

# Welcome

Mr. SUNIL SAHADEV NILAK  
GAT NO 36 INDRAYANI  
RESIDENCY FL NO 103 VAHIL NAGAR  
DUDULGAON PUNE PUNE  
HAVELI  
MAHARASHTRA India - 412105  
8788\*\*\*\*\*

From here on,  
you're our responsibility.

Welcome on board.

Your Reliance Two Wheeler Policy-Stand-alone  
Own Damage - Policy Schedule, with Policy  
Number 170422523080004005 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.

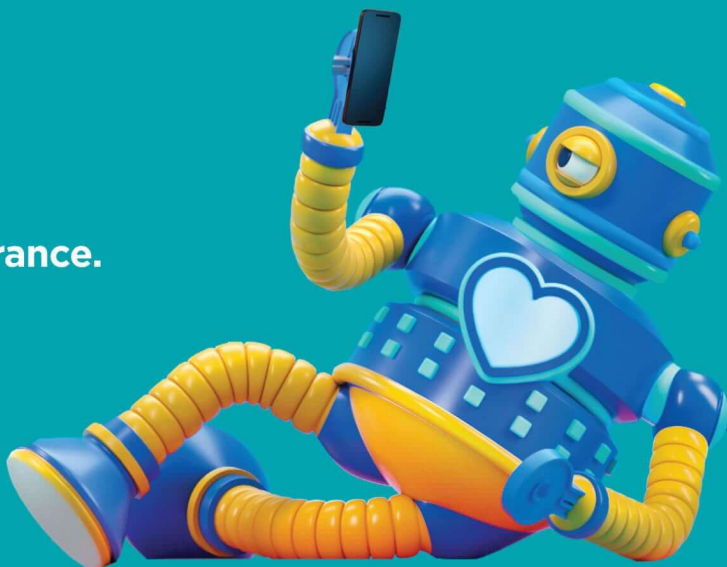
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**Customer Information Sheet (CIS)**

Now *Live Smart*  
With Reliance general Insurance.

Tech+ 

Best Regards,



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



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



## Reliance Two Wheeler Policy-Stand-alone Own Damage - Policy Schedule

### Important

- 1) The validity of this certificate of Insurance cum policy is subject to realization by the company of the premium cheque paid by the Insured.
- 2) 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.

|                                                                                                                                                                        |                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <b>Policy Number : 170422523080004005</b>                                                                                                                              | <b>Proposal/Covernote No: R16092534095</b>                                                                              |
| <b>Insured Name : Mr. SUNIL SAHADEV NILAK</b>                                                                                                                          | <b>Period of Insurance : From 00:00 Hrs on 18-Sep-2025 to Midnight of 17-Sep-2026</b>                                   |
| <b>Communication Address &amp; Place of Supply : GAT NO 36 INDRAYANI RESIDENCY FL NO 103 VAHIL NAGAR DUDULGAON PUNE PUNE HAVELI, PUNE, MAHARASHTRA, India, 412105.</b> | <b>Policy Issuing Branch : 106,107,108 1ST FLOOR, SPACE COSMOS BUILDING, ASHOKSTAMBH., NASHIK, MAHARASHTRA, 422002.</b> |
| <b>Mobile No : 8788*****</b>                                                                                                                                           | <b>Tax Invoice No. &amp; Date: R16092534095 &amp; 2025-09-16 12:40:52.0</b>                                             |
| <b>Email-ID : S*****@GMAIL.COM</b>                                                                                                                                     | <b>GSTIN/UIN &amp; Place of Supply : MAHARASHTRA</b>                                                                    |
| <b>Insured's Blood Group :</b>                                                                                                                                         |                                                                                                                         |

| Insured Vehicle Details           |                                         |                                          |           |
|-----------------------------------|-----------------------------------------|------------------------------------------|-----------|
| <b>Registration No.</b>           | MH14KX8444                              | <b>Mfg. Month &amp; Year</b>             | JUN-2023  |
| <b>Make / Model &amp; Variant</b> | TVS JUPITER ZX DISC INTELLIGO SX-OBDDIA | <b>CC / HP / Watt</b>                    | 109       |
| <b>Engine No. / Chassis No.</b>   | EG5EP1X01264 / MD626CG50P1E11330        | <b>Seating Capacity Including Driver</b> | 2         |
| <b>Type of Body</b>               | NA                                      | <b>Total Premium ₹</b>                   | 1147      |
| <b>RTO Location</b>               | MAHARASHTRA - Pimpri-Chinchwad          | <b>IDV ₹</b>                             | 76,336.00 |
| <b>Hypothecation/Lease</b>        | NA                                      |                                          |           |

| Insured Declared Value (IDV)                 |           |  |  |
|----------------------------------------------|-----------|--|--|
| <b>Year</b>                                  | 1         |  |  |
| <b>Vehicle IDV ₹</b>                         | 76,336.00 |  |  |
| <b>Electrical / Electronic Accessories ₹</b> | 0.00      |  |  |
| <b>Non Electrical Accessories ₹</b>          | 0.00      |  |  |
| <b>Bi Fuel kit ₹</b>                         | 0.00      |  |  |
| <b>Total IDV ₹</b>                           | 76,336.00 |  |  |

| Premium Summary                            |                   |                               |                   |
|--------------------------------------------|-------------------|-------------------------------|-------------------|
| <b>Own Damage - Section I</b>              | <b>Amount (₹)</b> | <b>Liability - Section II</b> | <b>Amount (₹)</b> |
| Basic OD including Add-on where Applicable | 972.44            | <b>TOTAL PREMIUM (Sec I)</b>  | <b>972.00</b>     |
| <b>Total Basic Own Damage Premium</b>      | <b>972.44</b>     |                               |                   |
| <b>Add on Cover/s Opted</b>                |                   |                               |                   |
| Nil Depreciation                           |                   |                               |                   |
| Emergency Medical Assistance               |                   | CGST (9.00%)                  | 87.00             |
| <b>TOTAL OWN DAMAGE PREMIUM</b>            | <b>972</b>        | SGST (9.00%)                  | 87.00             |
| <b>TOTAL PREMIUM PAYABLE (₹)</b>           |                   |                               | <b>1,147.00</b>   |

GSTIN : 27AABCR6747B1ZG HSN : 997134,

Subject to Erstwhile I.M.T.Endt.Nos. IMT 22

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."

**Add-on for Total Cover** : Provides cover for registration charges, road tax and insurance premium (Total Cover Sum Insured ₹0)

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.

**25BRG988 / SPARKSHIELD INSURANCE  
BROKER PRIVATE LIMITED**

8421887858

sparkshieldbroker@gmail.com

| Intermediary Code/Name | Intermediary Contact No. | Intermediary E-mail ID | POS UID Aadhaar No. / PAN No. |
|------------------------|--------------------------|------------------------|-------------------------------|
|------------------------|--------------------------|------------------------|-------------------------------|

| Existing TP Policy Details |                                             |                                   |
|----------------------------|---------------------------------------------|-----------------------------------|
| Existing TP Policy No      | Existing TP Policy Company Name             | Existing TP Policy Period         |
| 3005/HT-435089/00/000      | ICICI Lombard General Insurance Company Ltd | From : 13/06/2023 To : 12/06/2028 |

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 Identification No.** U66603MH2000PLC128300 **UIN:** IRDAN103RP0002V01201920 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/MOT-02/PVT-CAR-TWO-WHELLER-PF/Ver.1.3/300117

- Special Conditions** : 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.
- Limitations as to use** : The Policy covers use for any purpose other than: (a) Hire or Reward other than for the purpose of driving tuition, (b) Carriage of goods (other than samples or personal luggage), (c) Organized racing, (d) Pace making, (e) Speed testing, (f) Reliability trials, (g) Any Purpose in connection with Motor Trade .
- Persons/Classes of persons entitled to drive:** : Any person including insured:  
 Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid learner's license may drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.
- Deductible under Section-I :** : (i) Compulsory deductible ₹100 /- (ii) Additional compulsory deductible ₹0 /- (iii) Voluntary deductible ₹0 /-

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

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. "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."

Payment of premium under Liability Section (Section II) of bundled policy to other insurer is sole responsibility of policy holder.

The insured is entitled for a No Claim Bonus (NCB) on the Own Damage Section of the policy, if no claim is made or pending during the preceding year(s) as per the following Table

| No claim bonus discount              |                  | % of Discount on Own Damage premium |               |               |               |               |
|--------------------------------------|------------------|-------------------------------------|---------------|---------------|---------------|---------------|
| Number of claim during policy period | NCB at Inception | Policy Period*                      |               |               |               |               |
|                                      |                  | 1 year policy                       | 2 year policy | 3 year policy | 4 year policy | 5 year policy |
| No claim                             | 0%               | 20%                                 | 25%           | 35%           | 45%           | 50%           |
|                                      | 20%              | 25%                                 | 35%           | 45%           | 50%           | 50%           |
|                                      | 25%              | 35%                                 | 45%           | 50%           | 50%           | 50%           |
|                                      | 35%              | 45%                                 | 50%           | 50%           | 50%           | 50%           |
|                                      | 45%              | 50%                                 | 50%           | 50%           | 50%           | 50%           |
|                                      | 50%              | 50%                                 | 50%           | 50%           | 50%           | 50%           |
| 1 claim                              | NA               | 0%                                  | 20%           | 25%           | 35%           | 45%           |
| 2 claims                             | NA               | 0%                                  | 0%            | 20%           | 25%           | 35%           |
| 3 claims                             | NA               | 0%                                  | 0%            | 0%            | 20%           | 25%           |
| >=4 claims                           | NA               | 0%                                  | 0%            | 0%            | 0%            | 0%            |

\*For the purpose of this NCB table, the Policy Period shall be rounded to the nearest complete year (365 days) as follows:

| Policy Period              | Column to refer in NCB grid       |
|----------------------------|-----------------------------------|
| >=1642                     | 5 years                           |
| >=1277 days But <1642 days | 4 years                           |
| >=912 days But <1277days   | 3 years                           |
| >=547 days but <912        | 2 years                           |
| >= 182 days but < 547 days | 1 year                            |
| <182 days                  | NCB shall be same as at inception |

Maximum capping for NCB will be 50%.

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.

**Note :** In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

The policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. Subject otherwise to the terms, conditions and exclusions of the Reliance Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.

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

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

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

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

As per National Highways Authority of India, kindly ensure to affix 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](mailto: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](mailto: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](mailto: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](http://www.irda.gov.in) or on company website [www.reliancegeneral.co.in](http://www.reliancegeneral.co.in) or on [www.gbic.co.in](http://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, IIIrd Floor, Jeevan Seva Annexe, S.V.Road , Santacruz West Mumbai-400054 Tel.: 22-69038800, 69038827/8829, 69038831/8832, Email: [oio.mumbai@cioins.co.in](mailto:oio.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. This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

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 subrule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule

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. **022 48903009(Paid)** on and register your claim immediately within 7days from the date of loss.

In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

**Special Conditions :**

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

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



**Authorised Signatory**

IRDAN103RPMT0024V02202425/A0037V03202425 IRDAN103RPMT0024V02202425/A0026V02202425

## Proposal Form For Reliance Two Wheeler Policy-Stand-alone Own Damage

Is the vehicle made in India?

☒ Yes☐ No

Type of vehicle:

☒ Two Wheeler☐ Three Wheeler☐ Four Wheeler

## For Office Use Only

Policy Number

170422523080004005

Date

Savion Reference No.

Inspection Lead No.

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

Intermediary Name

SPARKSHIELD INSURANCE BROKER PRIVATE  
LIMITED

Code

25BRG988

Branch Name

Nashik

Code

1704

Sales Manager Name

Rajkumar Shankar Ghadge

Code

71019426

## Details (To be filled in BLOCK LETTERS)

1. This Proposal is for ☐ A new Policy ☐ Renewal of Policy ☐ Endorsement ☐ Others (Please specify)
- 2a. Proposer's Full Name ☒ Mr. ☐ Mrs. ☐ Ms. SUNIL SAHADEV NILAK
- 2b. Address
- Address for Communication
- Address where vehicle is normally kept and Used
- Flat/Building/Door/Block No. GAT NO 36 INDRAWANI
- Road /Street/Sector RESIDENCY FL NO 103 VAHIL NAGAR
- DUDULGAON PUNE PUNE
- Nearest Landmark
- Area
- City HAVELI
- Pin Code 412105
- State MAHARASHTRA
- Country India
- Phone
- Mobile 8788\*\*\*\*\*
- Emergency Contact No.
- Blood Group
- #Email S\*\*\*\*\*@GMAIL.COM
- Fax
3. Period of Insurance From 18/09/2025 To: Midnight of 17/09/2026
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. Do you have a GST Registration Number ☐ Yes ☒ No
- If Yes, please specify
10. Related Party ☐ Yes ☐ 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@reliancecda.com

## Details of the Vehicle

11. Registration Number MH14KX8444
12. Date of Registration 15/06/2023
13. Registering Authority & Location MAHARASHTRA - Pimpri-Chinchwad
14. Year & Month of Manufacture JUN-2023
15. Cubic Capacity 109
16. Engine Number EG5EP1X01264
17. Chassis Number MD626CG50P1E11330
18. Make of Vehicle TVS
19. Type of Body/Model NA/JUPITER
20. Seating Capacity including Driver 2

## Details of the Vehicle Type and Use

21. a. Whether the Vehicle is driven by Non-conventional source of power?

☐ Yes☒ No

If yes

☐ Bi Fuel☐ CNG☐ LPG

| Insured declared value (IDV) of the Vehicle | Non-electrical Accessories fitted to the Vehicle | Electrical & Electronics accessories fitted to the vehicle | Slide Car(Two wheeler) Trailer(Pvt. Cars) | Value of CNG/ LPG Kit Bi Fuel | Total Value |
|---------------------------------------------|--------------------------------------------------|------------------------------------------------------------|-------------------------------------------|-------------------------------|-------------|
| 76336                                       | 0                                                | 0                                                          | 0                                         | 0                             | 76336       |

b. Do you have a valid PUC?

☒ Yes☐ No

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

22. Age of Owner Driver

23. D.O.B.

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

1. Nil Depreciation Cover

Yes

2. NCB Retention Cover (Applicable only for Annual Policy)

No

3. Easy Monthly Instalment (EMI) Protection Cover:

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 : ₹

4. Total Cover

No

5. Daily allowance benefits

No

Per Day Allowance: ₹

Coverage Days :

6. Helmet cover: Sum Insured ₹

No

Number of Helmet Covered

7. Daily allowance benefits Plus

No

Per Day Allowance: ₹

Coverage Days :

8. Voluntary Deductible

No

Voluntary Deductible amount opted: ₹ 0

9. Hospital Cash Cover (Applicable only for Annual Policy)

No

Sum Insured: ₹

No of Days:

Convalescence Benefit SI: ₹

10. Emergency Hotel Accommodation

No

Benefit Amount: ₹

11. Additional limit of TPPD

No

Additional amount opted: ₹

12. Tyre Protector( Applicable only for annual Policy)

No

Specifications of Tyres and Tubes:

For Tyre : Width in mm: \_\_\_\_\_ Aspect Ratio: \_\_\_\_\_

Tyre Serial Number 1 \_\_\_\_\_ 2 \_\_\_\_\_

13. Rim Protector(Applicable only for annual Policy)

No

Specification of Rims:

For Rim : Width in mm: \_\_\_\_\_ Aspect Ratio: \_\_\_\_\_

Rim Serial Number 1 \_\_\_\_\_ 2 \_\_\_\_\_

14. Consumable Expenses No
15. Engine Protector No
16. Return to Invoice (Applicable only for Annual Policy) No
17. Loss of Personal belongings (Applicable only for annual Policy) No
- Sum Insured: ₹
18. Key protect cover No
- Sun Insured: ₹
19. Any other Details
20. Nil Depreciation Yes
21. Emergency Medical Assistance Yes
25. 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.
26. Are you a member of Automobile Association of India ? If Yes, please submit membership copy. ☐ Yes ☒ No
27. Will the Vehicle be used exclusively for ☐ Yes ☐ No
- a. Private, social, domestic, pleasure and professional purposed ? ☐ Yes ☐ No
- b. Carriage of goods other than samples or personal luggage? ☐ Yes ☐ No
28. Whether the Vehicle is used for Driving Tuitions? ☐ Yes ☒ No
29. Whether use of Vehicle is limited to Own Premises? ☐ Yes ☒ No
30. Whether the Vehicle is fitted with Fibre Glass Tank? ☐ Yes ☒ No
31. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? ☐ Yes ☐ No  
If so, is the duty element included in the IDV?
32. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? ☐ Yes ☒ No
33. Date of purchase of the Vehicle by the Proposer 15/06/2023
34. Whether the Vehicle at the time of purchase was ☐ New ☐ Second Hand

### Risk Inclusions

35. Please select the higher deductible if you wish to opt for over and above the compulsory deductible  
Two wheeler
36. Extension of Geographical Area  
Whether extension of Geographical Area to the following Countries required ?
- ☐ 1. Bangladesh
- ☐ 2. Bhutan
- ☐ 3. Maldives
- ☐ 4. Nepal
- ☐ 5. Pakistan
- ☐ 6. Sri Lanka

### Details of Hire Purchase / Hypothecation / Lease

37. Please state if the vehicle is under ☐ Hire Purchase ☐ Lease Agreement ☐ Hypothecation Agreement  
If so, give name and address of concerned parties.
38. Full Name M/s
39. Address

### Details of Previous Insurance

40. Full Name of previous insurer
41. Address -
42. Policy Number Previous Policy Expiry

43. Type of Cover ☐ Package Policy ☐ Liability only ☐ others (to be describe)
44. Claims taken in previous policy ☐ Yes ☒ No  
If yes, No. of Claims Claims Amount ₹
45. Are you entitled to No Claim Bonus ☒ Yes ☐ No  
If yes, please submit/attached proof thereof
46. No Claim Bonus allowed under previous policy (%) 0
- I/ We hereby declare that the rate of NCB claimed by me/ us is correct and that No claim has arisen in the expiring policy period (copy of policy enclosed). I/ We undertake that if this declaration is found incorrect, all benefits under this policy in respect of Section 1 of the policy will stand forfeited.

Signature of the Proposer

**Existing TP Policy Details**

Existing TP Policy Details : 3005/HT-435089/00/000  
Existing TP Policy Company Name : ICICI Lombard General Insurance Company Ltd  
Existing TP Policy Period From : 13/06/2023 To : 12/06/2028

**Payment Details**

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

**Proposer's Bank Details**

47. Name of the Bank Account Holder
48. Bank Account No.: 49. Account: ☐ Saving ☐ Current
50. Name of the Bank
51. Branch
52. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
53. IFSC Code (11 character code appearing on your cheque leaf)
- ☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account . \*

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

**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

**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.

Note :

"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).

### Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. • I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). • I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. • I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. • I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. • I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal for insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits. • I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST. • I/We hereby confirm that the contents of the proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract.

This proposal form was completed by

Name \_\_\_\_\_

Date : 16 Sep 2025 12:40

Place : \_\_\_\_\_

Date : 16 Sep 2025 12:40

Signature

Signature of Proposer & Company Seal

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

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

### Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Place

Date

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

Signature of IRDAI Agent/ Broker

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)

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