

			Reliance General Insurance Co.Ltd. Unit no- 202, 2nd Floor, Lotus IT Park, Road no- 16, Wagle Industrial Estate, Thane (west) Serving Branch GSTIN Number. : 27AABCR6747B1ZG , PAN No. : AABCR6747B IRDA Regn. No. : 103			
PROPOSAL DETAILS						
PROPOSAL NUMBER AND DATE		PERIOD OF OWN DAMAGE(OD) COVER		PERIOD OF LIABILITY(TP) COVER		
P26893603 & 29-Aug-2024		31-Aug-2024 To 30-Aug-2025		To		
PREVIOUS POLICY DETAILS						
OD POLICY INSURER	OD POLICY NUMBER	PERIOD OF OD POLICY	TP POLICY INSURER	TP POLICY NUMBER	PERIOD OF TP POLICY	
RGI	TRG/00227083	31-Aug-2023 To 30-Aug-2024	RGI	TRG/00227083	31-Aug-2023 To 30-Aug-2026	
INSURED DETAILS						
NAME		GSTIN	PAN CARD NUMBER	UIN	Corporate	
M/S COLORTEK INDIA PVT LTD		24AAACC0416B1ZO	AAACC0416B	0	PAY AS YOU DRIVE / USE	
ADDRESS					DATE OF Incorporation	
111, INDUSTRIAL AREA, SION EAST MUMBAI MAHARASHTRA 400022					29-Aug-2024	
NOMINEE NAME		NOMINEE AGE	NOMINEE RELATIONSHIP	MOBILE NUMBER	EMAIL ID	
--Select--			--Select--	9869050868	nomailid@gmail.com	
VEHICLE DETAILS						
VARIANT		MAKE / MODEL	CHASSIS NUMBER	ENGINE NUMBER	YEAR OF MANUFACTURE	
INNOVA HYCROSS ZX(O) EDRIVE		Toyota / INNOVA HYCROSS	MBJABBA901414480-0823	M20ANB17418	2023	
HYPOTHECATION / LEASE		INVOICE DATE	CC/KW/GVW	SEATING CAPACITY	FUEL TYPE	
KOTAK MAHINDRA PRIME LIMITED / MUMBAI		31-Aug-2023	1987	7	HYBRID	
GEOGRAPHICAL AREA EXTN.		GEOGRAPHICAL AREA	RTO CITY	REGISTRATION NUMBER	VEHICLE USAGE	
NA		India	MUMBAI WEST	MH-01-EJ-3096	Private	
INSURED DECLARED VALUE (Rs.)						
YEAR	VEHICLE	BODY	NON ELECTRICAL ACCESSORIES	ELECTRICAL ACCESSORIES	CNG / LPG	TOTAL
1	2478400	0	0	0	0	2478400
PREMIUM CALCULATION						
A. OWN DAMAGE (OD) SECTION		Amount (Rs.)	B. LIABILITY (TP) SECTION		Amount (Rs.)	
BASIC PREMIUM			BASIC PREMIUM			
VEHICLE		8526	THIRD PARTY LIABILITY (INCLUDING TPPD)		0	
NON ELECTRICAL ACCESSORIES		0	GEOGRAPHICAL AREA EXT. (IMT-1)		0	
ELECTRICAL ACCESSORIES (IMT-24)		0	BI FUEL KIT		0	
BI FUEL KIT (IMT-25)		0	SUB TOTAL (THIRD PARTY LIABILITY)		0	
BODY PREMIUM		0				
SUB TOTAL (BASIC PREMIUM)		8526	PERSONAL ACCIDENT (PA) COVER			
GEOGRAPHICAL AREA EXT (IMT-1)		0	COMPULSORY PA COVER FOR OWNER DRIVER (IMT-15) Rs. 15 LAC		0	
IMT 23		0	PA COVER FOR PAID DRIVER (IMT-17) Rs. 2 LAC		0	
SUB TOTAL		8526	PA COVER (50000 FOR 7 UNNAMED PERSONS) (IMT-16)		0	
DISCOUNTS			SUB TOTAL (PA COVER)		0	
VOLUNTARY DEDUCTIBLE (IMT-22A)		0	LEGAL LIABILITY			
ANTI THEFT DEVICE (IMT-10)		0	PAID DRIVER (IMT-28)		0	
AA MEMBERSHIP (IMT-8)		0	EMPLOYEE (FOR 7 PERSON) (IMT-29)		0	
HANDICAPPED DISCOUNT (IMT-12)		0	NON-FARE PAYING 0 PASSENGER (IMT-37)		0	
NCB (20%)		1706	UNNAMED 0 PASSENGER ON AMBULANCE/HEARSES (IMT-46)		0	
SUB TOTAL (DISCOUNTS)		1706	SUB TOTAL (LEGAL LIABILITY)		0	
			NET LIABILITY PREMIUM (B)		0	
ADD-ONS		25548	TOTAL PREMIUM (A+B)		32368	
THEFT AND CONVERSION RISK (IMT-43)		0	CGST (9%)		2913	
INDEMNITY TO HIRER (IMT-44)		0	SGST (9%)		2913	
PAY AS YOU DRIVE / USE DISCOUNT		0				
NET OWN DAMAGE PREMIUM (A)		32368	GROSS PREMIUM PAID		38194	
ADD-ON COVERS OPTED IN THE PROPOSAL						
CONSUMABLES		NIL DEPRECIATION		ENGINE PROTECT		
RETURN TO INVOICE		TYRE AND ALLOY		KEY PROTECT		
PERSONAL BELONGINGS		INCONVENIENCE		-		
BATTERY COVER		-		-		
-						
Proposal Validity: This proposal is valid for only 7 days from the date of generation.						
Declaration: I/ we hereby declare and state that the above statements made by me/ us are true and complete. No part of it is false. I/ we desire to effect an insurance as describe herein with Reliance General Insurance Co.Ltd. and I/ we agree that this proposal and declarations shall be the basis of contract between me/ us and the Reliance General Insurance Co.Ltd. and I/ we agree to accept the policy subject to the condition specified by the Insurance Company. I/we hold a valid and effective PUC and/or fitness certificate, as applicable, for the vehicle mentioned herein and undertake to renew the same during the policy period. I/ we agree to receive the policy document (without enclosing the terms and conditions of policy) from the company and authorise the company to display Terms and Conditions of the policy on its website that enables access by me.						
Date: 29-Aug-2024				Proposer Signature		
NO CLAIM BONUS DECLARATION:						
I/We hereby declare the rate of 20 % NCB Claimed by me/us is correct and that not claim has arisen in the expiring policy period (copy of policy enclosed). I/We further underlike that if this declaration is found incorrect, benefits under the policy in respect of Section I of the policy will stand forfeited.						
Date: 29-Aug-2024				Proposer Signature		