



QR code for mobile download app:



Please scan the code to view the policy details

Name : Mr.RAJESH PRASAD  
CKYC ID :  
Address : AT CHANAKYA NAGAR KUMHRAR T V TOWER PO B  
H COLONY PS KUMHRAR, , , , , Bihar - 800026, India.  
Contact No : 9204735685

### SCHEDULE CUM CERTIFICATE COMMERCIAL VEHICLE INSURANCE POLICY - PACKAGE (PASSENGER CARRYING)

Policy / Certificate No : POCMVPC0100638522  
Alternate Policy No :  
Customer ID :  
Policy Servicing Branch :  
Intermediary Name : Policybazaar Insurance Brokers Pvt Ltd  
Intermediary Code & Contact No : 0081454 & +91-8002081155  
Period of Insurance : From : 04/07/2026 00:00:00  
To : 03/07/2027 23:59:59

Dear Mr.RAJESH PRASAD,  
Welcome to the SBI General Family. With SBI General's **Commercial Vehicle Insurance Policy - Package (Passenger Carrying)** you can be in control & enjoy the journey no matter what roadblocks life throws at you.

### About Your Policy



Policy/  
certificate no

POCMVPC0100638522



Policy Issue  
Date

03/07/2026 13:15:02



Period of  
Insurance

From : 04/07/2026 00:00:00  
To : 03/07/2027 23:59:59



Policy  
Type

Package



Geographical Area

India

### About Your Vehicle

|                                                                                                                                                                    |                                                                                                                                                          |                                                                                                                         |                                                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| <br>Vehicle Make<br>Model & Variant<br><br>Bajaj Auto Limited, Maxima,<br>Z - CNG | <br>Registration<br>Number<br><br>BR01PL6157                            | <br>Manufacturing<br>Year<br><br>2020 | <br>Cubic<br>Capacity / Kilo Watt<br><br>236 |
| <br>Fuel<br><br>CNG (Inbuilt)                                                     | <br>Engine & Chassis<br>Number<br><br>AZXWLG55141,<br>MD2B17AX0LWG02468 | <br>Seating<br>Capacity<br><br>4       | <br>Passenger Carrying<br>Capacity<br><br>3   |
|                                                                                                                                                                    |                                                                                                                                                          | <br>RTO<br>Location<br><br>Patna     |                                                                                                                                 |

### About Vehicle Insured Declared Value (IDV)

#### Your Vehicle Body IDV

| Vehicle IDV (Rs.) | Non Electrical Accessory (Rs.) | Electrical Accessory (Rs.) | CNG / LPG (Rs.) | Vehicle Body IDV (Rs.) | Total IDV (Rs.) |
|-------------------|--------------------------------|----------------------------|-----------------|------------------------|-----------------|
| 168619            | 0.0                            | 0.0                        | 0.0             | 0                      | 168619          |

### Coverage Details

#### Your Policy provides protection such as :

| Own Damage                                          | Third Party                                  |
|-----------------------------------------------------|----------------------------------------------|
| Protection to Vehicle                               | Protection towards Third Party Liability     |
| Damage due to external means                        | Death or Injury to any Third Party           |
| Fire due to self ignition or explosion or lightning | Personal Accident to Owner Driver (if opted) |
| Theft, Burglary                                     | Damage to Third Party Property               |
| Damage due to man made or natural calamities        |                                              |

### We Cover You For

| Own Damage Premium                                                                                                                     |          | Third Party Premium             |          |
|----------------------------------------------------------------------------------------------------------------------------------------|----------|---------------------------------|----------|
| Own Damage Basic                                                                                                                       | 329.82   | Third Party Basic Premium       | 5,773.00 |
| b)CNG / LPG ( Internal )                                                                                                               | 16.49    | CNG /LPG Kit - Liability        | 60.00    |
| Cover for Lamps / Tyres / Tubes Mudguards/ Bonnet / Highlights and Paintwork (Applicable for Vehicles more than 6 Passenger Carrying ) | 51.95    | Legal Liability to Paid Drivers | 50.00    |
| NCB %                                                                                                                                  | 0%       | <b>Total TP Premium (B)</b>     | 5,883.00 |
| <b>Total Own Damage Premium (A)</b>                                                                                                    | 398.26   |                                 |          |
| <b>NET PREMIUM (A+B)</b>                                                                                                               | 6,281.26 |                                 |          |
| <b>GST</b>                                                                                                                             | 1,130.62 |                                 |          |
| <b>TOTAL PREMIUM</b>                                                                                                                   | 7,412.00 |                                 |          |

|                                                    |                                                |
|----------------------------------------------------|------------------------------------------------|
| <b>Subject to I.M.T Endorsement Nos.(IMT Nos):</b> | IMT_20, IMT_23, IMT_28, IMT_21, IMT_22, IMT_44 |
|----------------------------------------------------|------------------------------------------------|

| Add On Details | Sum Insured | Opted (Yes/No) |
|----------------|-------------|----------------|
|----------------|-------------|----------------|

Consolidated Stamp Duty ₹ 0.50 paid towards Insurance Policy Stamps vide Order No.PB172368871 Dated: 03/07/2026 00:00:00 of General Stamp Office, Mumbai.

### What Your Policy Does Not Cover

|                                                                                                                                                    |                                                                                                                                     |                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>Depreciation, Wear & Tear, Mechanical or Electrical Breakdown | <br>Non-Accidental Damage to Tyre & Tubes          | <br>Driving under influence of intoxicating Liquor / Drugs                                 |
| <br>Accident outside India unless opted for                       | <br>Liability arising out of Contractual Liability | <br>Driving outside purview of Limitation of use or Vehicle driven for purpose not allowed |

### How To File Your Claims Without Any Stress

| FOR NETWORK GARAGE                                                                                                                                                      |                                                                                                                                | FOR NON-NETWORK GARAGE                                                                                                                                    |                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br>Take your Two-wheeler to a network garage*<br>*Service at 1500 + Network Garages | <br>Avail the ease of our cashless facility | <br>Reimburse your expenses post-repair incase of a non-network garage | <br>Fill in the claim form and submit necessary documents at the nearest SBI General Branch |

In the event of loss and / or damage arising out of the use of the insured vehicle giving rise to a probable claim being filed by a Third Party towards bodily injury / death / property damage, please inform the Company at 1800 22 1111 or SMS 'CLAIM' to 561612 or email your details on [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)

### Renewal

This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, Insurer shall not be bound to give notice that such renewal premium is due.

| Toll Free Number     | Website                                                         | SMS to 561562         | Mobile App                                                      |
|----------------------|-----------------------------------------------------------------|-----------------------|-----------------------------------------------------------------|
| <b>1800-102-1111</b> | <b><a href="http://www.sbigeneral.in">www.sbigeneral.in</a></b> | <b>RENEW POLICYNO</b> | <b>Download SBI General Mobile App on Playstore or Appstore</b> |

## Grievance Redressal Procedure

1

### Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link:

<https://bimabharosa.irdai.gov.in/Home/Home>

2

### Stage 2: Head - Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: [head.customercare@sbigeneral.in](mailto:head.customercare@sbigeneral.in)

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels:

Email: [Seniorcitizengrивences@sbigeneral.in](mailto:Seniorcitizengrивences@sbigeneral.in)

Toll-Free Number: 1800 102 1111 (Available 24/7)

3

### Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: [gro@sbigeneral.in](mailto:gro@sbigeneral.in)

Phone: 022-45138021

**Note:-** The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

4

### Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>

For Insurance Ombudsman Offices, kindly visit our website

<https://www.sbigeneral.in/portal/buy-online/quick-assist/Locate us/Ombudsman Office List>

## Terms And Conditions

|                         |                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Limitation<br>As To Use | As per Motor Vehicle Rules, 1989, The Policy covers use only under a permit within the meaning of Motor Vehicles Act, 1988 or such a carriage falling under sub section 3 of section 66 of the Motor Vehicle Act 1988. The Policy does not cover use for a) Organized Racing b) Pace Making c) Reliability Trails d) Speed Testing. Carrying on or engaged in the business or occupation of and no other for the purpose of this insurance. |
| Our<br>Recommendation   | Simply do not use vehicle for the purpose it is not allowed.                                                                                                                                                                                                                                                                                                                                                                                |

## Terms And Conditions

|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|---------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Drivers Clause      | <p><b>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE:</b> Any person including 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 at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.</p> <p><b>NON-TRANSPORT VEHICLES:</b> Any person including insured, provided that the 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 passengers at the time of accident and that such a person satisfies the requirements of Rule 3 of The Central Motor Vehicles Rules, 1989.</p> |
| Our Recommendation  | Drive only when you hold a Valid Drivers License in India.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Limits Of Liability | <p>a. Under Section II-1 (I) of the Policy-Death of or bodily injury to any person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988.</p> <p>b. Under Section II (1) (ii) of the Policy-Damage to property other than property belonging to the insured or held in trust or in the custody or control of the insured up to the limits specified Up to ₹ 7,500,00/-.</p> <p>c. PA Cover for Owner-Driver under Section-III CSI - ₹ 1,500,000 /- (if opted).</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Our Recommendation  | Know what your policy covers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Deductible          | <p>(i) 2% of claim amount subject to minimum deductible amount of ₹ 500/-, whichever is higher.</p> <p>(ii) Voluntary Deductible ₹ 0.0/-</p> <p>(iii) Additional Compulsory Deductible ₹ /-</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| Special Conditions  | <p>Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.</p> <p>The Policy has been issued subject to valid Pollution Under Control (PUC) Certificate disclosed by you as an insured on or before the date of commencement of the Policy. If the PUC Certificate is not found valid at any point of time during the policy period, the Company reserves the right to cancel the policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| No Claim Bonus      | <p>The Insured is entitled for a No Claim Bonus (NCB) on the Own Damage section of the Policy, if no claim is made or is pending during the preceding year(s), as follows:</p> <p>The preceding year - 20%; Preceding two consecutive years - 25%; Preceding three consecutive years - 35%; Preceding four consecutive years - 45%; Preceding five consecutive years - 50%.</p> <p>The No Claim Bonus will only be allowed provided the Policy is renewed within 90 days of the expiry date of the previous Policy.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

### Important Details

#### PREVIOUS POLICY DETAILS

| Previous Insurer | Previous Policy Number | Period of Insurance | Previous Policy Type |
|------------------|------------------------|---------------------|----------------------|
|                  |                        | to                  | Liability only       |

| Financier Details | CPA Nominee Details | POSP Details                                                                                                                           |
|-------------------|---------------------|----------------------------------------------------------------------------------------------------------------------------------------|
|                   | NA                  | <p>Name : Policybazaar Insurance Brokers Pvt Ltd</p> <p>Code : 0081454</p> <p>Mobile No : +91-8002081155</p> <p>Landline No : null</p> |

#### Declaration

 As part of our Go Green initiative, your policy will be issued digitally to your registered mobile number via WhatsApp, SMS, and email. By issuing an e-policy, we help conserve the environment by saving a tree. An electronic policy document holds the same legal validity as a physical copy.

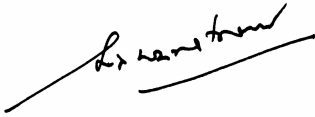
However, if you would prefer to receive a physical copy of your policy document, simply send an SMS with the message "PRINT <Policy Number>" to 561612 from your registered mobile number.

## Premium Receipt

This is to confirm and certify that we have received premium(s) from the below named Policy Holder

|                         |                                                                  |
|-------------------------|------------------------------------------------------------------|
| Policy Number           | POCMVPC0100638522                                                |
| Alternate Policy Number |                                                                  |
| Policy Holder Name      | Mr.RAJESH PRASAD                                                 |
| Intermediary Name       | Policybazaar Insurance Brokers Pvt Ltd                           |
| Receipt Number          | PB172368871                                                      |
| Product Name            | Commercial Vehicle Insurance Policy-Package (Passenger Carrying) |
| Receipt Date            | 03/07/2026                                                       |
| Policy Start Date       | 04/07/2026 00:00:00                                              |
| Policy End Date         | 03/07/2027 23:59:59                                              |
| Premium Paid by         | Mr.RAJESH PRASAD                                                 |

\*Cheque dishonor - If premium paid through cheque, the policy is void ab-initio in case of dishonor of cheque.




**Authorized Signatory**  
For SBI General Insurance Company Limited

To Verify your Policy details click/visit <https://www.sbigeneral.in/policyprint/motor>

**GST INVOICE :** You may download GST invoice from [www.sbigeneral.in/download](http://www.sbigeneral.in/download)

The information provided herein above is for the purpose of illustration only. For more details on risk factors, terms, conditions and exclusions, please read the Policy wordings ([www.sbigeneral.in/portal/motor-insurance/commercial-vehicle-passenger-carrying-insurance/Policy-wording](http://www.sbigeneral.in/portal/motor-insurance/commercial-vehicle-passenger-carrying-insurance/Policy-wording)) carefully.

## Proposal Details

|                                |                                                                                                 |
|--------------------------------|-------------------------------------------------------------------------------------------------|
| <b>Proposal Transcript For</b> | Commercial Vehicle Insurance Policy-Package (Passenger Carrying)                                |
| <b>Proposer Name</b>           | Mr.RAJESH PRASAD                                                                                |
| <b>Proposer Address</b>        | AT CHANAKYA NAGAR KUMHRAR T V TOWER PO B H COLONY PS KUMHRAR, , , , PatnaBihar - 800026, India. |
| <b>Proposer Contact Number</b> | 9204735685                                                                                      |
| <b>Proposer Email Address</b>  | INSURANCEGHARCO@GMAIL.COM                                                                       |

Policy POCMVPC0100638522 is issued based on the correct information given by you. In case any information is incorrect or require changes we request you to revert within a period of 15 days from receipt of this document failing which it will be deemed that you are agreeing to correctness of the information mentioned in this document.

|                                        |                  |
|----------------------------------------|------------------|
| <b>Insured Name</b>                    | Mr.RAJESH PRASAD |
| <b>Nominee details</b>                 |                  |
| <b>Name of the Nominee*</b>            |                  |
| <b>% Share of Claim Amount</b>         |                  |
| <b>Date of Birth*</b>                  |                  |
| <b>Age*</b>                            |                  |
| <b>Gender (M/F/O)</b>                  |                  |
| <b>Relationship with Policyholder*</b> |                  |
| <b>Mobile No. of the Nominee*</b>      |                  |
| <b>Address of the Nominee</b>          |                  |
| <b>Nominee Email ID</b>                |                  |
| <b>Account Number</b>                  |                  |
| <b>IFSC Code</b>                       |                  |
| <b>Bank Name</b>                       |                  |
| <b>Branch Name</b>                     |                  |

### \* If Nominee is a minor, give the details of Appointee

|                                   |                  |
|-----------------------------------|------------------|
| <b>Insured Name</b>               | Mr.RAJESH PRASAD |
| <b>Name of Appointee*</b>         |                  |
| <b>DOB*</b>                       |                  |
| <b>Gender</b>                     |                  |
| <b>Relationship with Nominee*</b> |                  |
| <b>Address of the Appointee</b>   |                  |
| <b>Appointee Mobile no*</b>       |                  |
| <b>Account Number</b>             |                  |
| <b>IFSC Code</b>                  |                  |
| <b>Bank Name</b>                  |                  |
| <b>Branch Name</b>                |                  |

Details as shared by you with us is as below.

## Your Vehicle Details

|                                                                       |                    |
|-----------------------------------------------------------------------|--------------------|
| <b>Registration Number</b>                                            | BR01PL6157         |
| <b>RTO Location</b>                                                   | Patna              |
| <b>Engine Number</b>                                                  | AZXWLG55141        |
| <b>Chassis Number</b>                                                 | MD2B17AX0LWG02468  |
| <b>First Purchase / Registration Date</b>                             | 03/12/2020         |
| <b>Year of Manufacture</b>                                            | 2020               |
| <b>Vehicle Make</b>                                                   | Bajaj Auto Limited |
| <b>Vehicle Model</b>                                                  | Maxima             |
| <b>Vehicle Variant</b>                                                | Z - CNG            |
| <b>Cubic Capacity / Kilo Watt / Gross Vehicle Weight / Horsepower</b> | 236                |
| <b>Fuel</b>                                                           | CNG (Inbuilt)      |

|                                    |   |
|------------------------------------|---|
| Seating Capacity including Driver  | 4 |
| Carrying Capacity excluding Driver | 3 |

Expiring Policy Details

| Details           | OD Policy Details | TP Policy Details |
|-------------------|-------------------|-------------------|
| Insurer Name      |                   |                   |
| Policy Number     |                   |                   |
| Policy Start Date |                   |                   |
| Policy End Date   |                   |                   |
| Policy Type       | Liability only    | Liability only    |
| No Claim Bonus %  | 0%                | NA                |
| Claim Made        | No                | No                |

Coverage & Terms Opted

|                                                |                                                        |
|------------------------------------------------|--------------------------------------------------------|
| Period of Insurance Own Damage :               | From : 04/07/2026 00:00:00<br>To : 03/07/2027 23:59:59 |
| Period of Insurance Third Party :              | From : 04/07/2026 00:00:00<br>To : 03/07/2027 23:59:59 |
| Period of Insurance PA cover to Owner Driver : | From : 04/07/2026 00:00:00<br>To : 03/07/2027 23:59:59 |

### Insured Declared Value (IDV)

| Vehicle IDV (Rs.) | Electrical Accessories (Rs.) | Non-Electrical Accessories (Rs.) | CNG / LPG Kit (Rs.) | Body Value (Rs.) | Trailer (Rs.) | Total (Rs.) |
|-------------------|------------------------------|----------------------------------|---------------------|------------------|---------------|-------------|
| 168619            | 0                            | 0                                | 0                   | 0                | 0             | 168619      |

### Additional Covers

|                                                         |     |             |
|---------------------------------------------------------|-----|-------------|
| <b>Voluntary Excess Opted</b>                           | No  | NA          |
| <b>PA Cover to Owner Driver of Rs. 15 Lakhs</b>         | No  |             |
| <b>PA Cover to Unnamed Passenger / Pillion Rider</b>    |     | NA          |
| <b>PA cover to Paid Driver</b>                          | No  |             |
| <b>Legal Liability to Paid Driver / Employees</b>       | Yes | 1, 0        |
| <b>Third Party Property Damage Restriction Limit</b>    |     | upto 750000 |
| <b>Add on covers - Kindly refer Policy Schedule</b>     |     |             |
| <b>Hypothecation / Lease / Hire Purchaser Name</b>      | No  | ,           |
| <b>Valid PUC certificate will be carried in vehicle</b> | Yes |             |
| <b>Policy premium including Tax</b>                     |     | 7412.00     |

PA Cover to owner Driver has been opted out by you in the Policy based on your declaration that you are holding an alternate insurance policy. You will share the copy of same if required by the Company.

I/We agree to receive policy document on registered mobile number / email address as given in this document.

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.

I/We confirm that premium is paid from bonafide sources of income.

Disclaimer : Corporate & Registered Office: Fulcrum Building, 9th Floor, A & B Wing, Sahar Road, Andheri (East), Mumbai - 400099. | For SBI General Insurance Company Limited IRDAI Reg. No. 144 dated 15/12/2009 | CIN: U66000MH2009PLC190546 | UIN : IRDAN144RP0005V03201112 | SBI Logo displayed belongs to State Bank of India and used by SBI General Insurance Co. Ltd. under license.

| GST TAX INVOICE                         |                                                                                                                                                             |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------|---------------|----------------------|----------------------------------------------------------------------------------------------------------------------|--------------------|-------------------|-------------|---------------|
| <b>GST Invoice No:</b>                  | 840602420264                                                                                                                                                |                                |             |               |                      | <b>GST Invoice Date:</b>                                                                                             |                    | 03/07/2026        |             |               |
| <b>GSTIN/Unique No: (SBI General)</b>   | 10AAMCS8857L1ZR                                                                                                                                             |                                |             |               |                      | <b>SBI General State</b>                                                                                             |                    | Bihar             |             |               |
| <b>SBI General Branch Address:</b>      | SBI General Insurance Company Limited<br>Registered and Corporate office: 9th Floor, A&B Wing, Fulcrum Building, Sahar Road, Andheri East, Mumbai - 400099. |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>Details of Policy Holder:</b>        |                                                                                                                                                             |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>Name:</b>                            | Mr. RAJESH PRASAD                                                                                                                                           |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>Address:</b>                         | AT CHANAKYA NAGAR KUMHRAR T V TOWER PO B H COLONY PS KUMHRAR, , , , Bihar - 800026, India.                                                                  |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>Policy Holder State</b>              | Bihar                                                                                                                                                       |                                |             |               |                      | <b>Place of supply</b>                                                                                               |                    | Bihar             |             |               |
|                                         |                                                                                                                                                             |                                |             |               |                      | <b>Whether invoice under Reverse Charge</b>                                                                          |                    | No                |             |               |
| <b>GSTIN/Unique No:</b>                 |                                                                                                                                                             |                                |             |               |                      | <b>Policy Number</b>                                                                                                 |                    | POCMVPC0100638522 |             |               |
|                                         |                                                                                                                                                             |                                |             |               |                      | <b>Alternate Policy Number</b>                                                                                       |                    |                   |             |               |
| <b>Insurance Product Name</b>           | <b>HSN Code</b>                                                                                                                                             | <b>Premium (without Taxes)</b> | <b>KFC</b>  |               | <b>CGST</b>          |                                                                                                                      | <b>SGST/ UTGST</b> |                   | <b>IGST</b> |               |
|                                         |                                                                                                                                                             |                                | <b>Rate</b> | <b>Amount</b> | <b>Rate</b>          | <b>Amount</b>                                                                                                        | <b>Rate</b>        | <b>Amount</b>     | <b>Rate</b> | <b>Amount</b> |
| Commercial Motor Passenger Carrying     | 997134                                                                                                                                                      | 6,281.26                       | 1%          | 0.0           | 9%                   | 565.31                                                                                                               | 9%                 | 565.31            | 18%         | 0.00          |
|                                         |                                                                                                                                                             |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>Total Invoice Value (In Figures)</b> | 7412                                                                                                                                                        |                                |             |               |                      | <br><b>Authorized Signatory</b> |                    |                   |             |               |
| <b>Taxes Applicable</b>                 | 1,130.62                                                                                                                                                    |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
|                                         |                                                                                                                                                             |                                |             |               |                      |                                                                                                                      |                    |                   |             |               |
| <b>SBI General Receipt No:</b>          | PB172368871                                                                                                                                                 |                                |             |               | <b>Receipt Date:</b> |                                                                                                                      | 03/07/2026         |                   |             |               |

## CUSTOMER INFORMATION SHEET

This document provides key information about your policy. Please refer to the policy document for detail terms and conditions.

| Sl No                                          | Title                                                            | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Policy Clause Number                                                                                                                                                        |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
|------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|-------------------------|-------------------|------------------------|-------------------|----|---------------------------|-----------------------|----------------|---------------------------------------------------------|----------------------------------------------|------|------------------------------------------|--|-----------------------------------|------|------------------------------------------------|------|-------------------------------------|------|--------------------------------------------|--|--------------|---------------------------------------------------------|---------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|                                                |                                                                  | (Please refer to applicable Policy Clause Number in next column)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 1                                              | Name of Insurance Product                                        | Commercial Vehicle Insurance Policy - Package (Passenger Carrying)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 2                                              | Unique Identification Number allotted by IRDAI                   | IRDAN144RP0004V03201112                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 3                                              | Structure                                                        | Basis of Sum Insured -Indemnity                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 2.Coverage, section 2A                                                                                                                                                      |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 4                                              | Interests Insured                                                | Interest insured is Damage to vehicle & Third Party liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2.Coverage                                                                                                                                                                  |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 5                                              | Sum Insured / Motor Insured Declared Value                       | Total IDV of the vehicle insured- 168,619.00/-<br><br>IDV is insured declared value derived basis your invoice price after applying depreciation as per rules mentioned in CIS point number 15. SBIG's liability will be capped at this value.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3.Sum insured - insured's declared value (idv)                                                                                                                              |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 6                                              | Policy Coverage (What the policy covers?)                        | Policy covers the following<br><br>1. Loss or damage to insured vehicle due to fire, self-ignition, accidental damage, explosion, natural disasters like lightning, earthquake, hurricanes, cyclones, landslides, etc.<br><br>2. Third party liability in case of injury/death of the person, or any damage caused to the property of the third party<br><br>3. Personal accident covers up to Rs 15 lakh for individual owners while driving.<br><br>For complete details on the coverage, limits, exclusions, terms & conditions, refer policy wording on <a href="http://www.sbigeneral.in">www.sbigeneral.in</a>                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2a. Section i - loss of or damage to the vehicle insured<br><br>2b.Section ii - liability to third parties<br><br>2d. Section iv - personal accident cover for owner-driver |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 7                                              | Add on Cover                                                     | <table><tr><th>Add On Cover Name</th><th>Sum Insured/Limits</th></tr><tr><td>Depreciation Reimbursement</td><td>Maximum upto 168,619.00</td></tr><tr><td>Return to invoice</td><td>Upto the invoice value</td></tr><tr><td>Protection of NCB</td><td>0%</td></tr><tr><td>Cover for Key Replacement</td><td>Maximum upto Rs 65000</td></tr><tr><td>Loss of income</td><td>Refer Annexure III for complete list of benefits/limits</td></tr><tr><td>Enhanced PA cover for Insured (Owner driver)</td><td>0.00</td></tr><tr><td>Enhanced PA Cover for Unnamed Passengers</td><td></td></tr><tr><td>Enhanced PA Cover for Paid Driver</td><td>0.00</td></tr><tr><td>Hospital Cash Cover for Insured (Owner Driver)</td><td>0.00</td></tr><tr><td>Hospital Cash Cover for Paid Driver</td><td>0.00</td></tr><tr><td>Hospital Cash cover for Unnamed Passengers</td><td></td></tr><tr><td>Engine Guard</td><td>Refer Annexure III for complete list of benefits/limits</td></tr><tr><td>EMI Protector</td><td>maximum 2 months EMI or sum insured as mentioned in the schedule</td></tr></table> | Add On Cover Name                                                                                                                                                           | Sum Insured/Limits | Depreciation Reimbursement | Maximum upto 168,619.00 | Return to invoice | Upto the invoice value | Protection of NCB | 0% | Cover for Key Replacement | Maximum upto Rs 65000 | Loss of income | Refer Annexure III for complete list of benefits/limits | Enhanced PA cover for Insured (Owner driver) | 0.00 | Enhanced PA Cover for Unnamed Passengers |  | Enhanced PA Cover for Paid Driver | 0.00 | Hospital Cash Cover for Insured (Owner Driver) | 0.00 | Hospital Cash Cover for Paid Driver | 0.00 | Hospital Cash cover for Unnamed Passengers |  | Engine Guard | Refer Annexure III for complete list of benefits/limits | EMI Protector | maximum 2 months EMI or sum insured as mentioned in the schedule | 11. Add on covers : Refer the Annexure III<br><br>(Refer the add ons as opted by you and mention in the policy schedule) |
| Add On Cover Name                              | Sum Insured/Limits                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Depreciation Reimbursement                     | Maximum upto 168,619.00                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Return to invoice                              | Upto the invoice value                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Protection of NCB                              | 0%                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Cover for Key Replacement                      | Maximum upto Rs 65000                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Loss of income                                 | Refer Annexure III for complete list of benefits/limits          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Enhanced PA cover for Insured (Owner driver)   | 0.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Enhanced PA Cover for Unnamed Passengers       |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Enhanced PA Cover for Paid Driver              | 0.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Hospital Cash Cover for Insured (Owner Driver) | 0.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Hospital Cash Cover for Paid Driver            | 0.00                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Hospital Cash cover for Unnamed Passengers     |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| Engine Guard                                   | Refer Annexure III for complete list of benefits/limits          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| EMI Protector                                  | maximum 2 months EMI or sum insured as mentioned in the schedule |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                             |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |
| 8                                              | Loss participation                                               | Compulsory deductible is a mandatory deductible that must be paid by you at the time of claim.<br><br>Compulsory Deductible applicable under this policy is - Rs 500                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 8. Endorsements, IMT 22                                                                                                                                                     |                    |                            |                         |                   |                        |                   |    |                           |                       |                |                                                         |                                              |      |                                          |  |                                   |      |                                                |      |                                     |      |                                            |  |              |                                                         |               |                                                                  |                                                                                                                          |

|    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                      |
|----|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|
| 9  | Exclusions<br>(what the policy does not cover)     | <p>The Insurer shall not be liable with respect to</p> <ol style="list-style-type: none"> <li>1. Damage, theft or loss due to incidents related to the war, invasion, foreign enemy acts, mutiny, rebellion, etc.</li> <li>2. Driving without a valid licence</li> <li>3. Driving under the influence of drugs and alcohol</li> <li>4. Electrical/Mechanical Breakdowns</li> </ol> <p>For complete details on the exclusions, refer policy wording</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 5.General Exceptions |
| 10 | Special Conditions and Warranties (if any)         | Warranted all damages existing prior to inception of risk are excluded from the scope of Policy.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |
| 11 | Admissibility of Claim                             | <p><b>Admissibility:</b> Admissibility of claim depends on the document submitted for the damaged vehicle claimed by the insured in reference to event /peril / term and condition of the policy. · Surveyor will verify the document and assess the loss as per policy term / condition and coverage mentioned in the policy. Submitted the Report to the insurer. The claim would not be acceptable if it falls under specific warranty or General exclusion/condition mentioned in the Policy Wordings.</p> <p>Denial: Denial of claim can be done by us &amp; policy can be cancelled on the ground of mis- representation, mis -declaration, fraud, non-disclosure of material facts.</p> <p>The sample claim calculation process is attach as Annexure II</p> <p>A Gross Assessed Liability Rs.20,000<br/> B Less:Depreciation (if applicable) (Rs.4,000)<br/> C Net Assessed Liability (A-B) Rs.16,000<br/> D Less: Compulsory Deductible (Rs.2,000)<br/> E Net payable amount (C-D) Rs.14,000</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 7. Conditions        |
| 12 | Policy Servicing - Claim Intimation and Processing | <ol style="list-style-type: none"> <li>1. Claim intimation &amp; reaching to our designated officials please contact us at<br/> Email: <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a><br/> Toll-Free number 18001021111<br/> Website: <a href="http://www.sbigeneral.in">www.sbigeneral.in</a> Whatsapp: 7669800345<br/> Mobile app SMS: 561612</li> <li>2. <b>Procedure to be followed for cashless service</b> <ol style="list-style-type: none"> <li>A. For accidental damage : Contact us as above mention modes</li> <li>B. You will receive a text message with contact details of the surveyor appointed for your claim.</li> <li>C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us</li> <li>D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions.</li> <li>E. Delivery Order/Vehicle Delivery: On receipt of Pre-Invoice of repaired vehicle delivery order will be provided as per survey report and policy terms and conditions.</li> <li>F. Payment to garage: We will process the claim payment in favour of repairer post receipt of the Final document as per survey report and policy terms and conditions</li> </ol> </li> <li>3. <b>Procedure to be followed for reimbursement service</b> <ol style="list-style-type: none"> <li>A. For accidental damage : Contact us as above mention modes</li> <li>B. You will receive a text message with contact details of the surveyor appointed for your claim</li> <li>C. Document Submission: Surveyor collect all relevant documents from you or documents may be submitted to branch digitally through whatsapp/Mobile app or link shared by us</li> <li>D. Assessment: Loss will be assessed by surveyor as per policy terms and conditions</li> <li>E. Repair invoice submission: You have to submit repair invoice to us</li> </ol> </li> </ol> |                      |

|    |                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |
|----|----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
|    |                                                    | <p>F. Payment to insured: We will process the claim payment in favour of Insured post receipt of the Final document as per survey report and policy terms and conditions</p> <p><b>4. Turnaround Time (TAT) for claim settlement</b></p> <p>A. Time limit for appointment of surveyors - 24 hours from date of intimation of claim</p> <p>B. Submission of survey report - 15 days from the date of appointment of surveyor</p> <p>C. Settlement/rejection of Claim -7 days after receiving last document</p> <p><b>5. Escalation matrix when TAT is not satisfied</b></p> <p>For Queries, Service Request and Non -Health claims Registration Call SBI General Insurance on Toll Free - 18001021111<br/>Email us at : <a href="mailto:customer.care@sbigeneral.in">customer.care@sbigeneral.in</a></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |
| 13 | Grievance Redressal and Policyholders Protection   | <p><b>Stage 1: Bima Bharosa</b><br/>You can register your grievances with the regulator using the following link: <a href="https://bimabharosa.irdai.gov.in/Home/Home">https://bimabharosa.irdai.gov.in/Home/Home</a></p> <p><b>Stage 2: Head - Customer Care</b><br/>Alternatively, if you wish to register your grievances directly with us, you may write to the Head - Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.<br/>Email: <a href="mailto:head.customercare@sbigeneral.in">head.customercare@sbigeneral.in</a><br/>Phone: 1800 102 1111</p> <p><b>For Senior Citizens:</b> Senior citizens can reach us through the following dedicated channels:<br/>Email: <a href="mailto:Seniorcitizengrивences@sbigeneral.in">Seniorcitizengrивences@sbigeneral.in</a><br/>Toll-Free Number: 1800 102 1111 (Available 24/7)</p> <p><b>Stage 3: Grievance Redressal Officer (GRO)</b><br/>In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 Business days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk<br/>Email: <a href="mailto:gro@sbigeneral.in">gro@sbigeneral.in</a><br/>Phone: 022-45138021</p> <p>Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.</p> <p><b>Stage 4: Escalation to Insurance Ombudsman</b><br/>If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.<br/>Submit your Grievance online: <a href="https://www.cioins.co.in/Ombudsman">https://www.cioins.co.in/Ombudsman</a></p> | 11. Grievance Redressal Process |
| 14 | Obligations of prospective Policyholder / Customer | <p>The Policy shall be void and all premium paid hereon shall be forfeited to the Insurer, in the event of misrepresentation, misdescription or non disclosure of any material fact by the policyholder pertaining to the proposal form, written declarations or any other communication exchanged for the sake of obtaining the insurance policy by the Insured.</p> <p>Disclosure of other material information during the policy period:</p> <ol style="list-style-type: none"> <li>1. Change in insured name</li> <li>2. Change in the vehicle details i.e make, model, cc, extra fitments, engine &amp; chassis no, class of vehicle. In fact all (In fact, all relevant details are in the RC book/card and a copy of same may be handed over) Tax paid details; Certificate of fitness, license validity etc.</li> <li>3. Previous policy details (ie. Disclosure of NCB, previous claim details)</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |

|    |                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|----|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15 | Criteria for arriving at IDV & Illustration                            | <p>The idv calculation is done on below criteria<br/> Insured Declared Value (IDV) = (Company's exshowroom price - the depreciation value) + (Cost of car accessories - the depreciation value of these parts)</p> <p>Let us understand how the depreciation rates are used to calculate your car's IDV with the help of the following example.</p> <p>Suppose, you're buying a car for ₹1000000. The moment you drive it out of the showroom, its IDV starts decreasing. The depreciation rate for the first six months is 5%. That means the IDV of your car for the first six months is ₹950000. Similarly, the IDV of your car after six months of buying will be ₹850000, and it'll remain the same till twelve months or one year from the purchasing date. And if your car's age is between four and five years, its IDV will be half of its price.</p> |  |
| 16 | Criteria for considering vehicle as Total loss/Constructive Total loss | In the event of an accident leading to total loss or constructive total loss settlement of claim will be based on what is mentioned in the policy schedule and / or agreed by policyholder either 75% or 60% based on geography and model.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |

**Declaration by the Policyholder:**

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Note: For product related documents including Customer Information Sheet, kindly refer to the below link: <https://www.sbigeneral.in/downloads>  
In case of any conflict, the terms and conditions mentioned in the policy document shall prevail