









## 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 110422523080035227 Date  
Savvion Reference No. Inspection Lead No.

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

Intermediary Name POLICYBAZAAR INSURANCE BROKERS PVT LTD Code 21BRG642  
Branch Name Borivali Code 1104  
Sales Manager Name Jaywant Ramchandra Bhujbal Code 71025639

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

- This Proposal is for  A new Policy  Renewal of Policy  Endorsement  Others (Please specify)
- Proposer's Full Name  Mr.  Mrs.  Ms. VINAY KUSHWAHA
- Address Address for Communication Address where vehicle is normally kept and Used  
Flat/Building/Door/Block No. 00  
Road /Street/Sector 00 C/O JAGDISH KUSHWAHA, SUBHAS ROAD  
SAFIPUR, KANPUR NAGAR  
Nearest Landmark  
Area  
City HARJINDER NAGAR  
Pin Code 208007  
State UTTAR PRADESH  
Country India  
Phone Mobile 7819\*\*\*\*\*  
Emergency Contact No. Blood Group  
#Email Fax
- Period of Insurance From 27/09/2025 To: Midnight of 26/09/2026
- 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  ₹1,00,001 and above
- UID Aadhaar No. 7. PAN No.
- Fast Tag ID
- Do you have a GST Registration Number  Yes  No  
If Yes, please specify
- 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@relianceada.com

### Details of the Vehicle

11. Registration Number NEW 12. Date of Registration 27/09/2025  
13. Registering Authority & Location UTTAR PRADESH - Kanpur - Urban  
14. Year & Month of Manufacture SEP-2025 15. Cubic Capacity 100  
16. Engine Number HA11FB SHG34297  
17. Chassis Number MBLHAW33XSHG33556  
18. Make of Vehicle HERO MOTOCORP  
19. Type of Body/Model NA/SPLENDOR + 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 |
|---|--|--|---|-------------------------------|-------------|
| 76491                                       | 0  | 0  | 0   | 0                             | 76491       |

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 No
- 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

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  
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?  
If so, is the duty element included in the IDV?  Yes  No
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 27/09/2025
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 Shriram Finance Limited
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 : 2218003125P110328240  
Existing TP Policy Company Name : United India Insurance company Ltd  
Existing TP Policy Period From : 27/09/2025 To : 26/09/2030

### Payment Details

Cheque/ DD Cheque/ DD Date  
 Cash  Credit Card  Others

### 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 Company 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 Company 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 :<br>"Politically Exposed Persons" (PEPs) are individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads of  |   |

