Bajaj Allianz General Insurance Company Ltd.

Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Private Car Package Policy

Dear DATTATRAYA PAWAR,

We wish to inform you that the contract under policy number 'OG-26-2047-1801-00000624' 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	:	DATTATRAYA PAWAR
2. Proposer Address	:	SHELAON WANGI,KARMALA KAR, ALA SOLAPUR,MAHARASHTRA,413202 , , ADDRESS LINE 3, ADDRESS LINE 5-413202
3. Proposer Mobile Number	:	9561617858
4. Proposer Residential Number	:	NA
5. Proposer e-mail id	:	SUPPORT@SPARKINSURE.IN
6. Proposer Profession	:	NA

B.Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model	Vehicle Sub Type	Cubic Capacity/Kilowatt	Fuel Type	Year of Manufacture	Seating Capacity
MH45AD6060	MAY/2017	FORD	ECOSPORT	1.5 TDCi DIESEL TITANIUM MT	1498	Diesel	2017	5

Engine Number	Chassis Number	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total IDV (in Rs.)
HM23514	MAJAXXMRKAHM23514	4,20,000.00	0	0	0	4,20,000.00

C. Coverage opted

1. Period of Insurance	: From 16-MAY-2025 00:01(Hrs) To 15-MAY-2026 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 Amount of voluntary excess opted	: No. : Rs.NA.
6. Whether PA cover is opted for owner-driver	: Yes.
7. compulsory deductible	: Rs.1,000.00
8. Is any additional compulsory deductible imposed and agreed upon Amount of additional compulsory deductible imposed	: No. : NA.
9. Whether geographical area extension is opted Details of Countries to which geographical area extension cover is given	: No. : 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 Sum Insured for Paid Driver	: No. : Rs.NA.
12. Whether PA cover is opted for passengers Sum Insured per Passenger	: Yes. : Rs.1,00,000
13. Is TPPD restricted to statutory limit of Rs.6,000?	: No.
14. Pre Existing damages in the vehicle	: 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 2025-10288753 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.
15. 1 Premium for Liability coverage, quoted and agreed upon is	:
16. 1 Premium for OD coverage, quoted and agreed upon is	:
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 :

20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous previous policy : -50 %.

21. About the last insurance company

(i) Insurance Provider : Bajaj Allianz General Insurance Co Ltd..

(ii) Previous Policy No : OG-24-2047-1801-00005044, Previous Policy Expiry Date :29-MAR-25

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) optedm2 : Yes, Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 1,00,000.00 Plan Description: 24x7 spot assistance , , accidental medical expenses cover with sum insured Rs.100000.00 Please call us on 1800 103 5858 for any emergency.

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 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: Bajaj Allianz General Insurance Co. Ltd,, Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 PH:020-66240100.

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 LIMITED
Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada,Pune-411006(India)
IRDAI Registration No. 113
Corporate Identity Number: U66010PN2000PLC015329

Certificate of Insurance (PRIVATE CAR PACKAGE POLICY)

UIN : IRDAN113RP0025V01200102

Policy Number: OG-26-2047-1801-00000624 **Customer ID:** 431733228

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
MH45AD6060	MH45-AKLUJ	HM23514	MAJAXXMRKAHM23514	FORD - ECOSPORT

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
1.5 TDCi DIESEL TITANIUM MT	2017	-50	1498	5

Name of Registration Authority : MH45-AKLUJ
Name and Address of Insured : DATTATRAYA PAWAR
: SHELAON WANGI,KARMALA KAR, ALA SOLAPUR,MAHARASHTRA,413202, , ADDRESS LINE 3, ADDRESS LINE 5-413202
Geographical Area : .00
Business or Profession : NA

Effective date of commencement of Insurance for the purpose of act:
Policy Inception Date: From 00:01 O' Clock on 16-MAY-2025
Policy Expiry Date: Midnight on 15-MAY-2026

Persons or Class of Persons entitled to drive:
Any person including the insured:
a) Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.
b) Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMT-Endorsements/Add on Package
22, 28, 16, & Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 1,00,000.00 & Plan Description: 24x7 spot assistance , , accidental medical expenses cover with sum insured Rs.100000.00

Beneficier Details:

Beneficier1	Beneficier2	Beneficier3	Beneficier4	Beneficier5

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

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

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:
Bajaj Allianz General Insurance Co. Ltd,, Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 PH:020-66240100

Date of issue :16-MAY-2025

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

Authorized Signatory

BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

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

PRIVATE CAR PACKAGE POLICY SCHEDULE

UIN : IRDAN113RP0025V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc:
Bajaj Allianz General Insurance Co. Ltd,, Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 PH:020-66240100

INSURED DETAILS	
Insured Name	DATTATRAYA PAWAR
Insured Address	SHELAON WANGI,KARMALA KAR, ALA SOL-APUR,MAHARASHTRA,413202 , , ADDRESS LINE 3, ADDRESS LINE 5-413202
Geographical Area	India
Customer ID	431733228
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	27 - Maharashtra

POLICY DETAILS	
Policy Number	OG-26-2047-1801-00000624
Policy Issued on	16-MAY-2025 13:42 PM
Policy Period	From : 16-MAY-2025 00:01 (Hrs) To : 15-MAY-2026 Midnight
Cover Note Details	/
Previous Policy No	OG-24-2047-1801-00005044
Invoice No	418769452/2
Company GST No	27AABCB5730G1ZX
Company PAN	AABCB5730G

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model	SubType
MH45AD6060	MH45-AKLUJ	HM23514	MAJAXXMRKAHM23514	FORD - ECOSPORT	1.5 TDCi DIESEL TITANIUM MT

NCB %	CC/KW	Seating Capacity	Year Of Manufacturing	Trailer Registration Number	Hypothecation Details
-50	1498	5	2017	-,-	

Vehicle IDV	Value For Trailers	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/LPG kit	Total Value
4,20,000.00	0	0	0	0	4,20,000.00

Own Damage Premium(Rs.)		Liability Premium(Rs.)	
Own Damage Premium	2,588.00	Basic Third Party Liability	3,416.00
Special Discount	0.00	PA Cover for Owner-Driver - SI - Rs.1500000	331.00
Total OD Premium - A	2,588.00	LL to person for Paid driver/Operation/Maintenance	50.00
Total Premium (Net Premium) (A+B)	6,635.00		
State GST (9%)	597.00	PA Cover For 5 Passenger Of Rs. 100000 each	250.00
Central GST (9%)	597.00	Total Act Premium - B	4,047.00
Final Premium (Rupees Seven Thousand Eight Hundred Twenty Nine Only)	7,829.00		

**Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, 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.

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Agency Code	**20072279**	**Contact No.**	**9067887858/9067887858**
Agency Name	**SOHAIL SALIM SHAIKH**		
E-Mail ID.	**amjadshaikh@sparkinsure.in**		
SP/POSP Code			

Limitation as to Use	The Policy covers use of the vehicle for any purpose other than : Hire or reward, Carriage of goods(other than samples or personal luggage),Organised racing,Pace making, Speed testing, Reliability trials. Any purpose in connection with Motor Trade.		
Driver	Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.		
Limits of Liability	Under section II-I(i) of the policy -> Death of or bodily injury : Such amount is necessary to meet there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Damage to Third Party Property : Rs. 7,50,000.00		
Existing Damage Details	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 2025-10288753 duly signed by you or your representative as well as the photographs shall be excluded in the event of any future claims.		
Nominee Details	**Name :**NA - **Relationship :**NA		
Subject to Warranties/ IMT-Endorsements/ Add on Package	22, 28, 16, & Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 1,00,000.00 & Plan Description: 24x7 spot assistance , , accidental medical expenses cover with sum insured Rs.100000.00		
Additional Details	Coinsurance Details: - . Transaction Id: -		
Premium Details	Receipt No. 2047-00638855, Date 16-MAY-25 ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.		
Excess Details	Compulsory Excess: Rs.1,000.00	Additional Excess: Rs.0	Voluntary Excess: Rs..00
	Theft Excess: Rs.0		

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.
It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.
You can update the same through Caringly yours App {Link}, WhatsApp Service { Say Hi on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on 8080945060, SMS WORRY to 575758, Email bagichelp@bajajallianz.co.in, website {http://www.bajajallianz.com}, contact your agent or nearest branch.

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.

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

Stamp Duty Rs. 0.25

Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.

Consolidated Stamp Duty of Rs. 0.25/- paid for insurance policy stamps vide Order No. CSD/19/2025/816 dated 01-MAR-25 of General Stamp Office, Mumbai, India.

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

PRIVATE CAR PACKAGE POLICY: ADD ON COVERS(Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 1,00,000.00): POLICY WORDINGS

S1 - 24x7 SPOT ASSISTANCE

(UIN No. IRDAN113RP0025V01200102/A0024V01200910)

A. Endorsement Wordings

In consideration of the payment of additional premium, it is hereby agreed and declared that **You** shall be entitled to one or more of the below mentioned benefits depending on the plan opted by **You** and as shown on the **Schedule** :

(A) Flat Battery: In the event of the **Insured Vehicle** being immobilized due to a flat battery, **We** will make alternative arrangements to make the **Insured Vehicle** mobile again provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has not reached a workshop/repairer. **(B)** Spare Keys: In the event of **You** losing keys of the **Insured Vehicle** , **We** will arrange for the pick up and delivery of spare keys to the spot where the **Insured Vehicle** is located provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has not reached a workshop/repairer. **(C)** Flat Tyre: In the event of the **Insured Vehicle** being immobilized due to flat tyres, **We** will arrange for the refill of the flat tyres and/or replacement of the flat tyres with a usable spare tyre to make the **Insured Vehicle** mobile again provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has not reached a workshop/repairer . **(D)** Minor Repairs: In the event of the **Insured Vehicle** being immobilized due to mechanical and/or electrical breakdown, **We** will arrange for minor mechanical and/or electrical repairs to make the **Insured Vehicle** mobile again provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has not reached a workshop/repairer. **(E)** Towing Facility: In the event of the **Insured Vehicle** getting immobilized as a result of Accident and/or breakdown, **We** shall arrange for towing away of the **Insured Vehicle** from the spot of immobilization to Our nearest preferred workshop provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence. **(F)** Urgent Message Relays: In the event of the **Insured Vehicle** getting immobilized as a result of Accident and/or breakdown, **We** will send urgent message on **Your** request to the specified persons through available means of communication **(G)** Medical Co-ordination: In the event of the **Insured Vehicle** meeting with an Accident, **You** can call Us on our Toll Free Number, mentioned on the **Schedule** , to obtain details regarding the nearest medical center that can provide emergency relief services. **(H)** Fuel Assistance: In the event of the **Insured Vehicle** being immobilized due to an empty fuel tank and/or contaminated fuel, **We** will either arrange for supply of 3 litres of petrol or diesel on chargeable basis and/or towing of the **Insured Vehicle** to Our nearest preferred workshop provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has not reached a workshop/repairer. **(I)** Taxi Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will arrange for a free travel of the occupants of the **Insured Vehicle** to a single destination within a vicinity of 50 kilometers from the spot of immobilization through a taxi or any other transportation service provided the event has occurred within 100 kilometers from the center point of the city of **Your** residence and the **Insured Vehicle** has to be towed away to Our nearest preferred workshop. Any travel beyond 50 kilometers can be covered on payment of additional amount as specified by Us. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a taxi to transfer the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a pre-communicated amount for re-imbursement to Us. **(J)** Accommodation Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will provide occupants of the **Insured Vehicle** with a hotel accommodation for one day provided the event has occurred beyond 100 kilometers from the center point of the city of **Your** residence but within 100 kilometers of another covered city and the time to repair the **Insured Vehicle** will exceed 12 hours from the time of reporting the incident.

The accommodation benefits would be offered subject to a per day limit of Rs. 2,000 per occupant and a maximum total limit of Rs. 16,000 for all the occupants of the **Insured Vehicle** through out the Policy Period. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a hotel accommodation for the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a pre-communicated amount for re-imbursement to Us. (K)Legal Advice: In the event of the **Insured Vehicle** meeting with an Accident, **You** shall be entitled for a free legal advice from a legal advisor over the phone for a maximum duration of 30 minutes. Subsequent to the expiry of the specified period of 30 minutes, **You** may continue with the same legal advisor on direct payment basis

B. Conditions

(1) . In case of transfer of ownership of the **Insured Vehicle** , the cover under '24x7 Spot Assistance' shall expire. **(2)** The benefits under '24x7 Spot Assistance' can be utilized for a maximum of 4 times during the Policy Period except for 'Fuel Assistance', 'Taxi Benefits', 'Accommodation Benefits' and 'Legal Advice' for which the aggregate utilization limit is 2 times during the Policy Period

C. Exclusions

(1) Where the **Insured Vehicle** can be safely transferred on its own power to nearest dealer/workshop. **(2)** Any Accident, loss, damage and/or liability caused, sustained or incurred whilst the **Insured Vehicle** is being used otherwise than in accordance with the limitations as to use. **(3)** Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. **(4)** Any Accident, loss, damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to/by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences. **(5)** Any loss or damage caused due to riots, strikes and Act of

PRIVATE CAR PACKAGE POLICY: ADD ON COVERS(Plan Name:24x7 Spot Assistance And Accidental Medical Expenses, SI Rs. 1,00,000.00): POLICY WORDINGS

God perils like flood, earthquake etc. **(6)** Claims pertaining to theft losses. **(7)** Any consequential loss arising out of claims lodged under '24x7 Spot Assistance' .**(8)** Where a loss is covered under **Motor Insurance Policy** or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time.**(9)** Replacement cost of battery and/or any associated repair cost. **(10)** Cost of supply of parts or replacements elements or consumables. **(11)**Repair cost of tyre and/or parts or replacement cost of any part of consumable at a third party workshop/repairer. **(12)**Any taxes, levy and expenses incurred in excess of the limit described under the plan opted by **You** . **(13)**Loss of valuables and personal belongings kept in the **Insured Vehicle** . **(14)** Any loss or damage to the **Insured Vehicle** arising out of participation in a motor racing competition or trial runs. **(15)**Where it is proved that **You** have abused the benefits under '24x7 Spot Assistance'. **(16)**Any loss or damage caused due to pre- existing damages. **(17)**Any loss or damage arising out of intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies . **(18)**Any loss or damage resulting from the use of **Insured Vehicle** against the recommendations of the owners manual and/or manufacturer's manual. **(19)**Any loss resulting from **Your** deliberate or intentional and/or unlawful or criminal act **(20)**Benefits under 'Taxi Benefits' and 'Accommodation Benefits' for occupants in excess of the seating capacity as per the registration certificate of the **Insured Vehicle** . **(21)**Additional cost incurred in towing the **Insured Vehicle** to a dealer/workshop as specified by **You** instead to Our specified nearest authorized workshop. **(22)**Services organized without Our prior consent for the various assistance services. **(23)**If **You** or **Your** personal representative is already at a garage for delivery of the **Insured Vehicle** or at the place of recovery in case of theft **(24)**Mechanical and/or electrical breakdowns that require replacement of spare parts and/or specialized tools/ equipments that are usually available only in automotive workshops

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) You,Your,Yourself: The person or persons **We** insure as set out in the **Schedule** . **(2) We**, Our, Us: Bajaj Allianz General Insurance Company Limited and/or the Service Provider with whom Bajaj Allianz General Insurance Company Limited has entered into a contract to provide the benefits under this cover to **You** . **(3) Accident, Accidental:** A sudden, unintended and fortuitous external and visible event. **(4) Policy/Motor Insurance Policy**: Private Car Package Policy issued by Us to which this cover is extended. **(5) Insured Vehicle** : The vehicle insured by Us under the **Motor Insurance Policy**. **(6) Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule** . **(7) Schedule** : The **Schedule** and any Annexure or Endorsement to it which sets out **Your** personal details and the type of insurance cover in force

S15: ACCIDENTAL MEDICAL EXPENSES COVER

(UIN No. IRDAN113RP0025V01200102/A0005V01201213)

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that if You/Your family members (named in the Schedule) are Hospitalized on advice of a Doctor because of an Accidental Bodily Injury sustained during the Policy Period while travelling in the Insured Vehicle, then We will reimburse You, the reasonable and customary medical expenses incurred up to a maximum Sum Insured as shown in the Schedule for this Cover aggregate in any one Policy Period. The medical expenses reimbursable would include: i) the reasonable charges that You/Your family members (named in the Schedule) necessarily incur on the advice of a Doctor for In-patient Care in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures and medical consumables. ii) Ambulance charges for carrying You/Your family members (named in the Schedule) from the site of accident to the nearest hospital, subject to a limit of Rs. 1,000 per claim.

B. Conditions

(1) Claims made by **You** against Us under #Accidental Medical Expenses Cover# are subject to the conditions set forth under the **Motor Insurance Policy** (2)In case of transfer of ownership of the **Insured Vehicle** , the cover under #Accidental Medical Expenses Cover# shall expire

C. Exclusions

In addition to the exclusions mentioned under **under Motor Insurance Policy, We** will not be liable to indemnify **You** for the following events:

1. Where the **Own Damage Claim** made by You against Us under the Motor Insurance Policy is not payable. 2. Accidental Bodily Injury that You/Your family members (named in the Schedule) meet with: a) Through suicide, attempted suicide or self inflicted injury or illness b) While under the influence of liquor or drugs c) Arising or resulting from You/Your family members (named in the Schedule) committing any breach of law with criminal intent d) Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. e) Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs f) As a result of any curative treatments or interventions that You/Your family members (named in the Schedule) carry out or have carried out on your body g) Arising out of participation in any naval,

military or air force operations whether in the form of military exercises or war games or actual engagement with the enemy, whether foreign or domestic 3. Consequential losses of any kind, be they by way of loss of profit, loss of opportunity, loss of gain, business interruption, market loss or otherwise, or any claims arising out of loss of a pure financial nature such as loss of goodwill or any legal liability of any kind whatsoever 4. Any injury/disablement/death directly or indirectly arising out of or contributed to any pre-existing condition 5. Venereal or sexually transmitted diseases 6. HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused 7. Pregnancy, resulting childbirth, miscarriage, abortion, or complications arising out of any of these 8. War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority 9. Nuclear energy, radiation If You do not agree whether any of these exclusions apply to Your claim, You agree to accept the burden of proving that they do not apply.

D. Claims Process

1) Making a Claim If You/Your family members (named in the Schedule) meet with any Accidental Bodily Injury that may result in a claim, then as a condition precedent to Our liability: a) You or someone claiming on behalf must inform Us in writing immediately and in any event within 30 days b) You must immediately consult a Doctor and follow the advice and treatment that he recommends c) You must take reasonable steps to lessen the consequence of Bodily injury d) You must have Yourself examined by Our medical advisors if We ask for this e) You or some one claiming on behalf must promptly give Us documentation and other information We ask for to verify the claim or Our obligation to make payment for it f) In the event of Your/Your family members (named in the Schedule) death, someone claiming on deceased#s behalf must inform Us in writing immediately and send Us a copy of the post- mortem report within 30 days Note: Waiver of conditions (a) and (f) may be considered in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Your family members (named in the Schedule) were placed, it was not possible for You or any other person to give notice or file claim within the prescribed time limit. 2) Claim Settlement a) You agree that We need only make payment when You or someone claiming on behalf has provided a claim to Our satisfaction b) We will make payment to You or to Your Assignee. If there is no Assignee, We will pay to Your legal heir, executor or validly appointed legal representative as per succession certificate and any payment We make in this way will be a complete and final discharge of Our liability to make payment

E. Definitions

The words and phrases listed have special meanings We have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate. 1. Accident, Accidental: A sudden, unintended and fortuitous external and visible event 2. Assignee: The person named in the proposal or Schedule to whom the benefits under the cover are assigned by You/Your family members (named in the Schedule) 3. Bodily Injury: Physical bodily harm or injury but not any mental sickness, disease or illness 4. Doctor: A person who holds a recognized qualification in allopathic medicine, is registered by the medical council of any State of India in which he operates and is practicing within the scope of such license. 5. Hospital: means any institution in India established for the indoor care and treatment of disease and injury, which: a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a registered medical practitioner OR b) Complies with minimum criteria of: i) At least 15 inpatient beds (10 in Class C towns) ii) Fully equipped OT of its own where surgical operations are carried out iii) Fully qualified nursing staff under employment round the clock iv) Qualified doctors in charge round the clock but shall not include any establishment which is a place of rest, a place for the aged, a place for drug-addicts or a place for alcoholics, a hotel or similar place 6. Hospitalized/Hospitalization: Your/Your family members (named in the Schedule) required stay of as an inpatient in a Hospital within India for medically necessary treatment following and due to an insured event 7. In-patient Care: The treatment for which You/Your family members (named in the Schedule) have to stay in a Hospital for more than 24 hours for a covered event 8. Insured Vehicle: The vehicle insured by Us under the Motor Insurance Policy 9. Own Damage Claim: The claims raised by You against Us for loss or damage to the Insured Vehicle due to the perils mentioned under Section 1 of Motor Insurance Policy 10. Policy/Motor Insurance Policy: Private Car Package Policy issued by Us to which this cover is extended 11. Policy Period: The period between and including the commencement date and expiry date as shown in the Motor Insurance Policy Schedule 12. Schedule: The Schedule and any Annexure or Endorsement to it which sets out Your personal details, the type of insurance cover in force and the Sum Insured 13. Sum Insured: The amount stated in the Schedule, which is the maximum amount We will pay for claims made by You irrespective of the number of claims You make in respect of Yourself/Your family members (named in the Schedule) 14. You, Your, Yourself: The person or persons We insure as set out in the Schedule 15. We, Our, Us: Bajaj Allianz General Insurance Company Limited