

<b>PROPOSAL DETAILS</b>		
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

<b>PREVIOUS POLICY DETAILS</b>					
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

<b>INSURED DETAILS</b>					<b>Corporate</b>
NAME	GSTIN	PANCARD NUMBER	UIN	PAY AS YOU DRIVE / USE	
M/S COLORTEK INDIA PVT LTD	24AAACC0416B1ZO	AAACC0416B	0	0 KM	
<b>ADDRESS</b>					<b>DATE OF Incorporation</b>
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	

<b>VEHICLE DETAILS</b>					
VARIANT	MAKE / MODEL	CHASSIS NUMBER	ENGINE NUMBER	YEAR OF MANUFACTURE	
INNOVA HYCROSS ZX(O) EDRIVE	Toyota / INNOVA HYCROSS	MBJABBA901414480-0823	M20ANB17418	2023	
<b>HYPOTHECATION / LEASE</b>		<b>INVOICE DATE</b>	<b>CC/KW/GVW</b>	<b>SEATING CAPACITY</b>	<b>FUEL TYPE</b>
KOTAK MAHINDRA PRIME LIMITED / MUMBAI		31-Aug-2023	1987	7	HYBRID
<b>GEOGRAPHICAL AREA EXTN.</b>		<b>GEOGRAPHICAL AREA</b>	<b>RTO CITY</b>	<b>REGISTRATION NUMBER</b>	<b>VEHICLE USAGE</b>
NA		India	MUMBAI WEST	MH-01-EJ-3096	Private

<b>INSURED DECLARED VALUE (Rs.)</b>						
YEAR	VEHICLE	BODY	NON ELECTRICAL ACCESSORIES	ELECTRICAL ACCESSORIES	CNG / LPG	TOTAL
1	2478400	0	0	0	0	2478400

<b>PREMIUM CALCULATION</b>			
<b>A. OWN DAMAGE (OD) SECTION</b>	<b>Amount (Rs.)</b>	<b>B. LIABILITY (TP) SECTION</b>	<b>Amount (Rs.)</b>
<b>BASIC PREMIUM</b>		<b>BASIC PREMIUM</b>	
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	<b>SUB TOTAL (THIRD PARTY LIABILITY)</b>	0
BODY PREMIUM	0		
<b>SUB TOTAL (BASIC PREMIUM)</b>	8526	<b>PERSONAL ACCIDENT (PA) COVER</b>	
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
<b>SUB TOTAL</b>	8526	PA COVER (50000 FOR 7 UNNAMED PERSONS) (IMT-16)	0
<b>DISCOUNTS</b>		<b>SUB TOTAL (PA COVER)</b>	0
VOLUNTARY DEDUCTIBLE (IMT-22A)	0	<b>LEGAL LIABILITY</b>	
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/HEARSE (IMT-46)	0
<b>SUB TOTAL (DISCOUNTS)</b>	1706	<b>SUB TOTAL (LEGAL LIABILITY)</b>	0
		<b>NET LIABILITY PREMIUM (B)</b>	0
<b>ADD-ONS</b>	25548	<b>TOTAL PREMIUM (A+B)</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		
<b>NET OWN DAMAGE PREMIUM (A)</b>	32368	<b>GROSS PREMIUM PAID</b>	38194

<b>ADD-ON COVERS OPTED IN THE PROPOSAL</b>		
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	<b>Proposer Signature</b>
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**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	<b>Proposer Signature</b>
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