

Welcome

Ms. MADHURI DEVI

00

00 C/O SURYA NARAYAN SINGH, VILL - MAFI
GURIYAW PO - SEMARIA, P.S - KATIYA,
Gopalganj
GOPALGANJ
BIHAR India - 841441
8603*****

From here on, you're our responsibility.

Welcome on board.

Your Reliance Two Wheeler Policy Bundled -
Policy Schedule, with Policy
Number 110422523750049150 is now live to
access your policy anytime, anywhere download
our Reliance Selfi App and enjoy a host of
special features.

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Selfi

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Download your policy



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Register, Track
or Submit claim
documents



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Tap and spot from
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Customer Information Sheet (CIS)

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Tech+ 

Best Regards,



reliancegeneral.co.in



022 4890 3009 (Paid)



74004 22200 (WhatsApp)



Reliance Two Wheeler Policy Bundled - 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.

| | |
|--|--|
| Policy Number : 110422523750049150 | Proposal/Covernote No : R081225129070 |
| Insured Name : Ms. MADHURI DEVI | Period of Insurance : Own Damage - Section-I Period : From : 16:26 Hrs on 08-Dec-2025 to Midnight of 07-Dec-2026 Liability - Section-II Period : From : 16:26 Hrs on 08-Dec-2025 to Midnight of 07-Dec-2030 |
| Communication Address & Place of Supply : 0 0 0 0 C/O SURYA NARAYAN SINGH, VILL - MAFI GURIYAW PO - SEMARIA, P.S - KATIYA, Gopalganj GOPALGANJ, BIHAR, India, 841441. | Policy Issuing Branch : Tiara Building, 4th Floor, Maharashtra Nagal lane, Off. Chandavarkar Lane, Off. L T Road, Borivali West , MUMBAI, MAHARASHTRA, 400092. |
| Mobile No : 8603***** | Tax Invoice No. & Date : R081225129070 & 2025-12-08 22:11:55.0 |
| Email-ID : NA | GSTIN/UIN & Place of Supply: BIHAR |
| Insured's Blood Group : | |

| Insured Vehicle Details | | | |
|-----------------------------------|------------------------------------|--|-----------|
| Registration No. | NEW | Mfg. Month & Year | SEP-2025 |
| Make / Model & Variant | HERO MOTOCORP DESTINI 110 VX | CC / HP / Watt | 110 |
| Engine No. / Chassis No. | JF16E6SGL05091 / MBLJFW7A6SGL03797 | Seating Capacity Including Driver | 2 |
| Type of Body | NA | Total Premium ₹ | 5605 |
| RTO Location | BIHAR - Gopalganj | IDV ₹ | 70,015.00 |
| Hypothecation/Lease | NA | | |

| Insured Declared Value (IDV) | | | |
|--|-------|-------------------------------------|-------|
| Vehicle IDV ₹ | 70015 | Non Electrical Accessories ₹ | 0 |
| Electrical / Electronic Accessories ₹ | 0 | Total IDV ₹ | 70015 |

| Premium Summary | | | |
|--|-------------------|---|-------------------|
| Own Damage - Section I | Amount (₹) | Liability - Section II | Amount (₹) |
| Basic OD including Add-on where Applicable | 1,148.81 | Basic Liability (TPPD 2) | 3,851.00 |
| Total Basic Own Damage Premium | 1,148.81 | Less: Restricted Third Party Property Damage to Rs 6000/- (IMT - 20) | -250.00 |
| Add on Cover/s Opted | | Total Basic Liability Premium | 3,601.00 |
| Nil Depreciation | | PA Benefits - Section III | |
| | | TOTAL LIABILITY PREMIUM | 3,601.00 |
| | | TOTAL PACKAGE PREMIUM (Sec I + II + III) | 4,750.00 |
| | | IGST (18.00%) | 855.00 |
| TOTAL OWN DAMAGE PREMIUM | 1148.81 | | |
| TOTAL PREMIUM PAYABLE (₹) | | | 5,605.00 |

Subject to I.M.T.Endt.Nos. IMT 20,22

GSTIN : 27AABCR6747B1ZG **HSN :** 997134,

Description of services : Motor vehicle Insurance Service

"As per the GST regulations, the amount of GST (if applicable) will not be refunded if the policy / endorsement is cancelled after 31st October of the next financial year."

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 - 100000 /-, TPPD 2 Sum Insured - 6,000 /-) (iii) PA cover for owner driver under section III CSI 0/-

Consolidated Stamp duty Paid vide, order No ENF-1/CSD/117/2025 Validity Period Dt. 01/11/2025 to Dt. 01/12/2026 OW No.4299 Date 29-10-2025 GRN No 1) MH009946573202526E 2) MH009948068202526E Date 10-10-2025 SBI. Deface No. 1) 0006023021202526 2) 0006022918202526 Deface Date 24-10-2025. ** Not Applicable for the State of Jammu & Kashmir.

21BRG642 / POLICYBAZAAR
INSURANCE BROKERS PVT LTD

1800120800

support@pbpartners.com

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:** IRDAN103RP0003V04202425 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/2312/PS/VER. 1.0/310118.

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

*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 policy wording with detailed terms, conditions and exclusions are available on our website <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 Company 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 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@indusindinsurance.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@indusindinsurance.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@indusindinsurance.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, 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.

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 4890 3009(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 : NA

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 Company Ltd.



Authorised Signatory

IRDAN103RP0003V04202425/A0060V01201819

Proposal Form For Reliance Two Wheeler Policy - Bundled

Is the vehicle made in India? Yes No Type of vehicle: Two Wheeler Three Wheeler Four Wheeler

For Office Use Only

Policy Number 110422523750049150 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. MADHURI DEVI
- Address Address for Communication Address where vehicle is normally kept and Used
00
Flat/Building/Door/Block No. 0 0 C/O SURYA NARAYAN SINGH, VILL - MAFI
Road /Street/Sector GURIYAW PO - SEMARIA, P.S - KATIYA,
Gopalganj
Nearest Landmark
Area
City GOPALGANJ
Pin Code 841441
State BIHAR
Country India
Phone Mobile 8603*****
Emergency Contact No. Blood Group
#Email Fax
- Source of Funds Business Profession Salary Agricultural Income Savings Others
- Period of Insurance : **Own Damage - Section-I Period** : From : 16:26 Hrs on 08-Dec-2025 to Midnight of 07-Dec-2026
Liability - Section-II Period : From : 16:26 Hrs on 08-Dec-2025 to Midnight of 07-Dec-2030
- 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 services@Indusindinsurance.com

Details of the Vehicle

- | | | | |
|--------------------------------------|-------------------|---------------------------------------|------------|
| 11. Registration Number | NEW | 12. Date of Registration | 08/12/2025 |
| 13. Registering Authority & Location | BIHAR - Gopalganj | 15. Cubic Capacity | 110 |
| 14. Year & Month of Manufacture | SEP-2025 | 20. Seating Capacity including Driver | 2 |
| 16. Engine Number | JF16E6SGL05091 | | |
| 17. Chassis Number | MBLJFW7A6SGL03797 | | |
| 18. Make of Vehicle | HERO MOTOCORP | | |
| 19. Type of Body/Model | NA/DESTINI | | |

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 | Side Car(Two_wheeler) Trailer(Pvt.Cars) | Value of CNG/ LPG Kit Bi Fuel | Total Value |
|---|--|--|---|-------------------------------|-------------|
| 70015 | 0 | 0 | 0 | 0 | 70015 |

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
-
- 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 purposes? Yes No
 - b. Carriage of goods other than samples or personal luggage? Yes No
 - 28. Whether the Vehicle is used for Driving Tutorials? 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 08-Dec-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. Liability to third parties : The policy provides Third Party Property Damage(TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Private car)
Do you wish to restrict the above limits to the statutory TPPD Liability limit of 6000/- only? Yes No
Legal Liability No of Person
Driver:
- 37. Personal Accident Cover for Owner Driver. Please give details of nomination

| Name | Name of the Nominee | Age of Nominee | Name of the Appointee (if Nominee is Minor) | Relationship | Address |
|------|---------------------|----------------|---|--------------|---------|
|------|---------------------|----------------|---|--------------|---------|

(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)

- 38. 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

- 39. Please state if the vehicle is under Hire Purchase Lease Agreement Hypothecation Agreement

If so, give name and address of concerned parties.

40. Full Name M/s
41. Address

Details of Previous Insurance

42. Full Name of previous insurer
43. Address
44. Policy Number
45. Type of Cover Package Policy Liability only others (to be describe)
46. Claims taken in previous policy Yes No
If yes, No. of Claims Claims Amount ₹
47. Are you entitled to No Claim Bonus Yes No
If yes, please submit/attached proof thereof
48. 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 _____

Payment Details

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

Proposer's Bank Details

49. Name of the Bank Account Holder
50. Bank Account No.: 51. Account: Saving Current
52. Name of the Bank
53. Branch
54. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank)
55. 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 Organizations 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 :
 "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 Company 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 : 08 Dec 2025 10:11

Place : _____
 Date : 08 Dec 2025 10:11

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

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)

IRDAN103RP0003V04202425/A0001V01202122 IRDAN103RP0003V04202425/A0004V01202223 IRDAN103RP0003V04202425/A0009V01202122
 IRDAN103RP0003V04202425/A0012V01202122 IRDAN103RP0003V04202425/A0013V01202122 IRDAN103RP0003V04202425/A0015V01202021
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 IRDAN103RP0003V04202425/A0041V01202425 IRDAN103RP0003V04202425/A0053V01201819 IRDAN103RP0003V04202425/A0058V01202223
 IRDAN103RP0003V04202425/A0058V01202223 IRDAN103RP0003V04202425/A0060V01201819 IRDAN103RP0003V04202425/A0062V01201819
 IRDAN103RP0003V04202425/A0068V01202223 IRDAN103RP0003V04202425/A0069V01202223 IRDAN103RP0003V04202425/A0071V01202223
 IRDAN103RP0008V01201819/A0054V01201819 IRDAN103RP0008V01201819/A0056V01201819 IRDAN103RP0008V01201819/A0059V01201819
 IRDAN103RP0008V01201819/A0061V01201819