RELIANCE GENERAL INSURANCE
A RELIANCE CAPITAL COMPANY

Digitally signed by
Raman Arora
Date: 2020.01.08

reliancegeneral.co.in
(Toll Free) 1800 3009
(022) 4890 3009

# "A" Policy for Act Liability Insurance (Private Car)- Policy Schedule

| Policy Number : 111121923470009382 | Proposal/Covernote No : R05121954668 |
|---|---|
| **Insured's Name :**<br>MRS. APARNA GUPTA | **Period of Insurance:**<br>From 00:01 Hrs on 07-Dec-2019 to 23:59 Hrs of 06-Dec-2020 |
| **Communication Address :**<br>15/26 GURU ROAD, PATEL NAGAR DEHRADUN,<br>UTTARAKHAND,<br>INDIA,248001 | **Policy Servicing Branch :**<br>21 VEENA CHAMBERS, GROUND FLOOR, DALAL STREET, FORT MUMBAI MAHARASHTRA 400001 |
| **Mobile No : :** 9719122222 | **Tax Invoice No. & Date :** R05121954668 & 05/12/2019 |
| **Email-ID :** DHAWAN.VIPIN@YAHOO.COM | **GSTIN/UIN &Place of Supply:** |
| **Nominee Name :** | |

## Insured Vehicle Details

| | | | |
|---|---|---|---|
| Registration No. | **UK07BD5680** | Mfg. Month & Year | **JAN-2014** |
| Make / Model | **MAHINDRA/XUV500 / W4** | CC/HP/Watt | **2179** |
| Engine No./Chassis No. | **4D21304 / 6D14215** | Seating Capacity of side car (if any) including driver | **7** |
| Type of Body / LCC | **NA / 6** | Total Premium ₹ | **9369.00** |
| RTO Location | **UTTARAKHAND - Dehra Dun** | Total IDV ₹ | **NA** |
| Hypothecation/Lease | **NA** | | |

## Premium Summary

| Own Damage | Amount (₹) | Liability | Amount (₹) |
|---|---|---|---|
| Basic OD | 0.00 | Basic Liability (TPPD 1) | 7890.00 |
| **TOTAL OWN DAMAGE PREMIUM** | **0.00** | **Total Basic Liability Premium** | **7890.00** |
| | | **PA Benefits - Section III** | |
| | | Legal Liability to paid driver | 50.00 |
| | | **TOTAL LIABILITY PREMIUM** | **7940.00** |
| | | **TOTAL PACKAGE PREMIUM (Sec I + II + III)** | **7940.00** |
| | | IGST (@18.00 %) | 1429.00 |
| **TOTAL PREMIUM PAYABLE (₹)** | | | **9369.00** |

GSTIN :27AABCR6747B1ZG, HSN :9971,
Description of services :Motor vehicle insurance services

Subject to I.M.T.Endt.Nos.IMT 28

**Limits of liability** : (a) Under Section II (1)(i) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody of control of the insured up to the limits specified- ( TPPD 1 Sum Insured -₹ 7,50,000/- ,TPPD 2 Sum Insured - ₹ 6000/-)(iii) PA Cover for owner driver CSI ₹ 0.0 /-

**Limitations as to use** : The Policy covers use for any purpose other than: (a) Hire or Reward, (b) Carriage of goods (other than samples or personal luggage), (c) Organized racing, (d) Pace making, (e) Speed testing, (f) Reliability trials, (g) Any purpose in connection with Motor Trade

**Persons/Classes of persons entitled to drive** : Any person including the 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 and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

**Special Conditions** : NA

| 13BRG461/Instapolicy Insurance Broking Pvt Ltd | 8169828714 | sachinm.instapolicy@gmail.com |
|---|---|---|
| **Intermediary Code/Name** | **Intermediary Contact No.** | **Intermediary E-mail ID** |

**Compulsory PA cover for owner driver :**
Insured is not eligible for compulsory PA cover for owner driver in the policy as the same has not been opted for the reasons allowed as per motor tariff and/or basis insured's declaration given below:
"I/ we hereby declare that I/ we hold an effective personal accident insurance policy covering death and permanent disability (total & partial) and/ or compulsory personal accident (CPA) for owner driver in other vehicles; whereby the Sum Insured limit is of Rs 1,500,000 or more in all such above mentioned conditions."
In case you have missed it, please opt for compulsory PA cover by payment of additional premium as applicable .Liability of insurance company shall commence from the date of receipt of such additional premium .

"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".

The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in
Consolidated Stamp duty Paid vide Letter of Authorisation No. CSD/192/2019/5099 dated 31st Oct 2019**Not Applicable for the State of J&K

This document shall be trated as a Tax Invoice as per Rule 9(2) of the Goods and Services Tax Invoice Rules

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 above act, driving a vehicle without valid insurance is punishable with fine up to ₹ 1,000/-or imprisonment up to 3 months or both."

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.

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

Subject to Reliance General Insurance Endorsement Numbers printed herein/attached hereto. NA

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 Private Car Liability Policy. 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.

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 appealing 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.

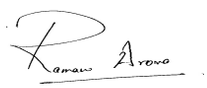
In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

**Grievance Clause :-** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 1800 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the Company is located.Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in | Shri. A. K. Sahoo Office of the Insurance Ombudsman,Jeevan Darshan Bldg.,3rd Floor,C.T.S. No.s. 195 to 198,N.C. Kelkar Road,Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@gbic.co.in

NOTE : Kindly acknowledge receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately.

In the unfortunate event of a claim, please call quoting your Policy No. on **1800 3009 (toll free) or (022) 48903009** and register your claim immediately within 7days from the date of loss.
For Customer service, please call along with your Policy No. on 1800 3009 (toll free) or (022) 48903009 or visit www.reliancegeneral.com
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.

**For Reliance General Insurance Co. Ltd**



Authorised Signatory

# A Policy for Act Liability Insurance
# (Private Car-Liability Insurance Proposal Form)

(The Liability of the Company commences only when this proposal is accepted by the Company and the premium is received.)

☑ Private Car ☐ Two Wheelers

## For Office Use Only

Policy Number 111121923470009382 Date 01/07/2020

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

| | | | |
|---|---|---|---|
| Intermediary Name | INSTAPOLICY INSURANCE BROKING PVT LTD | Code | 13BRG461 |
| Branch Name | Fort | Code | 1111 |
| Sales Manager Name | Dineshkumar Ramsajiwan Tiwari | Code | 70309359 |

## Proposer's/Owner Details (To be filled in BLOCK LETTERS)

1. Propser/Owner's Full Name ☑ Mr. ☐ Mrs. APARNA GUPTA
2. Address (Where the Vehicle is normally kept)

| | | | |
|---|---|---|---|
| Flat/Building | 15/26 GURU ROAD | Road/Street/Sector | PATEL NAGAR DEHRADUN |
| Area | | City | |
| Pin Code | 248001 State UTTARAKHAND, | Country | India |
| Phone | | Mobile | 9719122222 |
| Emergency Contact No. | | Blood Group | |
| Email | DHAWAN.VIPIN@YAHOO.COM | Fax | |
| PAN No.: | | UID Aadhaar No. | |

3. Do you have a GST Registration Number ☐ Yes ☑ No
   If Yes, please specify _____
4. Related Party
   Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
   Monthly Income ☐ Upto ₹20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹50,001 to ₹ 1,00,000 ☐ ₹ 1,00,000 and above
5. Occupation / Business
6. Type of Cover — Liability Only Policy
7. Period of Insurance — From 07/12/2019 To 06/12/2020

## Details of the Vehicle

| | | | | | |
|---|---|---|---|---|---|
| 8. | Registration Number | UK07BD5680 | 9. | Date of Registration | 01-Jan-2014 |
| 10. | Registering Authority & Location | UTTARAKHAND - DEHRA DUN | | | |
| 11. | Year & Month of Manufacture | JAN-2014 | 12. | Engine Number | 4D21304 |
| 13. | Chassis Number | 6D14215 | 14. | Make of Vehicle | MAHINDRA |
| 15. | Type of Body/Model | NA / XUV500 | | | |
| 16. | Cubic Capacity | 2179 | 17. | Seating Capacity including Driver : | 7 |

## Details of the Vehicle Type and Use

18. Whether the Vehicle is driven by Non-conventional source of power ? ☐ Yes ☐ No
    If Yes, please give details ☐ Bi Fuel ☐ CNG ☐ LPG
19. Whether the use Vehicle is limited to own Premises? ☐ Yes ☑ No
20. Whether the use Vehicle is used for Commercial Purposes? ☐ Yes ☐ No
21. Whether the use Vehicle is used for Driving Tutions? ☐ Yes ☑ No

An ISO 9001:2015 Certified Company

**IRDAI Registration No. 103. Reliance General Insurance Company Limited. Registered Office** : H Block, 1st Floor, Dhirubhai Ambani Knowledge City, Navi Mumbai - 400710. Corporate Ofiice: Reliance Centre, South Wing, 4 th Floor, Off. western Express Highway, Santacruz (East), Mumbai - 400055. Corporate Identity Number U66603MH2000PLC128300. 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-PF/Ver.1.2/300117.

## Details of Hire Purchase / Hypothecation / Lease

22. Please state if the vehicle is under ☐ Hire Purchase ☐ Lease Agreement ☐ Hypothecation Agreement

If so, give name and address of concerned party/parties

Full Name M/s

Address _____

_____

## Liability Coverage

23. Coverage for liability against Third Party Risks (Death or Bodily Injury) required in respect of:

i) Owner Driver Only ☐ Yes ☑ No

ii) Any person other than Paid Driver ☐ Yes ☐ No

If 'Yes', give details of such other persons

a. _____

b. _____

c. _____

Note:

1. Section 146 of Motor Vehicle Act-1988 makes it mandatory for the owner of the vehicle to ensure that he or any other person authorized by him to drive a vehicle in public place has insurance against third party risks. The explanation to the section 146 exempts the paid driver)

2. As per section 147(2)(a) the ability is 'as incurred' in case of death/bodily injury of athird party.

24. Do you wish to have statutory Third Party Property Damage (TPPD) liability of Rs. 6000/- only? ☐ Yes ☑ No

25. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. ☐ Yes ☐ No

The liability of the employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicle Act 1988

a. Drivers No. of persons: _____

b. Employees (Workmen) No. of persons: _____

Note: The Motor Vehicle Act1988 under sec.147(1)(ii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923

26. The Policy provides additional Third Party Property Damage liability limits of ₹. 1,00,000/- for two Wheelers and ₹. 7,50,000/- for other classes of vehicles . Do you wish to cover the additional limit? ☐ Yes ☐ No

27. Do you wish to cover wider legal liability to employees who are 'workmen' ? ☐ Yes ☐ No

(This information is sought to cover in addition to liability under the Workmen's Compensation Act 1923, also liability under the Fatal Accidents Act 1855 and the Common Law)

Note: The additional liability under common law and Fatal Accidents Act in respect of emplyees who are workmen is covered under this endorsement

28. Do you wish to cover wider legal liability to employees who are NOT 'workmen' ? ☐ Yes ☐ No

Note: The additional liability under common law and Fatal Accidents Act 1855 in respect of emplyees who are NOT workmen is covered under this endorsement

29. Personal Accidents Cover for Owner Driver is compulsory in the Liability Only Cover. Please give details of nomination :

| Name of the Nominee | Age | Relationship | Name of the Appointee | Relationship of the Nominee |
|---|---|---|---|---|
| | | | | |

Note :

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i) Personal Accident Cover for Owner Driver is compulsory for sum Insured of Rs. 0.0/-

ii) Complusory PA Cover to owner driver cannot be granted where a vehicle is owned by the company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license

30. Do you wish to include Personal Acident Cover for Named persons ? ☐ Yes ☐ No

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If 'Yes' give name and Capital Sum Insured (CSI) opted for:

| Name | CSI Opted (₹.) | Nominee | Relationship |
|---|---|---|---|
| | | | |

32. Do you wish Geographicl Area of the coverage by the policy to be extended to the following countries ?

Please tick relevant boxes. ☐ Bangladesh ☐ Bhutan ☐ Nepal ☐ Pakistan ☐ Sri Lanka ☐ Maldives

Note: Presently the territory covered is geographical area of India. Extention of geographical area cover can be availed by the use of this endorsement

## Details of Previous History

33. Date of purchase of the vehicle by the Proposer: 01-Jan-2014

34. Whether the vehicle was new or second hand at the time of purchase ☐ New ☐ Second Hand

35. Will the vehicle be used exclusively for

i) Private, Social, Domestic, Pleasure & Professional Purpose? ☐ Yes ☐ No

ii) Carriage of goods other than samples or personal language? ☐ Yes ☐ No

36. Is the vehicle is in good condition? ☐ Yes ☐ No

If 'NO' please give details

37. Name of the previous insurer

38. Address of the previous insurer -

Flat Building | Road/Street/Sector

Area | City

Pin Code | State | Country

Phone | Mobile

Email DHAWAN.VIPIN@YAHOO.COM | Fax

39. Previous Policy Number PREVIOUS_HIDE

40. Period of Insurance From 07/12/2019 To 06/12/2020

41. Claim loged during the preceding 3 years

| Year | No. of claims | Claim Amount (Rs.) |
|---|---|---|
| | | |

## Driver Details

42. Date of Birth of the Owner:

43. Date of Birth of the Driver

44. Does the driver suffer from defective vision or hearing or any physical infirmity?

If 'Yes', please give details of such infirmity

45. Has the Driver ever been involved/convicted for causing any accident of loss? ☐ Yes ☐ No

If 'Yes', give details as under including the pending prosecutions:

Driver's Name:

Date of Accident: Loss / Cost (₹.)

Circumstances of Accident / Loss:

## Payment Details

☐ Cheque ☐ DD

Cheque or DD Amount /- Amount in words

Bank Name

Cheque/DD No. Cheque/DD Date

## Proposer's Bank Details

46. Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms.

47. Bank Account No. 48. Account: ☐ Saving ☐ Current

49. Name of the Bank

50. Branch

51. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)

52. IFSC Code (11 character code appearing on your cheque leaf)

I Wish : ☐ Any refund due on premium payment / any payment / claims to be directly credited to my aforesaid Bank Account.*

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

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## 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 statues,directly indirectly governing the prevention of Money Laundering in India.

Nationality : ☐ Indian ☐ Non -Indian ,If Non Indian please specify the country _____

Type of Organization : ☐ Corporations ☐ Government ☐ Non Government Organizations ☐ Society ☐ Trust

☐ Partnership ☐ International Organization ☐ Cooperatives ☐ Section 25 Companies

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## Declaration

I/We hereby declare that te 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 declartion 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 significanceof the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. 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 bre 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 Inurance CO. Ltd. This policy shall be voidable at the option of the company in the event of mis-representation, mis-descriptionof non-disclosure of any material particulars by the Poposer. Any person who knowingly and with intent to defraud thr Insurance Companyor other persons, files a proposalto 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 hereby agree to be notified by insurer on my registered mobile number/ email id through mail or SMS or any such mode, information about various insurance policy services.

I/We further agree and undertake not to receive from Reliance General Insurance Company Limited and any rebate other than that mentioned in the published prospectus in accordance with the provisions Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

I / We here by state that the above mentioned address shall be taken as address on record for the purpose of GST.

Place: _____

Date: _____

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_____
Signature of Proposer

## Prohibition of rebates - Section41 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 livesor properly in India, any rebate of the whole or part of the commission payableor any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policyaccept any 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 liablr for a penalty which may extend to ten lakh rupees.

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IMPORTANT NOTICE

1. In the event of a claim, please immediately call our 24 hour call centre only. Improper intimation or delay in intimating claim to call centre can lead to delay in settlement/denial of claim.
2. For preferred cashless garage list please logon to our website or speak to customer care executive. RGICL cannot provide cashless claim settlement at garages other than those in our network list*
3.Please intimate us your mobile number and we shall keep you updated of the status of the claim by the way of SMS periodically. You can download our claim formand claim procedure. Also view claim status on our website.

Insurance is the subject matter of solicitation *condition apply

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