FINANCE
- 39. Address 110,TRICHY ROAD,ONDIPUDUR

Details of Previous Insurance

- 40. Full Name of previous insurer Reliance General Insurance Company Ltd.
- 41. Address
- 42. Policy Number 92022223122108360 Previous policy Expiry 04-Aug-2023
- 43. Type of cover: Package Policy Liability Only Other (To be describe)
- 44. Claims taken in previous policy Yes No
If yes, No. of Claims Claims Amount ₹
- 45. Are you entitled to No Claim Bonus Yes No
If yes, please submit/attached proof thereof
- 46. No Claim Bonus allowed under previous Policy (%)

I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration id found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand `forfeited.

Signature of the Proposer _____

Payment Details

- Cheque / DD Cheque / DD No.
Cheque/DD Date Cash Credit Card Others

Proposer's Bank Details

- 47. Name of the Bank Account Holder

48. Bank Account No.: _____ 49. Account: Saving Current
50. Name of the Bank _____
51. Branch _____
52. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
53. IFSC Code (11 character code appearing on your cheque leaf) _____

I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

*As per IRDAI, its mandatory that all payments made to the insured are only through electronic mode.

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 : Corporations Government Non Government Organizations Society Trust
- Partnership International Organization Cooperatives Section 25 companies

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 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/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.

This proposal form was completed by

Name _____
Date :29 Jul 2023 12:00

Place : _____
Date :29 Jul 2023 12:00

Signature _____

Signature of Proposer & Company Seal _____

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.
- 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 to be of the registered owner of the vehicle proposed for insurance

Place : _____
Date : _____
(In case of Direct Business, Name & Signature of CSO / SM to be taken)

Signature of IRDAI Agent/Broker _____