Bajaj Allianz General Insurance Company Ltd.

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

Transcript of Proposal for Commercial Vehicle Package Policy

Dear YASH TOURS AND TRAVELS

We wish to inform you that the contract under policy number 'OG-26-2047-1812-00000969' 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	: YASH TOURS AND TRAVELS
2. Proposer Address	: SAMRAT SHOP H NO 376 NRZP SCHOOL DINGRAJWADI, , ,SHIRUR, PUNE - 412216
3. Proposer Mobile Number	: 0-9922075555
4. Proposer Residential Number	: NA
5. Proposer e-mail id	: SPARKPOLICY@GMAIL.COM
6. Proposer Profession	: NA

B.Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	CC/KW	Year Of Manufacturing	Vehicle Seating Capacity	Vehicle/Trailer Chassis Number	Vehicle Engine Number
NEW	FORCE MOTORS	T3 STAFF BUS (33+1)	TRAVELLER	0	2025	33	MC1L4AGA4TP003030	D71086921

Fuel Type	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	Trailer	Trailer Registration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum Insured
DIESEL	29,81,439	0	0			0	29,81,439

C. Coverage opted

1. Period of Insurance	: From 08-Aug-2025 00:01(Hrs) To 07-Aug-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 PA cover is exempted for owner-driver with Reason	: No. :Institute
7. Compulsory Deductible : Rs.1,000	
8. Is any additional compulsory deductible imposed and agreed upon Amount of additional compulsory deductible imposed	: No. : Rs.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	: No.
Number Of Paid Driver(s) :	: NA
Sum Insured Per Paid Driver :	: Rs.NA.
12. Whether PA cover is opted for passengers	: No.
Number Of Passengers :	: NA
Sum Insured per Passenger	: Rs.NA
13. Is TPPD restricted to statutory limit of Rs.6,000?	: No.
14. Pre Existing damages in the vehicle	: NA.
15. Premium for Liability coverage, quoted and agreed upon is	: Rs.43,334.00.
16. Premium for OD coverage, quoted and agreed upon is	: Rs.9,514.00.
17. Do you have valid PUC certificate of the vehicle	: NA
18. Do you have valid Fitness certificate of the vehicle	: NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is	:Rs.52,848.00
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy	:NA.

21. About the last insurance company

    (i) Insurance Provider : NA

    (ii) Previous Policy No : NA

    (iii) Previous Policy Expiry Date : NA

22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us:
    HYPOTHECATED WITH : A U SMALL FINANCE BANK LTD

23. Add on Cover(s) opted : Yes. Plan Name: Depreciation_Shields41 Plan Description: Depreciation Shield

24. To support our Go Green initiative, send policy copy link on registered mobile number / email id: YES

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

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

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

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

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

Website : www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co. Ltd,, Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 Phone No :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

460603774

Bajaj Allianz General Insurance Company Ltd.

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

COMMERCIAL VEHICLE PACKAGE POLICY CERTIFICATE CUM POLICY SCHEDULE

UIN : IRDAN113RP0027V01200102

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

Policy Number	**OG-26-2047-1812-00000969**	**Product**	Commercial Vehicle Package Policy
Vehicle Type	Other Than School Buses: Passenger Carrying - 4 WH & CC> 6		
Period Of Insurance	**From: 08-Aug-2025 00:01**	**Policy issued on**	08-Aug-2025 -
	To: 07-Aug-2026 Midnight	**Cover Note No**	/
Application No		**Scrutiny No**	460603774
Insured Name	**YASH TOURS AND TRAVELS**	**Zone**	A
Insured Address	SAMRAT SHOP H NO 376 NRZP SCHOOL DINGRAJWADI, , ,SHIRUR, PUNE - 412216		
Customer ID	474839161	**Premium Payer ID**	397566541
		Transaction Id	
HYPOTHECATED WITH : A U SMALL FINANCE BANK LTD		**Policy Status**	ISSUED
GSTIN / UIN	27ALSPT5380M1Z1	**Place of Supply/State Code/Name**	27 - Maharashtra
Invoice No.	460376205/1		
Company GST No	27AABCB5730G1ZX		
Company PAN No	AABCB5730G		

Registration No.	Make	SubType	Model	CC/KW	Mfg year	Seat Cap	Vehicle/ Trailer Chassis No	Engine Number
NEW	FORCE MOTORS	T3 STAFF BUS (33+1)	TRAVELLER	0	2025	33	MC1L4AGA4TP003030	D71086921

Fuel Type	Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
DIESEL	29,81,439	0	0			0	29,81,439

SCHEDULE OF PREMIUM

OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	9,514.00	Basic Third Party Liability	43,284.00
		LL For Operation/Maintenance For 1 Person	50.00
		Total Liability Premium:	43,334.00
Total premium	52,848.00		
Special Discount			
Net Premium	52,848.00		
State GST (9%)	4756		
Central GST (9%)	4756		
Final Premium Rs.	**62,360.00**	***All Premium Figures are in Rupees**	

Geographical Area : **No Claim Bonus :** 0% **Theft Excess: Rs.** NA **Voluntary Excess :** Nil

Nominee Details **Name :** NA **Relationship :** NA

Compulsory Deductible : Rs.1,000 **Additional Compulsory Deductible :** Rs.0

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

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

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

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

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing,Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.

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

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

Subject To IMT Endorsement Nos : 7, 23, 21, 28, & Policy wordings attached herewith

Plan Name: Depreciation_Shields41 Plan Description: Depreciation Shield

Contact No : 9067887858/9067887858

Email - amjadshaikh@sparkinsure.in

SP/POSP Code :

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] / Rs. 62,360.00 By Float No : 2047-00661321

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

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

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

Damage Details Annexure : - NA

Remarks

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

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.

460603774/-/20072279/-/-

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

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

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

Authorized Signatory

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

Consolidated stamp duty of Rs. 0.50/- paid for insurance policy stamps Challan No. MH015538899202425M Order No. CSD/19/2025/816 Order Dated Defaced Date dated 01-MAR-25 having validity from 01-MAR-25 to 28-FEB-27 of General Stamp Office, Mumbai, India.

Regd Office : Bajaj Allianz House,Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

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Commercial Vehicle Package Policy: ADD ON COVERS : POLICY WORDINGS

T3 - DEPRECIATION SHIELD

(UIN: IRDAN113RP0027V01200102/A0002V01201213)

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle** .

In the event **You** and **Us** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every **Partial Loss** claim.

B. Conditions

(a) Claims made by **You** against **Us** under 'Depreciation Shield' are subject to the terms and conditions set forth under the **Motor Insurance Policy. (b)** In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Depreciation Shield' shall expire; **(c)** The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the **Policy Period**

C. Exclusions

In addition to the exclusions mentioned 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)** Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by **Us** under **Motor Insurance Policy. (3)** Loss or damage to tyres and/or battery of the **Insured Vehicle** . **(4)** Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. **(5)** 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.

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)Insured Vehicle: The vehicle insured by **Us** Us under the **Motor Insurance Policy** Policy and as shown on the **Schedule** .**(2)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; (3)Partial Loss:** Any loss falling into a category other than (a) the loss mentioned under Sr. No. 7 below and (b) theft of the **Insured Vehicle; (4)Policy/ Motor Insurance Policy:** Commercial Vehicle Package Policy issued by **Us** to which this cover is extended; **(5)Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule; (6)Schedule:** The Schedule and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force; **7)Total Loss/ Constructive Total Loss:** A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/or repair of the **Insured Vehicle** , subject to terms and conditions of the **Policy**, exceeds 75% of the **IDV** of the **Insured Vehicle; (8)We, Our, Us:** Bajaj Allianz General Insurance Company Limited;**(9)You, Your, Yourself:** The person or persons **We** insure as set out in the **Schedule.**