

# Welcome

Mr. MUSTAFA MOMIN  
MOMIN ALI RAJGURUNAGAR  
TAL- KHED DIST - PUNE  
KHED  
MAHARASHTRA India - 410505  
9225\*\*\*\*\*

From here on,  
you're our responsibility.

Welcome on board.

Your Reliance Commercial Vehicles (GCV Other than 3 Wheelers Public) Package Policy - Schedule, with Policy Number 170122523340018216 is now live to access your policy anytime, anywhere download our Reliance Selfi App and enjoy a host of special features.



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.

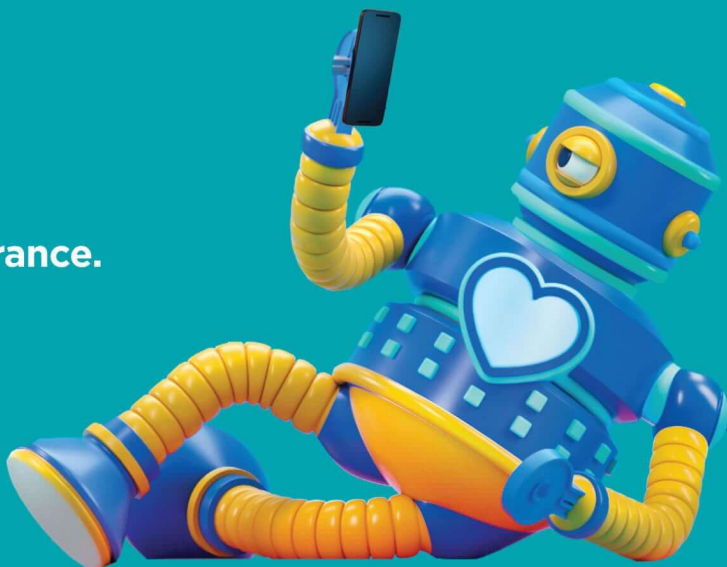
[Click here](#) to download

**Customer Information Sheet (CIS)**

Now *Live Smart*  
With Reliance general Insurance.

Tech+ 

Best Regards,



[reliancegeneral.co.in](https://reliancegeneral.co.in)



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



## Reliance Commercial Vehicles (GCV Other than 3 Wheelers Public) Package Policy - Policy Schedule

### Important

- The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- Except as provided in GR 27 Rule (g) of Erstwhile Indian Motor Tariff (i.e. Sale of Vehicle), No NCB will be allowed when a policy is not renewed within 90 days of its expiry.

|                                                                                                                 |                                |                                                                                                                         |               |
|-----------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------|
| Policy Number : 170122523340018216                                                                              |                                | Proposal/Covernote No: R31082541883                                                                                     |               |
| Insured Name : MR. MUSTAFA MOMIN                                                                                |                                | Period of Insurance : From 00:00 Hrs on 01-Sep-2025 to Midnight of 31-Aug-2026                                          |               |
| Communication Address :<br>MOMIN ALI RAJGURUNAGAR TAL- KHED DIST - PUNE KHED, PUNE, MAHARASHTRA, India, 410505. |                                | Policy Issuing Branch :<br>A Block, Heritage House, Ground floor, 6 Ramabai Ambedkar Road, , PUNE, MAHARASHTRA, 411001. |               |
| Mobile No : 9225*****                                                                                           |                                | Tax Invoice No. & Date: R31082541883 & 31 Aug 2025 05:56                                                                |               |
| Email-ID : s*****@gmail.com                                                                                     |                                | GSTIN/UIN & Place of Supply : MAHARASHTRA                                                                               |               |
| Insured Vehicle Details                                                                                         |                                |                                                                                                                         |               |
| Registration No.                                                                                                | MH14DM0993                     | Mfg. Month & Year                                                                                                       | JUL-2012      |
| Make / Model & Variant                                                                                          | ASHOK LEYLAND DOST & LS BS3    | CC / HP                                                                                                                 | 1478          |
| Engine No. / Chassis No.                                                                                        | TCH017574P / MB1AA22E2CRT17485 | LCC Including Driver                                                                                                    | 2             |
| Type of Body                                                                                                    | NA                             | GVW                                                                                                                     | 2500          |
| RTO Location                                                                                                    | MAHARASHTRA - Pimpri-Chinchwad | Total Premium ₹                                                                                                         | 19,339.00     |
| Carrier Type                                                                                                    | Public                         | IDV ₹                                                                                                                   | 250,000.00    |
| Manufacturer fully build in                                                                                     | Yes                            | Hypothecation/Lease                                                                                                     | NA            |
| Vehicle Sub Class                                                                                               | PICK UP VANS                   | Goods Type                                                                                                              | Non Hazardous |

|                                              |            |                                     |            |
|----------------------------------------------|------------|-------------------------------------|------------|
| <b>Insured Declared Value (IDV)</b>          |            |                                     |            |
| <b>Chassis IDV ₹</b>                         | 0.00       | <b>Non Electrical Accessories ₹</b> | 6,704.00   |
| <b>Body IDV ₹</b>                            | 0.00       | <b>CNG / LPG Kit ₹</b>              | 0.00       |
| <b>Vehicle IDV ₹</b>                         | 243,296.00 | <b>Trailer / Side Car ₹</b>         | 0.00       |
| <b>Electrical / Electronic Accessories ₹</b> | 0.00       | <b>Total IDV ₹</b>                  | 250,000.00 |

|                                                                      |                   |                                                 |                   |
|----------------------------------------------------------------------|-------------------|-------------------------------------------------|-------------------|
| <b>Premium Summary</b>                                               |                   |                                                 |                   |
| <b>Own Damage - Section I</b>                                        | <b>Amount (₹)</b> | <b>Liability - Section II</b>                   | <b>Amount (₹)</b> |
| Basic OD                                                             | 661.28            | Basic Liability (TPPD 1)                        | 16,049.00         |
| Non Electrical Accessories                                           | 18.22             | <b>Total Basic Liability Premium</b>            | <b>16,049.00</b>  |
| Covers for Lamps Tyres/Tubes Mudguards/Bonet/Side parts etc (IMT-23) | 101.93            | <b>PA Benefits - Section III</b>                |                   |
| <b>Total Basic Own Damage Premium</b>                                | <b>781.43</b>     | Compulsory PA cover to Owner Driver             | 375.00            |
|                                                                      |                   | <b>Total PA Premium</b>                         | <b>375.00</b>     |
|                                                                      |                   | <b>TOTAL LIABILITY PREMIUM</b>                  | <b>16,424.00</b>  |
|                                                                      |                   | <b>TOTAL PACKAGE PREMIUM (Sec I + II + III)</b> | <b>17,205.00</b>  |
|                                                                      |                   | CGST on OD Premium (@9.00 %)                    | 104.00            |
|                                                                      |                   | SGST on OD Premium (@9.00 %)                    | 104.00            |
|                                                                      |                   | CGST on TP Premium (@6.00 %)                    | 963.00            |
|                                                                      |                   | SGST on TP Premium (@6.00 %)                    | 963.00            |
| <b>TOTAL OWN DAMAGE PREMIUM</b>                                      | <b>781.00</b>     |                                                 |                   |
| <b>TOTAL PREMIUM PAYABLE (₹)</b>                                     |                   | <b>19,339.00</b>                                |                   |

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

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 31st October of the next financial year."

| PA-Nominee Details | Name       | Age | Relation   |
|--------------------|------------|-----|------------|
| 1                  | LEGAL HEIR | 40  | Legal Heir |

Consolidated Stamp duty Paid vide Letter of Authorization "NO.LOA/ENF-1/CSD/82/2025/(Validity Period Dt. 01/08/2025 to Dt. 01/12/2026)/2992 Date 24-07-2025" at General Stamp Office, Mumbai. \*\* Not Applicable for the State of Jammu & Kashmir.

25P78323 / SARAPHARAJ  
SHAKILSHAIKH

9561617858

sparkpolicy@gmail.com

\*\*\*\*\*810L

Intermediary Code/Name

Intermediary Contact No.

Intermediary E-mail ID

POS UID Aadhaar No. / PAN No.

- Limits of liability** : PA cover for owner driver under section III CSI ₹ 1500000 (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 - ₹ 7,50,000/-, TPPD 2 Sum Insured - ₹ 6,000/-).
- Limitations as to use** : The policy covers the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988. The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials.
- 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 ₹ 500/- (ii) Additional compulsory deductible ₹ 0/- (iii) Voluntary deductible ₹ 0/-

\*No Claim Bonus is subject to no claim on the previous policy. Benefits under the policy stands forfeited if claim is/was made in previous policy.

"It is hereby declared and agreed that any damages pre-existing, any losses occurred & any Liability having been incurred, prior to the commencement of cover under this policy are excluded from the scope of this policy."

| % of Discount on Own Damage Premium |                        |
|-------------------------------------|------------------------|
| Period of Insurance                 | % of NCB on OD Premium |
| The Preceding Year                  | 20%                    |
| Preceding Two Consecutive Years     | 25%                    |
| Preceding Three Consecutive Years   | 35%                    |
| Preceding Four Consecutive Years    | 45%                    |
| Preceding Five Consecutive Years    | 50%                    |

The NCB provided is on Basic OD Premium excluding Add-on wherever applicable. The policy wording with detailed terms, conditions and exclusions are available on our website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in)

Statutory Provisions :

"As per Section 146 of the Motor Vehicle Act, 1988 it is Mandatory to have your vehicle insured against third party risk."

As per Section 196 of the Motor Vehicle Act, 1988 driving an uninsured vehicle is punishable with fine or Rs. 2000 and/or imprisonment up to 3 months for the first offence and fine of Rs. 4000 and/or imprisonment up to 3 months for the second offence."

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

\*No Claim Bonus is subject to no claim on the previous policy. Benefits under the policy stands forfeited if claim is/was made in previous policy.

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

Subject otherwise to the terms, conditions and exclusions of the Reliance Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule.

In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

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

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

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

In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

**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. 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 :** Additional Compulsory Excess of Rs.10000  
Policy has been issued with reference to vehicle inspection report, reference lead no. & special conditions. The inspection report remarks can be viewed on company's website by the lead no.

**For Reliance General Insurance Co. Ltd.**



**Authorised Signatory**

## Risk Assumption Letter

Dear Mr. MUSTAFA MOMIN

Thank you for choosing Reliance General Insurance.

Please find enclosed policy no.: 170122523340018216 which has been issued based on the details declared by the applicant.

| Insured Vehicle Details               |                                |                              |            |
|---------------------------------------|--------------------------------|------------------------------|------------|
| Registration No.                      | MH14DM0993                     | Mfg. Month & Year            | JUL-2012   |
| Make / Model & Variant                | ASHOK LEYLAND DOST LS BS3      | CC / HP / Watt               | 1478       |
| Engine No. / Chassis No.              | TCH017574P / MB1AA22E2CRT17485 | LCC Including Driver         | 2          |
| Type of Body                          | NA                             | GVW                          | 2500       |
| RTO Location                          | MAHARASHTRA - Pimpri-Chinchwad | Total Premium ₹              | 19,339.00  |
| Carrier Type                          | Public                         | IDV ₹                        | 250,000.00 |
| Manufacturer fully build in           | Yes                            | Hypothecation/Lease          | NA         |
| Insured's Declared Value (IDV)        |                                |                              |            |
| Chassis IDV ₹                         | 0.00                           | Non Electrical Accessories ₹ | 6,704.00   |
| Body IDV ₹                            | 0.00                           | CNG / LPG Kit ₹              | 0.00       |
| Vehicle IDV ₹                         | 243296                         | Trailer / Side Car ₹         | 0.00       |
| Electrical / Electronic Accessories ₹ | 0.00                           | Total IDV ₹                  | 250,000.00 |

### YOU HAVE OPTED FOR THE FOLLOWING COVERS

**Standard Cover** Vehicle Own Damage + Third Party Coverage

- ☐ Electrical/electronic accessories  
☒ Non-electrical accessories  
☐ Bi-fuel kits comprising LPG/CNG systems

### Add-on Covers

- ☐ **Nil Depreciation Cover** No deduction for depreciation on vehicle parts other than tyres and tubes with respect of approved partial loss claims.
- ☐ **Additional towing Charges** Provides cover for towing charges over and above the standard policy guideline as per the cover opted by customer (Sum Insured - ₹ 0.0/-).
- ☐ **Additional Limit of TPPD** Indemnify the Insured for an additional TPPD amount opted for damage to property other than the property belonging to the Insured or held in trust or in custody of Insured.
- ☐ **Emergency Hotel Accommodation** Provide allowance towards the Hotel accommodation insured vehicle met with accident/ stolen 200 kms away from the location provided in policy copy.
- ☐ **NCB Retention Cover** No-Claim Bonus % is retained even after a claim, which would have become 0% without this cover.
- ☐ **Total Cover** Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured - ₹ 0.0/-)0/-).
- ☐ **EMI Protect** Pays for car EMIs for the time period during which the vehicle is in one of our network garages for repair.
- ☐ **Daily Allowance Benefit** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for initial two eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days
- ☐ **Daily Allowance Benefit Plus** Provides allowance as per plan opted, if vehicle is in garage for more than minimum days & for eligible own damage claim., and in case of theft where vehicle is not found for more than 90 days
- ☐ **Tyre Protector** Covers repair or replacement expenses arising out of accidental loss or damage to tyre & tubes
- ☐ **Rim Protector** Covers repair or replacement expenses arising out of accidental loss or damage to Rims
- ☐ **Personal belongings Cover** Covers loss of personal belongings of insured or his family while such items are in vehicle at the time loss or damage to the vehicle
- ☐ **Key Protect Cover** Provides replacement cost of keys in the event the keys are lost. It also covers replacement cost of locks if the vehicle is broken into
- ☐ **Assistance cover** Provides help or support in various emergency situation to the insured and Insured Vehicle due to accident or breakdown
- ☐ **Tools and Equipment Cover** It will provide an allowance of specified amount for loss or damage to the tools and equipments at the time of event
- ☐ **Voluntary Deductible** Provides an additional discount under own damage section of the policy, if the insured choose for a voluntary deductible option under Section I (Own Damage) of the base Policy.
- ☐ **No Claim Discount retention Insurance** It will maintain the current applicable NCB at the time of renewal of the policy
- ☐ **Consumable Expenses** Covers expenses incurred towards consumable items due to damage to vehicle caused by perils covered.

Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at [rgicl.services@relianceada.com](mailto:rgicl.services@relianceada.com) or call us 022 48903009(Paid) for necessary changes/rectification. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or rejection of your claims.

(Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

For Reliance General Insurance Co. Ltd.



Authorised Signatory

## Know your policy

Remember to carefully go through the Risk Assumption Letter and confirm your personal as well as your vehicle details.

In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 022 48903009 (Paid No) or visit any of our branches.

Kindly refer to the Key Feature Document and Policy Wording at [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) to understand your policy better and learn more about the policy coverages, add-on covers and Policy Exclusion. This document is a statement of the specific provisions that form the Terms and Conditions of this Policy.

## What documents do you require for making any change to your policy

**1. Changes in vehicle make & model/cubic capacity/seating capacity/engine & chassis no./year of manufacture/registration no./ location/address**

**Documents required :** Letter for change, policy copy and registration certificate copy along with additional premium cheque, if applicable.

**2. Changes in electrical and non electrical accessories/CNG/LPG kit**

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

**3. Changes in financier details (Hypothecation/Lease/Hire purchase)**

**Documents required :** Letter for change, policy copy, endorsed registration certificate copy and no objection certificate from financier (not mandatory for deletion, if registration certificate copy is endorsed).

## How to register a Claim - Cashless



## How to register a Claim - Reimbursement



## What documents do you require to register a Claim

1. Claim form duly filled and signed (company stamp in case of company registered vehicles)
2. Registration copy
3. Driving License of the driver at the time of loss
4. Policy copy
5. Vehicle fitness certificate
6. Vehicle route permit
7. Vehicle carriage permit
8. Road tax copy
9. Load Challan (if applicable)

Note: 1. As soon as a claim occurs, please intimate immediately at our call centre 022 48903009 (Paid No) Delay in intimation would result in the violation of policy condition. 2. Any additional document, if required, will be informed.

| How to renew your policy conveniently                                                   |                                                                                     |                                                                                     | Payment Modes                                                                                           |
|-----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
|      |  |  |  Internet banking  |
| Visit <a href="http://reliancegeneral.co.in">reliancegeneral.co.in</a> and renew online | Call 022 4890 3009 (Paid) and renew                                                 | Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew       |  Cheque/DD         |
|                                                                                         |                                                                                     |                                                                                     |  Credit/Debit Card |

The content on this page is for additional information & Should not be considered as part of the policy document/Schedule

## Proposal Form for Reliance Commercial Vehicles Package Policy

(The queries made/details stated below are the minimum requirement to be furnished by a proposer.

The Insurer may seek any other information as desired for underwriting purpose.)

\*(Applicable to all classes of vehicles with suitable amendments in 'Limitations as to Use')

☐ PCV ☒ GCV ☐ MISC D ☐ Trailer

### For Office Use Only

Policy Number 170122523340018216 Date 31-08-2025  
Savvion Reference No. Inspection Lead No.

### Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name SARAPHARAJ SHAKILSHAIKH Code 25P78323  
Branch Name Pune Code 1701  
Sales Manager Name Rutuja Maruti Hajare Code 71025465  
\*POS PAN No. \*POS UID Aadhaar No.

### 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. MUSTAFA MOMIN

2b. Address Address for Communication Address where vehicle is normally kept and Used

Flat/Building/Door/Block No.  
Road /Street/Sector MOMIN ALI RAJGURUNAGAR TAL- KHED DIST - PUNE

Nearest Landmark  
Area  
City KHED  
Pin Code 410505  
State MAHARASHTRA  
Country India  
Phone Mobile 9225\*\*\*\*\*  
Emergency Contact No. Blood Group  
#Email s\*\*\*\*\*@gmail.com Fax

3. Period of Insurance From 01/09/2025 To 31/08/2026

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 No.

8. Fast Tag ID

9. Are you an existing Reliance General Insurance Customer ☐ Yes ☒ No

If Yes, please Provide the Policy No.:

#The Policy copy and all related documents shall be sent to the email ID provided above. If you wish to receive Policy copy and related documents in physical form to the aforesaid communication address, please drop us an email at rgicl.services@relianceada.com

### Details of the Vehicle

10. Registration Number MH14DM0993 11. Date of Registration 31-Aug-2012

12. Registering Authority & Location MAHARASHTRA - Pimpri-Chinchwad

13. Year & Month of Manufacture JUL-2012 14. Cubic Capacity 1478

15. Engine Number TCH017574P

16. Chassis Number MB1AA22E2CRT17485

17. Make of Vehicle ASHOK LEYLAND

18. Type of Body/Model NA/DOST

19. Gross Vehicle Weight (GVW)/Cubic Capacity (C.C.) 2500

20. Goods type (Applicable only if GVW+7500kgs) ☐ Hazardous Goods ☐ Non-Hazardous Goods

21. Is the Vehicle made in India? ☒ Yes ☐ No

22. Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles 1

23. Vehicle Category ☐ Bus ☐ Taxi

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: IRDAN103RP0012V02100001. 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/GCV/PS/Ver. 1.3/310118.

Vehicle usage type (Applicable if bus) : ☐ Contract Carriage ☐ Stage Carriage ☐ Private Usage  
Vehicle usage sub type (Applicable if Contract Carriage): ☐ School Bus ☐ Employee pickup Bus ☐ Others  
24. Seating capacity (Including Driver) 2

#### Details of the Vehicle Type and Use

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

| Insured's Declared Value (IDV) of vehicle<br>Chassis Body | Non - electrical accessories<br>fitted to the vehicle<br>(₹) | Electronic accessories fitted<br>to the vehicle<br>(₹) | Value of CNG/ LPG Kit Bi<br>Fuel<br>(₹) | Total Value<br>(₹) |
|-----------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------|--------------------|
| 243,296.00                                                | 6,704.00                                                     | 0.00                                                   | 0.00                                    | 250,000.00         |

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.)

26. Details of Driver : (a) Age of Owner Driver Others  
(b) Does the driver suffer from defective vision or hearing or any physical infirmity. ☐ Yes ☐ No  
If "Yes" please give details.  
(c) Has the driver ever been involved for causing any accident or loss? ☐ Yes ☐ No  
If "Yes" please give details as under including the pending prosecution, if any:-  
(d) D.O.B

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

1. Easy Monthly Instalment (EMI) Protection Cover: (RGI-MO-A00-00-17-V01-14-15)

If Yes, please choose any one option;

Plan I - 1 EMI, EMI Amount : ₹

Plan II - 2 EMIs, EMI Amount : ₹

Plan III - 3 EMIs, EMI Amount : ₹

2. Additional Towing Charges No

3. Nil Depreciation Cover: No

4. Total Cover No

5. Voluntary Deductible No

Voluntary Deductible amount opted: ₹ 0

6. Emergency Hotel Accommodation No

Benefit Amount: ₹

7. Additional limit of TPPD No

Additional amount opted: ₹

8. Personal Belongings Cover No

Benefit Amount: ₹

9. Daily Allowance Benefit No

Per day allowance amount opted : ₹

Coverage Days opted:

10. Daily Allowance Benefit Plus No

Per day allowance amount opted: ₹

Coverage Days opted:

11. Tools and Equipment Cover

12. Key protect cover No

Sun Insured: ₹

13. Any other Details

14. Engine Protector No
15. Hospital Cash Cover No
16. NCB Retention Cover No
17. Return to Invoice No
18. Rim Protector No
19. Tyre Protector No
20. Limit Sure Pay As You Drive No
21. Consumable Expenses No
22. null, null - null, null - null, null - false No

28. 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.
29. Are you a member of Automobile Association of India ? If Yes, please submit membership copy. ☐ Yes ☒ No
30. Whether the Vehicle is used for Driving Tuitions? ☐ Yes ☒ No
31. Whether use of Vehicle is limited to Own Premises? ☐ Yes ☒ No
32. Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)? ☐ Yes ☐ No
33. Whether the Vehicle is fitted with Fibre Glass Tank? ☐ Yes ☒ No
34. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? ☐ Yes ☐ No  
If so, is the duty element included in the IDV?
35. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? ☐ Yes ☒ No
36. Date of purchase of the Vehicle by the Proposer 31-Aug-2012
37. Whether the vehicle at the time of purchase was ☐ New ☐ Second Hand

**Risk Inclusions**

38. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (other class of vehicles)  
Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only? ☐ Yes ☒ No  
Do you wish to cover legal liability to?  
(a) Driver/Conductor /Cleaner (No. of persons) ☐ Yes ☐ No  
(b) Other employees (No. of Persons) ☐ Yes ☐ No  
(c) Non-fare paying passenger (No. of persons) ☐ Yes ☐ No
39. Do you wish to include personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? ☐ Yes ☒ No  
If Yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹ 1 Lakh in the case of Motorised two wheelers and ₹ 2 lakhs for other classes of vehicles.

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

| Name | Name of the Nominee | Age of Nominee | Name of Appointee (if Nominee is Minor) | Relationship | Address |
|------|---------------------|----------------|-----------------------------------------|--------------|---------|
|      | LEGAL HEIR          | 40             |                                         | Legal Heir   |         |

(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)

41. Do you wish to include Personal Accident cover Named Persons? ☐ Yes ☐ No

| Name | CSI Opted | Name of Nominee | Age of Nominee | Name of the Appointee (If Nominee is Minor) | Relationship | Address |
|------|-----------|-----------------|----------------|---------------------------------------------|--------------|---------|
|      |           |                 |                |                                             |              |         |

42. 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

| Insured's Declared Value (IDV) of vehicle Chassis Body | Non - electrical accessories fitted to the vehicle (₹) | Electronic accessories fitted to the vehicle (₹) | Value of CNG/ LPG Kit Bi Fuel (₹) | Total Value (₹) |
|--------------------------------------------------------|--------------------------------------------------------|--------------------------------------------------|-----------------------------------|-----------------|
| 243,296.00                                             | 6,704.00                                               | 0.00                                             | 0.00                              | 250,000.00      |

#### Note

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand & model as the vehicle proposed for insurance at the commencement of insurance / renewal, and adjusted for depreciation as per policy wordings.

#### Details of Previous Insurance

46. Full Name of previous insurer  
47. Address -  
48. Policy Number Previous Policy Expiry 01-Jan-00  
49. Type of Cover ☒ Package Policy ☐ Liability only ☐ others (to be describe)  
50. NO CLAIM BONUS allowed under previous policy (%)  
51. Claims taken in previous policy ☐ Yes ☒ No  
If yes, No. of Claims Claims Amount ₹  
52. Are you entitled to No Claim Bonus ☐ Yes ☒ No  
If yes, please submit/attached proof thereof

#### Payment Details

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

#### Proposer's Bank Details

53. Name of the Bank Account Holder  
54. Bank Account No.: 55. Account: ☐ Saving ☐ Current  
56. Name of the Bank  
57. Branch  
58. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)  
59. 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.

#### GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. Ltd will be verifying my details pertaining to KYC and PAN provided at the time of proposal.

I further, do hereby agree and consent that in the case of the event of a mismatch of information provided by me in the proposal form, identification proof, and address proof at the time of issuance of the policy. I request Reliance General Insurance Company Limited to issue the policy with the details appearing as per my proposal form. I will be solely responsible for any consequences arising out of the difference in detail given by me during the verification of supporting documents provided by me at the time of issuance of the policy or otherwise.

#### 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

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: IRDAN103RP0012V02100001. 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/GCV/PS/Ver. 1.3/310118.

### PEP Declaration:

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Are you a Politically Exposed Person (PEP)?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, please mention the position held                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |
| Is any of your close relation or family member a PEP?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| If yes, please mention the name and relation and the position held by such close relative/family member.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                     |
| I hereby declare that in future if me, any of my close relatives or any of my family member attains a position of PEP then I shall confirm the same to Reliance General Insurance Co. Ltd as a mandate. I understand that this is a crucial information under the PMLA Rules and AML/ CFT Guidelines and shall confirm that the answers given by me is true. In case the company comes to know that this is a misrepresentation and concealment of information then the policy shall be put on hold for scrutiny by the company and I shall be solely responsible for the same. |                                                                     |
| <p>Note :</p> <p>"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of States/Governments, senior politicians, senior government/judicial/military officers, senior executives of state-owned corporations, important political party officials, etc (As per sub clause (xii) of 3(b) of Chapter I of Master Direction – Know Your Customer (KYC) Direction, 2016 issued by Reserve Bank of India (RBI).</p>                                                                 |                                                                     |

### 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 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



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

Name

Place :

Date : 31 Aug 2025 05:56

Date : 31 Aug 2025 05:56

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

Name of IRDAI Agent/ Broker ☐ Mr. ☐ Mrs. SARAPHARAJ SHAKILSHAIKH

Place

Date 31 Aug 2025 05:56

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

Signature of IRDAI Agent/ Broker

### \* Mandatory details to be filled

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)

IRDAN103RP0012V02100001/A0005V01202223 IRDAN103RP0012V02100001/A0006V01200910 IRDAN103RP0012V02100001/A0006V01202223  
IRDAN103RP0012V02100001/A0007V01200910 IRDAN103RP0012V02100001/A0008V01201415 IRDAN103RP0012V02100001/A0011V01200910  
IRDAN103RP0012V02100001/A0012V01201415 IRDAN103RP0012V02100001/A0014V01200910 IRDAN103RP0012V02100001/A0017V01200910  
IRDAN103RP0012V02100001/A0020V01200910 IRDAN103RP0012V02100001/A0024V01200910 IRDAN103RP0012V02100001/A0024V01202223  
IRDAN103RP0012V02100001/A0026V01202223 IRDAN103RP0012V02100001/A0027V01200910 IRDAN103RP0012V02100001/A0030V01200910  
IRDAN103RP0012V02100001/A0031V01200910 IRDAN103RP0012V02100001/A0032V01200910 IRDAN103RP0012V02100001/A0034V01200910  
IRDAN103RP0012V02100001/A0083V01202425 IRDAN103RP0012V02100001/A0084V01202425 IRDAN103RP0012V02100001/A0085V01202425  
IRDAN103RP0012V02100001/A0089V01202425