

Bajaj Allianz General Insurance Company Ltd.
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Two Wheeler Policy - Bundled

Dear HEMDATT .,

We wish to inform you that the contract under policy number 'OG-24-3004-1826-00001194' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

Details provided by you:

A. Proposer details

1. Proposer Name : HEMDATT .
2. Proposer Address : S/O SATY PRAKASH, BHATPURA, BASAI BAWA, HATRAS
, BASAI BABAS, ALIGARH, UTTAR PRADESH-204215
3. Proposer Mobile Number : 7252807751
4. Proposer Residential Number : NA
5. Proposer e-mail id : BHATLABHINAV99@GMAIL.COM
6. Proposer Profession : NA

B. Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model	Vehicle Sub Type	Cubic Capacity/Kilowatt	Fuel Type	Year of Manufacture	Seating Capacity
NEW	JUN/2023	HERO MOTOCORP	SPLENDOR PLUS	I3S SELF START DRUM BRAKE ALLOY WHEEL FI BSVI	97	Petrol	2023	2

Engine Number	Chassis Number	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total IDV (in Rs.)
HA11E7PHE078 35	MBLHAW224P HE03740	71,003.00	0	0	0	71,003.00

C. Coverage opted

1. Period of Insurance

For Own Damage Section	From 13-JUN-2023 15:53(Hrs)	To 12-JUN-2024 Midnight
For Third Party Liability Section	From 13-JUN-2023 15:53(Hrs)	To 12-JUN-2028 Midnight

2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Non - Electrical Accessories cover Opted (If Applicable): : No.
5. Is Voluntary Excess opted : No.
Amount of voluntary excess opted : Rs.NA.
6. Whether PA cover is opted for owner-driver : No.
PA cover is exempted for owner-driver with Reason :Already having Personal Accident (PA) Cover of Rs. 15 Lac
7. compulsory deductible : Rs.100.00
8. Is any additional compulsory deductible imposed and agreed upon : No.
Amount of additional compulsory deductible imposed : NA.
9. Whether geographical area extension is opted : No.
Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : No.
11. Whether PA cover is opted for paid driver other than owner driver : No.
Sum Insured for Paid Driver : Rs.NA.
13. Is TPPD restricted to statutory limit of Rs.6000? : Yes.
14. Pre Existing damages in the vehicle : NA.
15. 1 Premium for Liability coverage, quoted and agreed upon is :
16. 1 Premium for OD coverage, quoted and agreed upon is :
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous previous policy : 0 %.
21. About the last insurance company
(i) Insurance Provider : NA.
(ii) Previous Policy No : NA , Previous Policy Expiry Date : NA
22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No.
Name of Pledgee : NA.
23. Add on Cover(s) optedm3: Yes
24. To support our Go Green initiative, send policy copy link on registered mobile number / email id: YES

Please note Cover Note No. / issued to you basing on the above information.

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Toll free Number : 1800-102-5858,1800-209-5858
Email address : Bagichelp@bajajallianz.co.in
Website : www.bajajallianz.com

Contact our policy servicing branch at: S-15 2ND FLOOR RAMAN TOWER NEAR ICICI BANK,, SHANTA TOWER SANJAY PLACE, , AGRA-282001 PH:05122530780.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

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 a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON IN BREACH OF COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO RUPEES TEN LAKH. Bajaj Allianz General Insurance Co Ltd

**BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**

Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada, Pune-411006(India)

IRDAI Registration No. 113

Corporate Identity Number: U66010PN2000PLC015329

Certificate of Insurance (Two Wheeler Policy - Bundled)**UIN : IRDAN113RP0008V01201819****Policy Number:** OG-24-3004-1826-00001194**Customer ID:** 395005889**Particulars of Vehicle Insured:**

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
NEW	UP81-ALIGARH	HA11E7PHE07835	MBLHAW224PHE03 740	HERO MOTOCORP - SPLENDOR PLUS

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
I3S SELF START DRUM BRAKE ALLOY WHEEL FI BSVI	2023	0	97	2

Name of Registration Authority : UP81-ALIGARH**Name and Address of Insured** : HEMDATT .: S/O SATY PRAKASH, BHATPURA, BASAI BAWA,
HATRAS, BASAI BABAS, ALIGARH, UTTAR
PRADESH-204215**Geographical Area** : .00**Business or Profession** : NA**Effective date of commencement of Insurance for the purpose of act:**

For Own Damage Section	From 13-JUN-2023 15:53(Hrs)	To: 12-JUN-2024 Midnight
For Third Party Liability Section	From 13-JUN-2023 15:53(Hrs)	To: 12-JUN-2028 Midnight

Persons or Class of Persons entitled to drive:

Any person including the insured:

- a) Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license.
- b) Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMT-Endorsements/Add on Package

22,

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

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

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:

S-15 2ND FLOOR RAMAN TOWER NEAR ICICI BANK., SHANTA TOWER SANJAY PLACE, , AGRA-282001
PH:05122530780

Date of issue :13-JUN-2023

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.Now carry your m-policy on your mobile. Click here to download. <https://bagic.page.link/Yv9GSC>

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 13-Jun-2023 15:53:24 PM- 10091852@general.bajajallianz.co.in (Web) (NA)

A handwritten signature in black ink, featuring a stylized 'W' or 'V' shape followed by a horizontal line and a small flourish.

Authorized Signatory

**BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED**

(A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113)

Regd. Office: Bajaj Allianz House, Airport Road, Yerwada, Pune-411006(India))

TWO WHEELER POLICY - BUNDLED SCHEDULE**UIN : IRDAN113RP0008V01201819**

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc: S-15 2ND FLOOR RAMAN TOWER NEAR ICICI BANK,, SHANTA TOWER SANJAY PLACE, , AGRA-282001 PH:05122530780

INSURED DETAILS	
Insured Name	HEMDATT .
Insured Address	S/O SATY PRAKASH, BHATPURA, BASAI BAWA, HATRAS , BASAI BAWAS, ALIGARH, UTTAR PRADESH-204215
Geographical Area	India
Customer ID	395005889
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/State Code/Name	09 - Uttar Pradesh

POLICY DETAILS	
Policy Number	OG-24-3004-1826-00001194
Policy Issued on	13-JUN-2023 15:53 PM
Policy Period	For Own Damage Section
	From : 13-JUN-2023 15:53 (Hrs) To : 12-JUN-2024 Midnight
	For Third Party Liability Section
	From : 13-JUN-2023 15:53 (Hrs) To : 12-JUN-2028 Midnight
Cover Note Details	/
Previous Policy No	0
Invoice No	384365771/1
Company GST No	09AABCB5730G1ZV
Company PAN	AABCB5730G

Registration Number		Place of Registration	Engine Number	Chassis Number	Make & Model	SubType
NEW		UP81-ALIGARH	HA11E7PHE07835	MBLHAW224PHE03740	HERO MOTO-CORP - SPLENDOR PLUS	I3S SELF START DRUM BRAKE ALLOY WHEEL FI BSVI
NCB %	CC/KW	Seating Capacity	Year Of Manufacturing		Hypothecation Details	
0	97	2	2023			
Vehicle IDV		Value For Side Car	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/LPG kit	Total Value
71,003.00		0	0	0	0	71,003.00
Own Damage Premium(Rs.)				Liability Premium(Rs.)		
Own Damage Premium			831.00	Basic Third Party Liability		3,601.00
Special Discount				Total Act Premium - B		3,601.00
Total OD Premium - A			831.00			
Total Premium (Net Premium) (A+B)			4,432.00			
State GST (9%)			399.00			
Central GST (9%)			399.00			
Final Premium (Rupees Five Thousand Two Hundred			5,230.00			

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 13-Jun-2023 15:53:24 PM- 10091852@general.bajajallianz.co.in (Web) (NA)



Thirty Only)

**Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, Imported Vehicle Etc. wherever Applicable)

As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

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

Agency Code	BAG10091852	Contact No.	09997071471/09997071471
Agency Name	ABHINAV BHATI		
E-Mail ID.	BHATI.ABHINAV99@GMAIL.COM		

Limitation as to Use	The Policy covers use of the vehicle for any purpose other than : Hire or reward, Carriage of goods(other than samples or personal luggage),Organised racing,Pace making, Speed testing, Reliability trials. Any purpose in connection with Motor Trade.		
Driver	Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.		
Limits of Liability	Under section II-I(i) of the policy -> Death of or bodily injury : Such amount is necessary to meet there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy -> Damage to Third Party Property : Rs. 1,00,000/- for Motorized Two Wheelers and Rs.7,50,000 for others or Rs.6,000/-,where the proposer / insured opts to limits the TPPD liability to the statutory limit of Rs.6,000/-		
No Claim Bonus			
Existing Damage Details	NA		
Nominee Details	Name :SEEMA - Relationship :Wife		
Subject to Warranties/ IMT-Endorsements/ Add on Package	22,		
Additional Details	Coinsurance Details: - . Transaction Id: -		
Premium Details	Receipt No. 3004-00028140, Date 13-JUN-23 ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.		
Excess Details	Compulsory Excess: Rs.100.00	Additional Excess: Rs.0	Voluntary Excess: Rs..00

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 & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

This document is digitally signed, hence counter signature / stamp is not required.





Consolidated Stamp Duty of Rs.0.5/- paid towards Insurance Stamps vide Challan No. MH018043478202223M Defaced No. 0000250675202324 ORDER NO.CSD/685/2023/2054 ORDER DATED 13.04.2023DEFACED DATE dated 13-APR-23 timing 13:04:23 of General Stamp Office,Mumbai,India.

Principal Location : Bajaj Allianz General Insurance Co.Ltd, 15/54 B 2nd Floor, Virendra Smriti Complex, Civil Lines, KANPUR NAGAR - 208001 PH:0512-2338277 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Latest Schedule - 13-Jun-2023 15:53:24 PM- 10091852@general.bajajallianz.co.in (Web) (NA)

TWO WHEELER POLICY - BUNDLED : ADD ON COVERS(Plan Name:Drive Assure Basic): POLICY WORDINGS

S3 - DEPRECIATION SHIELD

A. Endorsement Wordings

(UIN No. IRDAN113RP0008V01201819/A0024V01201819)

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle**.

In the event **You** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every Partial Loss claim.

The benefits under 'Depreciation Shield' would be available only if the **Insured Vehicle** is repaired at Our authorized workshops. In case **You** have opted to repair the **Insured Vehicle** at a non-authorized workshop, Our liability will be restricted to 90% of the assessed total claim amount under this cover.

B. Conditions

(1) Claims made by **You** against Us under 'Depreciation Shield' are subject to the terms and conditions set forth under the Motor Insurance Policy. (2) In case of transfer of ownership of the **Insured Vehicle**, the cover under 'Depreciation Shield' shall expire. (3) The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the Policy Period

C. Exclusions

In addition to the exclusions mentioned under Motor Insurance Policy, **We** will not be liable to indemnify **You** for the following events:

(1) Where the Own Damage Claim made by **You** against Us under the Motor Insurance Policy is not payable (2) Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by Us under Motor Insurance Policy. (3) Loss or damage to tyres and/or battery of the **Insured Vehicle**. (4) Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. (5) Where a loss is covered under Motor Insurance Policy or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1) **You,Your,Yourself**: The person or persons **We** insure as set out in the **Schedule**. (2) **We, Our, Us**: Bajaj Allianz General Insurance Company Limited. (3) **Accident, Accidental**: A sudden, unintended and fortuitous external and visible event. (4) **Policy/Motor Insurance Policy**: Two Wheeler Package Policy issued by Us to which this cover is extended (5) **Insured Vehicle**: The vehicle insured by Us under the **Motor Insurance Policy** and as shown on the **Schedule**. (6) **Policy Period**: The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule**. (7) **Schedule**: The **Schedule** and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force. (8) **Own Damage Claim**: The claims raised by **You** against Us for loss or damage to the **Insured Vehicle** due to the perils mentioned under Section 1 of **Motor Insurance Policy**. (9) **Total Loss/ Constructive Total Loss**: A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/ or repair of the **Insured Vehicle**, subject to terms and conditions of the Policy, exceeds 75% of the IDV of the **Insured Vehicle**. (10) **Partial Loss**: Any loss falling into a category other than (A) the loss mentioned under Sr. No. 9 above and (B) theft of the **Insured Vehicle**