

Application Number: _____

"A" POLICY FOR ACT LIABILITY INSURANCE (TWO WHEELER) – 5 YEARS - PROPOSAL FORM

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

| | |
|----------------------------|----------------------------------|
| Period of Insurance | <input type="checkbox"/> 5 Years |
|----------------------------|----------------------------------|

| | |
|----------------------------|---|
| For Office Use Only | |
| Policy Number | Date D D / M M / Y Y Y Y |

| | |
|---|------|
| Intermediary Details (To be filled in BLOCK LETTERS) | |
| Intermediary Name | Code |
| Branch Name | Code |
| Sales Manager Name | Code |

| | |
|--|---|
| Proposer's/Owner Details (To be filled in BLOCK LETTERS) | |
| 1. This Proposal is for | <input type="checkbox"/> A new Policy <input type="checkbox"/> Renewal of Policy <input type="checkbox"/> Endorsement <input type="checkbox"/> Others (Please specify) _____ |
| 2. Proposer's Full Name | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. |
| 3. Address (where the Vehicle is normally kept) | |
| Flat/Building/Door/Block No. | Road/Street/Sector |
| Area | City |
| Pin Code | State |
| Country | Phone |
| Mobile | Emergency Contact No. |
| Blood Group | Fax |
| Email | Fast Tag Id |
| 4. Occupation / Business | |
| 5. Type of Cover | Liability Only Policy |
| 6. Period of Insurance: | From: D D / M M / Y Y Y Y Hrs of H H / M M To: D D / M M / Y Y Y Y Hrs of H H / M M |
| (Note: Cover will commence not earlier than the date & time of acceptance of risk and subsequent to the payment of premium by the insured to the company and realization thereof by the Company.) | |
| 7. Any other KYC | 8. PAN |
| 9. Do you have a GST Registration Number: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes please specify _____ | |
| 10. Related Party | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 11. Source of Funds | <input type="checkbox"/> Business <input type="checkbox"/> Profession <input type="checkbox"/> Salary <input type="checkbox"/> Agricultural Income <input type="checkbox"/> Savings <input type="checkbox"/> Others _____ |
| 12. Monthly Income: | <input type="checkbox"/> Upto ₹ 20,000 <input type="checkbox"/> ₹ 20,001 to ₹ 50,000 <input type="checkbox"/> ₹ 50,001 to ₹ 1,00,000 <input type="checkbox"/> ₹ 1,00,001 and above |

| | |
|--|--|
| CKYC Details – Section I | |
| Date of Birth | D D / M M / Y Y Y Y |
| PAN No. Available | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, Please Provide PAN No.: _____ | |
| If PAN No. Not available (Only Applicable for individuals) Please attach Form 60 duly signed & attested. | |

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Insured's CKYC Details – Section II (Individuals)

| | | |
|----------------------------------|---|----------------------------------|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that you are attaching: | |
| | 1. <input type="checkbox"/> Driving License | |
| | 2. <input type="checkbox"/> Passport | |
| | 3. <input type="checkbox"/> Voter ID | |

Insured's CKYC Details – Section III (Other than Individuals)

| | | |
|----------------------------------|---|----------------------------------|
| CKYC No.: Available | <input type="checkbox"/> Yes <input type="checkbox"/> No | If Yes, Please Provide CKYC No.: |
| Date of Incorporation | D D / M M / Y Y Y Y | |
| If CKYC Number is not available: | Please attach any one of the following documents with self-attestation. Please tick on the document that is being attached: | |
| | 1. <input type="checkbox"/> Certificate of Incorporation | |
| | 2. <input type="checkbox"/> Memorandum and Articles of Association | |
| | 3. <input type="checkbox"/> Registration Certificate (Partnership Firms) | |
| | 4. <input type="checkbox"/> Partnership Deed (Partnership Firms) | |
| | 5. <input type="checkbox"/> Trust Deed (Trusts and Foundations) | |

Insured's CKYC Details – Section IV

If Name and Address is not the same as per the attached documents

Please Submit a declaration stating the Name and the Address is of the same person (Please find attached the Annexure – II for the same)

Details of the Vehicle

| | | | |
|--|---------------|--------------------------|---------------------|
| 13. Registration Number | | 14. Date of Registration | D D / M M / Y Y Y Y |
| 15. Registering Authority & Location | | | |
| 16. Year & Month of Manufacture | M M / Y Y Y Y | 17. Engine Number | |
| 18. Chassis Number | | 19. Make of Vehicle | |
| 20. Type of Body/Model | | | |
| 21. Gross Vehicle Weight (GVW) | | 22. Cubic Capacity | |
| 23. Max. licensed carrying capacity (No. of passengers) in case of Passenger Carrying Vehicles | | | |
| 24. Seating capacity including Driver | | | |

Details of the Vehicle Type and Use

| | |
|---|--|
| 25. a. Whether the Vehicle is driven by Non-conventional source of power? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please give details | <input type="checkbox"/> Bi Fuel <input type="checkbox"/> CNG <input type="checkbox"/> LPG |
| b. Do You Have PUC? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 26. Whether the use of vehicle is limited to own premises? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 27. 1. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person and Duly endorsed as such by RTA? (Applicable for Two Wheeler) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Whether the Vehicle is used for Commercial purposes? (Applicable for Private Car) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Whether the Commercial Vehicle is also used for private purposes (excluding use for hire or reward)? (Applicable for Commercial Vehicle) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 28. Whether the Vehicle is used for Driving Tuitions? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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Liability Coverage

29. 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 Section 146 exempts the paid driver)
2. As per Section 147 (2)(a) the liability is 'as incurred' in the case of death/bodily injury of a third party

30. Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. The liability of the Employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicles Act 1988

 Yes No

- a) Drivers No. of persons: _____
- b) Employees (Workmen) No. of persons: _____

Note: The Motor Vehicles Act 1988 under Sec.147(1)(iii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923

31. Liability to third parties : The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (Other Class of Vehicles) Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only?

 Yes No

- Legal Liability No. of Persons
- Driver

32. Do you wish to cover wider legal liability to employees who are 'workmen'? (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)

 Yes No**Note:** The additional liability under Common Law and Fatal Accidents Act in respect of employees who are workmen is covered under this endorsement

33. Third party risk: Liability to "Workman" under W.C.Act-1923 (Compulsorily to be covered by M.V.Act-1988) Legal liability to persons employed in connection with operation of the vehicle who are 'workmen'. (The liability of the Employer under the Workmen's Compensation Act 1923 is covered under the Motor Vehicles Act 1988)

- a. Drivers: _____ No. of persons: _____ b. Employees (Workmen): _____ No. of persons: _____

Note: The Motor Vehicles Act 1988 under Sec.147(1)(iii)(i) covers liability to employees who are workmen within the meaning of the Workmen's Compensation Act 1923.

34. 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 employees who are NOT workmen is covered under this endorsement

35. Personal Accident 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 to the Nominee |
|---------------------|-----|--------------|-----------------------|-----------------------------|
| | | | | |
| | | | | |
| | | | | |

Note:

- i) 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
- ii) Compulsory PA Cover to 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

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| | | | |
|--|---------------|-------------------|--|
| 36. Do you wish to include Personal Accident Cover for Named persons? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', give name and Capital Sum Insured (CSI) opted for: | | | |
| Name | CSI Opted (₹) | Nominee | Relationship |
| | | | |
| Note: The maximum CSI available per person is ₹ 2,00,000/- in case of private car and Commercial Vehicle and ₹ 1,00,000/-in case of Motorized Two Wheelers | | | |
| 37. Do you wish to include Personal Accident cover for Un-named Passengers/hirer/pillion passengers? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'Yes', give number of persons and Capital Sum Insured (CSI) opted: | | | |
| No. of persons: | | CSI (per person): | |
| Note: The maximum CSI available per person is ₹ 2,00,000/- in case of private car and Commercial Vehicle and ₹ 1,00,000/-in case of Motorized Two Wheelers | | | |
| 38. Do you wish the Geographical Area of the coverage by the policy to be extended to the following countries ? | | | |
| Please tick relevant boxes <input type="checkbox"/> Bangladesh <input type="checkbox"/> Bhutan <input type="checkbox"/> Nepal <input type="checkbox"/> Pakistan <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Maldives | | | |
| Note: Presently the territory covered is geographical area of India. Extension of geographical area cover can be availed by use of this endorsement | | | |

Details of Previous History

| | | |
|--|--|---|
| 39. Date of purchase of the vehicle by the Proposer: | | DD / MM / YYYY |
| 40. Whether the vehicle was new or second hand at the time of purchase | | <input type="checkbox"/> New <input type="checkbox"/> Second Hand |
| 41. Will the vehicle be used exclusively for: | | |
| i) Private, Social, Domestic, Pleasure & Professional Purpose? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ii) Carriage of goods other than samples or personal language? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 42. Is the vehicle in good condition? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If 'No' please give details | | |
| | | |
| 43. Name of the previous insurer | | M/s. |
| 44. Address of previous insurer | | |
| Flat Building | | Road/Street/Sector |
| Area | | City |
| Pin Code | | State |
| Country | | Phone |
| Mobile | | Fax |
| Email | | |
| 45. Previous Policy Number | | |
| 46. Period of Insurance | | From DD / MM / YYYY To DD / MM / YYYY |



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47. Claim lodged during the preceding 3 years

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

48. Type of Cover Liability (Only Cover/Package Cover/ Other (Specify))

49. Has any insurance company ever

- Declined Your Proposal Required an increase in premium
 Cancelled or Refused your Renewal Imposed Special Conditions or Excess

Driver Details

50. Date of Birth of the Owner: DD / MM / YYYY Age

51. Date of Birth of the Driver: DD / MM / YYYY Age

52. Does the driver suffer from defective vision or hearing or any physical infirmity? Yes No
If 'Yes', please give details of such infirmity

53. 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: DD / MM / YYYY Loss / Cost (₹)
Circumstances of Accident / Loss:

54. Any other relevant Information

Details of Hire Purchase / Hypothecation / Lease

55. 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
Pincode

(Note: Copies of R.C.Book, Permit & Fitness Certificate should be submitted along with the Proposal Form)



Payment Details

Cheque DD

Cheque or DD Amount: _____ Amount in words: _____

Bank Name: _____

Cheque/DD No.: _____ Cheque/DD Date: _____ DD / MM / YYYY

Proposer's Bank Details

56. Name of the Bank Account Holder: _____ Mr. Mrs. Ms. F I R S T M I D D L E L A S T

57. Bank Account No.: _____ 58. Account: Saving Current

59. Name of the Bank: _____

60. Branch: _____

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

62. 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.

NOMINEE'S DETAILS. PLEASE GIVE DETAILS OF NOMINATION

| Name of the Nominee | Age of Nominee | Name of the Appointee (if Nominee is Minor) | % of Claim | Relationship | Address | Mobile | E-Mail |
|---------------------|----------------|---|------------|--------------|---------|--------|--------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Nominee's Bank Details

Name of the Bank Account Holder: _____ Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Bank Account No.: _____ Account: Saving Current

Name of the Bank: _____

Branch: _____

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

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.

PEP DECLARATION:

Are you a Politically Exposed Person (PEP)? Yes No

If yes, please mention the position held: _____

Is any of your close relation or family member a PEP? Yes No



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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd "A" Policy for Act Liability Insurance (Two Wheeler) - 5 years. UIN No.: IRDAN103RP0004V01201819.
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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 Co. 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) shall have the meaning assigned to it under sub clause (db) of clause (1) of Rule 2 of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005."

(db) "Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States or Governments, senior politicians, senior government or judicial or military officers, senior executives of state-owned corporations and important political party officials".

GENERAL DECLARATION:

I understand that as per the new AML/CFT Guidelines issued Reliance General Insurance Co. 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

1. I/We hereby confirm that all premiums have been/will be paid from bonafide sources and no premiums have been /will be paid out of proceeds of crime related to any of the offense listed in Prevention of Money Laundering Act,2002.
2. I understand that the Company has the right to call for document to established sources of funds.
3. The Insurance Company has right to cancel the insurance contract in case I am/have been found guilty by competent court of law under any of the statutes, directly or indirectly governing the prevention of money laundering in India.

| PROPOSER'S SIGNATURE * | Date | Place | Time |
|---|------|-------|------|
| Verified by providing OTP number sent to registered mobile no. (9xxxxxxx33) at (HH:MM:SS) on DD-MM-YYYY and confirmed at (HH:MM:SS) on DD-MM-YYYY | | | |

*Signature authentication: A One Time Password (OTP) authentication number has been sent on Your registered mobile number. By feeding in the said OTP number in the system, You hereby unconditionally and absolutely acknowledge and accept the declarations as stated above in its entirety, and the same would create a legally binding agreement between You and the Company.

AGENT / INTERMEDIARY'S DECLARATION (IN CASE BUSINESS IS SOURCED THROUGH AN AGENT / INTERMEDIARY)

[Agent / Intermediary confirmed using a tick box provided for recording following consent].

I, (Full Name) _____ in my capacity as an Insurance Advisor/ Specified Person of the Corporate Agent/Insurance Web Aggregator/Authorized employee of the Broker/Relationship Officer, do hereby declare that I have explained all the contents of this Proposal Form, including the nature of the questions contained in this Proposal Form to the Proposer including statement(s), information and response(s) submitted by him/her in this Proposal Form to questions contained herein or any details sought herein will form the basis of the Contract of Insurance between Reliance General Insurance Company Limited and the Proposer, if this Proposal is accepted by Reliance General Insurance Company Limited for issuance of the Policy. I have further explained that if any untrue statement(s)/ information/response(s) is/are contained in this Proposal Form/including addendum(s), affidavits, statements, submissions, furnished/to be furnished and furthermore if there has been a non-disclosure of any material fact, the policy issued to his/her favor pursuant to this Proposal may be treated by Reliance General Insurance Company Limited as null and void and all premiums paid under the Policy may be forfeited to Reliance General Insurance Company Limited. The content of this form and its particulars have been explained by me in vernacular to the proposer who has understood and confirmed the same. I confirm that to the best of my knowledge all the material facts about the prospect and the insured relevant to insurance underwriting, including any adverse habits or income inconsistency has been disclosed herewith.

| | | |
|---------------------------|--|-------------|
| Agent / Intermediary Name | | |
| Agent / Intermediary Code | | License No. |



Place: _____

Date: D D / M M / Y Y Y Y

Signature of Agent / Intermediary

[Display 'Confirmed' when ticked]

E- Account Opening

Reliance General Insurance recommends to move towards a smarter and faster way of transacting by opening an e-Insurance account. Check here to opt in for E-Insurance account.

(Please click on the link sent to you on your registered mobile no through SMS and complete the e-IA Registration form)

Declaration

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/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 CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, misdescription of non-disclosure 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 further agree and undertake not to receive from Reliance General Insurance Company Limited 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.

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.

I/We hereby confirm that the product details have been explained to me to my satisfactory level.

For Specially abled persons, I/We hereby confirm that the product details have been explained to me to my satisfactory level by authorized person.

This proposal form was completed by _____

Date: D D / M M / Y Y Y Y

Place: _____

Signature of Proposer

Signature of Authorized Person

(In case of Specially Abled Proposer)

Signature of Proposer & Company Seal

Signature of Authorized Person

(In case of Specially Abled Proposer)



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Prohibition of Rebates - Section 41 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 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.
2. 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.

Note: Denial of "Third Party Liability Only Cover" by Insurer, for reasons other than fraud/misrepresentation by Proposer, will entail Regulatory action.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature to be of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/Broker Mr. Mrs. Ms. F I R S T M I D D L E L A S T

Date: D D / M M / Y Y Y Y

Place: _____

(In case of Direct Business, Name & Signature of CSO / SM to be taken)

Signature of IRDAI Agent/Broker

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 way of SMS periodically . You can download our claim form and claim procedure.
4. 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).

Also view claim status on our website.

Insurance is the subject matter of solicitation.

* conditions apply.

