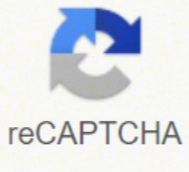




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**Reliance Two Wheeler Vehicle Certificate cum Package Policy Schedule**

**Name of Insured :** Mr. ROHIT MOHAN  
**Address :** SAMSUNG INDIA SOFTWARE OPERATIONS  
 BLOCK- B, BADAMANE LAKEVIEW#61, BADAMANE  
 TECH PARK, BYRASANDEGA C.V. RAJAN NAGAR  
 Bangalore-560093, KARNATAKA

**Contact Details :**  
**Mobile No. :** 9999999999  
**Email ID :** NA

**Policy Certificate No. :** 12034221201775  
**Proposal Covernote No. :** NA  
**Period of Insurance :** From 15:22 Hrs on 23/08/2012 to 22/08/2013 Hrs on 23:59:00  
**NCB Retention :** No  
**Business / Occupation :** NA  
**Hypothecated with :** NA  
**Location :** NA  
**Zone :** A  
**Geographical Area :** India

Reg. No. & Place	Make / Model / Variant	Engine / Chassis No.	Type of body	Cubic Capacity	Year of MFG.	Seating capacity of side car (if any including driver)	Net Premium (Rs.)	IDV (Insured Declared Value) (Rs.)
DL-05- T-4900 & Delhi (Rohini)	BAJAJ / PULSAR / 150	62411 / 01418	-	150	2005	2	677.00	19975.00

**Particulars of vehicle insured:**  
 The Policy covers only for any purpose other than: a. Hire or Reward; b. Carriage of goods (other than samples or personal luggage); c. Organized racing; d. Race meeting; e. Speed testing; f. Road test; g. Any purpose in connection with Motor Cycle.

**Persons or Classes of Persons entitled to drive:**  
 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 License is licensed to drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989.

**Limit of Liability:**  
 In the event of the Policy being a third party policy, the limit of liability shall be as per the Motor Vehicle Act, 1988. In the event of the Policy being a third party policy, the limit of liability shall be as per the Motor Vehicle Act, 1988. In the event of the Policy being a third party policy, the limit of liability shall be as per the Motor Vehicle Act, 1988.

**Exclusions:**  
 The following are excluded from the scope of the policy: The NCB provided in an Basic OD Premium excluding Add on cover applicable. The policy covering with limited terms, conditions and exclusions are available on our website [www.relianceinsurances.com](http://www.relianceinsurances.com). Comprehensive details about the policy are available on our website [www.relianceinsurances.com](http://www.relianceinsurances.com). This policy is subject to the terms, conditions and exclusions of the Motor Vehicle Act, 1988. In the event of a claim, the policy amount is subject to the terms, conditions and exclusions of the Motor Vehicle Act, 1988. In the event of a claim, the policy amount is subject to the terms, conditions and exclusions of the Motor Vehicle Act, 1988.

Insured's Declared Value					
For the Vehicle (Rs.)	For Trailers (Rs.)	Elec./Electronic Accessories (Rs.)	Non Elec. Accessories (Rs.)	Value of CNG/LPG Kit (Rs.)	Total IDV (Rs.)
19975.00	0	0	0	0	19975.00

Electrical Accessories			Non Electrical Accessories		
Sl No.	Make and Model	Serial Number of Accessory	Sl No.	Make and Model/Description	Serial Number of Accessory
PREMIUM SCHEDULE			LIABILITY		
OWN DAMAGE			LIABILITY		
Basic OD (Including Additional Covers if any)			Basic Liability		
322.33			265.00		
Basic Own Damage Premium			Legal Liability		
322.33			Total Legal Liability Premium		
Total Own Damage Premium			Total Liability Premium		
322.00			365.00		
***All Premium Figures are in Rupees			Package Premium		
			677.00		
			Add Service Tax (12% of Net Premium)		
			81.24		
			Add Education Cess (2% of Service Tax)		
			1.63		
			Add Secondary & Higher Education Cess (1% of Service Tax)		
			0.81		
			<b>FINAL PREMIUM</b>		
			<b>761.00</b>		

**Support to 181 Toll Free & 24x7 Helpline services provided across India.**  
 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 Motor Vehicle Insurance Policy. In witness whereof the Policy has been signed at Bangalore on 23/08/2012 at 15:22 Hrs. NA. NA. NA. NA.

**Important Notice:** The insured is not permitted to use the vehicle for hire or reward or for any other purpose than that for which it is insured. Any person using the vehicle for hire or reward or for any other purpose than that for which it is insured is liable to be prosecuted under the Motor Vehicle Act, 1988. In the event of a claim, the policy amount is subject to the terms, conditions and exclusions of the Motor Vehicle Act, 1988. In the event of a claim, the policy amount is subject to the terms, conditions and exclusions of the Motor Vehicle Act, 1988.

**For Reliance General Insurance Co. Ltd.**  
 Duly Constituted Attorney(s)  
 An ISO 9001:2008 Certified Company

**Intermediary Code Name:** 12BRG287 / ICM Insurance Brokers Private Limited  
**Intermediary Contact No.:**



# Types of CAR INSURANCE Policies Based on Coverage



## Comprehensive Car Insurance Policy

This type of policy ensures coverage when your car gets damaged or stolen.

## Third-Party Car Insurance Policy

Under this policy, the third-party gets the coverage if your vehicle has caused damage to their vehicle.

**DETAILS OF ACCIDENT :**  
 Date:           Time:   /   am/pm  
 Exact location of accident (Address / Spot of Accident with landmark)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Give brief description of the accident  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Was any third party responsible / liable for the accident?  Yes  No  
 If yes, please provide a copy of FIR Details \_\_\_\_\_

**DETAILS OF GARAGE**  
 Garage Name:   
 Garage Address:   
 Garage Phone Number:   
 Garage Contact Person:

**THIRD PARTY INJURY / THIRD PARTY VEHICLE DAMAGE**  
 i) Name:   
 ii) Address:   
 iii) Full details of personal / vehicle damaged \_\_\_\_\_

**WITNESS DETAILS (FOR THEFT AND THIRD PARTY INJURY / DAMAGE)**  
 i) Give name and address of witness (if any)   
 Correspondence Address:   
 Res. Tel. No.  Off. Tel. No.  Mobile:   
 ii) Was accident reported to Police?  Yes  No  
 If not, reasons \_\_\_\_\_  
 iii) If yes to which Police station? \_\_\_\_\_ iv) FIR No. / CR Dairy Number   
 v) Name of attending inspector

**PARTIAL / TOTAL THEFT**  
 i) Date:           Time:   /   am/pm ii) Place of theft   
 iii) Circumstances relating to theft \_\_\_\_\_  
 iv) Estimated cost of replacement (For partial theft claim) Rs. \_\_\_\_\_ v) By whom discovered and reported? \_\_\_\_\_  
 vi) Has theft been reported to Police \_\_\_\_\_ vii) When? \_\_\_\_\_ viii) Which Police Station \_\_\_\_\_  
 Any other relevant information to processing of claim \_\_\_\_\_

**DOCUMENTS REQUIRED**

- |   |   |  |
|---|---|--|
| <p><b>For Accident Claims</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Claim Form Duly Signed*</li> <li><input type="checkbox"/> R. C. Copy of the Vehicle**</li> <li><input type="checkbox"/> Driving License Copy**</li> <li><input type="checkbox"/> Policy Copy - (First 2 Pages only)</li> <li><input type="checkbox"/> FIR Copy</li> <li><input type="checkbox"/> Original Estimate</li> <li><input type="checkbox"/> Original Repair Invoice, Payment Receipt</li> <li><input type="checkbox"/> Letter of Indemnity and Subrogation*</li> <li><input type="checkbox"/> Documents as required by AML Guide Line</li> </ul> | <p><b>For Theft Claims</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Claim Form Duly Signed*</li> <li><input type="checkbox"/> R. C. Copy** of The Vehicle with All Original Keys</li> <li><input type="checkbox"/> Driving License Copy**</li> <li><input type="checkbox"/> Original Policy Copy</li> <li><input type="checkbox"/> FIR Copy, Untrace Report, Dumping Yard Certificate</li> <li><input type="checkbox"/> RT0 Transfer Papers Duly Signed*</li> <li><input type="checkbox"/> NOC from Finance Company (if Hypothecated)</li> <li><input type="checkbox"/> Documents as required by AML Guide Line</li> </ul> | <p><b>For Third Party Claims</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Claim Form Duly signed*</li> <li><input type="checkbox"/> Police FIR Copy</li> <li><input type="checkbox"/> Driving License Copy**</li> <li><input type="checkbox"/> Policy Copy</li> <li><input type="checkbox"/> MACT / Legal Notice</li> <li><input type="checkbox"/> R. C. Copy** Of the Vehicle</li> <li><input type="checkbox"/> Documents as required by AML Guide Line</li> </ul> |
|---|---|--|

6 Total Expenses Incurred	
<b>SCHEDULE OF HOSPITALISATION EXPENSES INCURRED</b>	
Details of expenses claimed for Hospitalisation (to be supported by Bills, Receipts, Cash Memos along with discharge summary)	Pre-Hospitalisation Expenses
a) Hospitalisation: a) Room Board, Nursing Expenses for days @Rs. per day b) I.C.U charges for days @ Rs. per day	
b) Non-Surgical & Surgical: a) Surgeon & Anaesthetist fees b) Medical Practitioners, Consultants and specialists fees for consultations No of visits c) Nursing expenses	
c) a) Anaesthetic, Blood, Oxygen, Operation Theatre Charges, Surgical appliances. b) Diagnostic materials and X-Ray., etc., c) Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs & Cost of organs and similar expenses d) Medicines and Drugs i) Supplied by Hospital ii) Purchased from Chemists	
d) Pre-Hospitalisation expenses	
e) Post-Hospitalisation expenses	
f) Ambulance charges	
g) Total Expenses Incurred	
h) Expenses reimbursed/reimbursable under other Health Insurance Policies/Reimbursement Scheme or Threshold Level whichever is higher	
j) Claim under this Policy (g-h)	

Note : If the original bills are submitted to Primary Health Insurer/Reimbursement Provider, attested photo-copies may be furnished.

I hereby declare that I have incurred on the treatment of Disease/illness / Accident referred above, the expenses as per the details given by me. In support of this claim, I enclose all relevant bills vouchers and other documents.  
 I hereby warrant the truth of the foregoing particulars in every respect and I agree that if I have made or shall make any false or untrue statement, suppression or concealment, my right to claim reimbursement of the said expenses shall be absolutely forfeited and I shall rendered myself liable to any legal action.

Place: \_\_\_\_\_  
 Date: \_\_\_\_\_ Signature of Insured Person



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