



## Welcome to the Bajaj General Insurance Family

Policy issuing office and correspondence address for communication by policyholder for claim, service request, notice, summons, etc.:

MUZAFFARPUR-Kalambagh Chowk, Gannipur Road, Muzaffarpur, Bihar, INDIA, 842001, 9135007145

|              |                |               |                       |
|--------------|----------------|---------------|-----------------------|
| Insured Name | Ravindra Yadav | Policy Number | 12-1805-0010468112-00 |
|--------------|----------------|---------------|-----------------------|

Name: **Ravindra Yadav**

Address:

Line 1: Saharsa, 852124

Line 2: ,

City: **Madhepura**, State: **Bihar**

Postcode: 852124

Customer ID: **PI40022713**

Dear **Ravindra Yadav**,

It is our privilege to welcome you to the Bajaj General Insurance family.

Thank you for choosing Bajaj General Insurance for your insurance needs. We are one of India's leading general insurance companies with iAAA rating from ICRA for the last ten consecutive years indicating the company's high claims paying ability and fundamentally strong position in the industry. Please be assured that you have made the right choice by choosing us and we will stand by you in your hour of need.

Please find enclosed the policy schedule. We wish to inform you that the policy issued is based on the information submitted in the proposal form as well as the acceptance of the terms and conditions, and this will be verified at the time of filing of claim. Request you to kindly go through the same once again and in case of any disagreement, discrepancy or clarifications - write to us at [careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com) within 15 days of the letter date. For policy wordings containing detailed terms, conditions and exclusions of your insurance coverage, you will receive a hard copy on your correspondence address.

Once again, we welcome you to the Bajaj General family and look forward to a long association with you.

We assure you the best of our services and look forward to a continual patronage and association with you.

For on the behalf

**Bajaj General Insurance Limited**

Authorized Signatory

**Bajaj General Insurance Limited (Formerly known as Bajaj Allianz General Insurance Co. Ltd.)** Bajaj Insurance House, Airport Road, Yerawada, Pune -411 006 (India). IRDA Reg. No.:113 CIN:U66010PN2000PLC015329



Give a Missed Call on 8080945060, SMS "WORRY" to 575758



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<https://x.com/bajajgeneral>



[www.bajajgeneralinsurance.com](http://www.bajajgeneralinsurance.com)



<https://www.linkedin.com/company/bajaj-general-insurance>



[careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com)





## TRANSCRIPT OF PROPOSAL FOR Liability Only Policy For Private Car

UIN : IRDAN113RP0040V01200102

Dear Ravindra Yadav

We wish to inform you that your contract under policy number '12-1805-0010468112-00' will be based on the information and declaration given by you through telephonic conversation / email / web-inputs / TAB/CSC Centres or other means which would be considered as the final proposal, the transcript of which is as follows:

You are requested to reconfirm the same. In case of any disagreement or objection or any changes with respect to information mentioned below, we request you to please revert back within a period of 15 days from date of your receipt of this, failing which it will be deemed that you are satisfied with the correctness of the details mentioned below. Kindly note that as the contents and declarations contained in this transcript is the basis on which we have issued the policy to you, we advise you to please ensure that you have provided/disclosed and or not withheld any material facts/information and declarations, as Policy becomes Void ab initio if material facts are not provided/disclosed and or withheld and in such case no claim, if any, will be considered by us apart from forfeiture of the premium.

### Details provided by you:

#### A. Proposer details:

|                   |                                                       |
|-------------------|-------------------------------------------------------|
| Name              | Ravindra Yadav                                        |
| Mailing Address   | SAHARSA, 852124 , PANCHGACHIYA MADHEPURA 852124 BIHAR |
| Mobile Number     | 9122123872                                            |
| Permanent Address | Saharsa, 852124 , Panchgachiya Madhepura 852124 Bihar |
| Email ID          | insucareinfo@gmail.com                                |
| Profession        | NA                                                    |

#### B. Vehicle Details:

| Registration Number |                  | Month / Year of Registration | Vehicle Make       | Vehicle Model       | Vehicle Sub Type                      | CC                         | KW                       | Fuel Type         |
|---------------------|------------------|------------------------------|--------------------|---------------------|---------------------------------------|----------------------------|--------------------------|-------------------|
| BR-19-T-6811        |                  | MAY/2022                     | MARUTI             | S PRESSO            | VXI (O)                               | 998                        | 50                       | PETROL(P)         |
| Year of Manufacture | Seating Capacity | Engine Number                | Chassis Number     | Vehicle IDV (in Rs) | Electrical/Electrical Accessories IDV | Non-Electrical Accessories | Value of CNG/LPG (Extra) | Total IDV (in Rs) |
| 2022                | 5                | K10BN5163364                 | MA3RFL41SND 364074 | 0                   |                                       |                            | 0                        | 0                 |

#### C. Coverage opted:

|                                                                          |                                                                |
|--------------------------------------------------------------------------|----------------------------------------------------------------|
| 1. Period of Insurance                                                   |                                                                |
| For Third Party Liability Section                                        | From 30-07-2026 00:00:00 to 29-07-2027 Midnight                |
| For Compulsory Personal Accident Cover for Owner Driver                  | From Not Applicable to Not Applicable                          |
| 2. Is your vehicle fitted with external LPG/CNG kit.                     | NO                                                             |
| 3. Whether PA cover is opted for owner-driver                            | No, Exemption Reason:Owner does not have valid driving license |
| 4. i. Whether geographical area extension is opted                       | No                                                             |
| ii. Details of Countries to which geographical area extension is covered | NA                                                             |
| 5. Is LL to person for Paid driver/Operation/Maintenance opted           | No                                                             |
| i. No of persons                                                         | NA                                                             |
| 6. Whether PA cover is opted for paid driver other than owner driver     | No                                                             |
| i. No of paid Drivers                                                    | 0                                                              |
| ii.Sum Insured for Paid Driver                                           | 0                                                              |
| 7.Whether PA cover is opted for passengers                               | No                                                             |
| i. Number of Passengers                                                  | 0                                                              |
| ii.Sum Insured per Passenger                                             | 0                                                              |
| 8. Is TPPD restricted to statutory limit of Rs.6000?                     | No                                                             |



|                                                           |          |
|-----------------------------------------------------------|----------|
| 9. Premium for Liability coverage, quoted and agreed upon | Rs. 2094 |
| 10. Do you have valid PUC certificate of the vehicle      |          |
| 11. Do you have valid Fitness certificate of the vehicle  |          |
| 12. About the last insurance company                      |          |
| i. Insurance Provider                                     |          |
| ii. Previous Policy No                                    | NA       |
| iii. Previous Policy Expiry Date                          | NA       |
| 13. Customer Level Underwriting Declaration               | NA       |

In case of Disagreement or objection or any changes with respect to information and contents mentioned hereinabove, please contact our toll free number & register your objections/changes/disagreement to the contents of this transcript or you may also send us email or written correspondence at the following details within a period of 15 days from date of your receipt of this transcript along with Policy:

I/We hereby give voluntary consent to BGIL/Company to share my/our personal information and data provided in this proposal form with its group companies or any other person in connection with the Insurance Policy or otherwise, including for providing products and services of group companies that may be of interest to me/us, to be used in accordance with their respective privacy policies and subject to appropriate measures being in place to safeguard my/our personal information.

I/We hereby unconditionally allow the Company to share all my / our information being collected in this proposal form or through telephonic / email / web-inputs means or other means, as updated from time to time within group entities.

Contact our policy servicing branch at: Kalambagh Chowk Gannipur Road MUZAFFARPUR BIHAR INDIA

#### Prohibition of Rebates

#### SECTION 41 OF INSURANCE ACT, 1938

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with a penalty, which may extend to Ten Lakh Rupees.

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## Liability Only Policy For Private Car - POLICY SCHEDULE CUM CERTIFICATE OF INSURANCE

UIN : IRDAN113RP0040V01200102

Policy issuing office and correspondence address for communication by policyholder for claim, service request, notice, summons, etc.:

MUZAFFARPUR-Kalambagh Chowk, Gannipur Road, Muzaffarpur, Bihar, INDIA, 842001, 9135007145

| INSURED DETAILS                     |                                                              | POLICY DETAILS        |                                                          |
|-------------------------------------|--------------------------------------------------------------|-----------------------|----------------------------------------------------------|
| Insured Name                        | Ravindra Yadav                                               | Policy Number         | 12-1805-0010468112-00                                    |
| Insured Address                     | Saharsa, 852124, , , Panchgachiya,, Madhepura,, Bihar-852124 | Policy Issued on      | 28-07-2026 14:51:52 hrs                                  |
|                                     |                                                              | Period of Insurance   | From: 30-07-2026 00:01:00 hrs<br>To: 29-07-2027 Midnight |
|                                     |                                                              | Third Liability Cover | 30-07-2026 00:00:00 29-07-2027 Midnight                  |
| Application No                      | 11-1805-0018030919-00                                        | Owner Driver CPA      | Not Applicable Not Applicable                            |
| Customer ID                         | PI40022713                                                   | Cover Note Details    | NA                                                       |
| Hypothecated With                   | CIFCL                                                        | Invoice Number        | 102607I001372652                                         |
| GSTIN / UIN                         |                                                              | Company GST No        | 10AABCB5730G1ZC                                          |
| Place of Supply/<br>State Code/Name | 10 - BIHAR                                                   | Company PAN           | AABCB5730G                                               |
| Premium Payer ID                    | PI40022713                                                   | Zone                  | B                                                        |
| Scrutiny No                         | NA                                                           | Policy Status         | ACTIVE POLICY                                            |
| Geographical Area                   | INDIA                                                        | Bank Reference No 1   |                                                          |

### Vehicle Details:

|                             |                                   |                  |                                          |               |                 |
|-----------------------------|-----------------------------------|------------------|------------------------------------------|---------------|-----------------|
| Registration Number         | Vehicle Make                      | Vehicle Model    | Vehicle Subtype                          | CC            | KW              |
| BR-19-T-6811                | MARUTI                            | S PRESSO         | VXI (0)                                  | 998           | 50              |
| Year of Manufacture         | Place of Reg                      | Seating Capacity | Chassis Number                           | Engine Number | Vehicle IDV(Rs) |
| 2022                        | BR19-SAHARSA                      | 5                | MA3RFL41SND364074                        | K10BN5163364  | 0               |
| Electrical/<br>Electronical | Non-Electrical<br>accessories(Rs) | No of Trailer    | Value of CNG/LPG (Extra Fitted) IDV (Rs) |               | Total IDV (Rs)  |
|                             |                                   | 0                | 0                                        |               | 0               |

### SCHEDULE OF PREMIUM

|                                       |                                        |                             |      |
|---------------------------------------|----------------------------------------|-----------------------------|------|
| Total Own Damage                      | NA                                     | Basic Third Party Liability | 2094 |
|                                       |                                        | Total Liability Premium     | 2094 |
| Total Premium                         | 2094                                   |                             |      |
| SGST (9%)                             | 188                                    |                             |      |
| Central GST (9%)                      | 188                                    |                             |      |
| Cess                                  |                                        |                             |      |
| Final Premium                         | 2470                                   |                             |      |
| Final Premium (In Words)              | Two Thousand Four Hundred Seventy Only |                             |      |
| ***All premium Figures are in Rupees. |                                        |                             |      |

*"As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year E. & O.E."*

*"In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj General Insurance Limited shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken."*



## Agency Details

|                          |                    |                           |                             |
|--------------------------|--------------------|---------------------------|-----------------------------|
| <b>Agency Code</b>       | <b>20095056</b>    | <b>Phone Number</b>       | <b>7011303402</b>           |
| <b>Agency Name</b>       | <b>PUJA KUMARI</b> | <b>Email ID</b>           | <b>DHANESH534@GMAIL.COM</b> |
| <b>Sub IMD Code</b>      |                    |                           |                             |
| <b>SP Code</b>           | <b>NA</b>          | <b>SP Name</b>            |                             |
| <b>POSP Code</b>         | <b>NA</b>          | <b>SP/POSP Contact No</b> |                             |
| <b>SP/POSP Aadhar No</b> |                    | <b>SP/POSP PAN No</b>     |                             |

## Cover Details & Limitations of Use

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           |                          |
|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|
| Limitation as to Use                    | The Policy covers use of the vehicle for any purpose other than : Hire or reward, Carriage of goods( other than samples or personal luggage),Organised racing,Pace making, Speed testing, Reliability trials. Any purpose in connection with Motor Trade.                                                                                                                                                                                                                             |                           |                          |
| Driver                                  | Any person including the insured provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective Learner's license may also drive the vehicle when not used for the transport of goods/passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicle Rules, 1989 |                           |                          |
| Limits of Liability                     | Under section II-I(i) of the policy -> Death of or bodily injury : Such amount is necessary to meet there requirements of the Motor Vehicles Act,1988. Under section II-I(ii) of the policy ->Damage to Third Party Property : Rs. 750000                                                                                                                                                                                                                                             |                           |                          |
| No Claim Bonus                          | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                          |
| Existing Damage Details                 | NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                           |                          |
| Nominee Details                         | Nominee Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | Relationship:            |
| Subject to Warranties/ IMT-Endorsements | 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                          |
| Additional Details                      | Coinsurance Details: - .Transaction Id: -NA.                                                                                                                                                                                                                                                                                                                                                                                                                                          |                           |                          |
| Premium Details                         | 54-26-000001134126/1,Date 28/07/2026** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.                                                                                                                                                                                                                                                                                                                                                   |                           |                          |
| Excess Details                          | Compulsory Excess: Rs. NA                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Additional Excess: Rs. NA | Voluntary Excess: Rs. NA |

## Important Notice :

The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this Schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY"

\*Warranted that insured named herein or owner of the vehicle insured holds a valid Pollution Under Control (PUC) and / or Fitness Certificate on the date of commencement of the Policy. If the PUC and/or Fitness Certificate is not found to be valid on the date of commencement of the Policy, the Company reserves its right to consider the policy void ab initio.





It is mandatory to keep your policy with updated contact (Mobile No., Email ID and PAN Card) and bank account details, to process any of your service requests faster and hassle-free in future.

You can update the same through [Caringly yours App](#), WhatsApp Service { Say 'Hi' on WhatsApp - +91 75072 45858}, Contact our 24-Hour Call Center at 1800-209-5858, 1800-102-5858, Give a Missed Call on - 8080945060, SMS "WORRY" to 575758, Email - [careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com), Website - [www.bajajgeneralinsurance.com](http://www.bajajgeneralinsurance.com), contact your agent or nearest branch.

For & On Behalf of Bajaj General Insurance Limited

Authorized Signatory

Stamp Duty  
Rs 0.50

This document is digitally signed, hence counter signature / stamp is not required.

Consolidated stamp duty Rs.0.50 paid for insurance policy stamps Challan No.MH002116368202627E DEFACE NO 0001456058202627 Order No.LOA/ENF-1/CSD/207/2026 Order Dated 20-MAY-26 Defaced Dated 25-MAY-26 having validity from 25-MAY-26 to 31-MAR-28 of General Stamp Office Mumbai, India.

**Principal Location:** 2416 | **Service Accounting Code:** 997134 Motor vehicle insurance services. No reverse charge is payable on these services.

Latest Schedule - 28-07-2026 02:51:52 PM - - Module- PARTNERPORTAL

Policy Details



Caringly Yours App



Claim Registration



Online Grievance



Whatsapp Service



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## RECEIPT

|                                                                                                                                      |                |                                                                                           |                       |
|--------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------|-----------------------|
| Policy Issuing Office and correspondence address for communication by policy holder for claim, service request, notice, summons etc. |                | MUZAFFARPUR-Kalambagh Chowk, Gannipur Road, Muzaffarpur, Bihar, INDIA, 842001, 9135007145 |                       |
| Proposer Name                                                                                                                        | Ravindra Yadav | Policy Number                                                                             | 12-1805-0010468112-00 |

**Receipt Number** : 54-26-000001134126/1

**Receipt Date** : 28/07/2026

**Business Channel** : Motor Agency

**Received with thanks from** : RAVINDRA YADAV

(Customer ID: PI40022713) a total sum of Rupees TWO THOUSAND FOUR HUNDRED SEVENTY ONLY by,

| Instrument     | Inst./Ref. No. | Instrument Date | Bank Name  | Branch Name | Amount (Rs.) |
|----------------|----------------|-----------------|------------|-------------|--------------|
| Online Payment | 117186834      | 28-Jul-2026     | BN00000144 | BN00000144  | 2,470.00     |

**Total Amount: 2470**

**Note:** Issuance of this receipt does not amount of acceptance of the risk by Bajaj General Insurance Limited. The insurance cover for the risk shall be as per the terms and conditions of the Insurance Policy if and when issued.

\* Cheque/DD/PO receipt is valid subject to realisation of the instrument

For & on the behalf

**Bajaj General Insurance Limited**

## Authorized Signatory

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[careforyou@bajajgeneral.com](mailto:careforyou@bajajgeneral.com)



# TAX INVOICE

(Customer Copy)

|                               |                  |                              |                                 |
|-------------------------------|------------------|------------------------------|---------------------------------|
| Invoice Number                | 102607I001372652 | Customer ID                  | PI40022713                      |
| Invoice Date                  | 28/07/2026       | Policy No.                   | 12-1805-0010468112-00           |
| Recipient/ Details of Insured |                  | Supplier/ Details of Insurer |                                 |
| GSTIN                         | Unregistered     | GSTIN                        | 10AABCB5730G1ZC                 |
| PAN                           | NA               | PAN                          | AABCB5730G                      |
| Name (Proposer)               | RAVINDRA YADAV   | Name                         | Bajaj General Insurance Limited |
| Address-1                     | Saharsa, 852124  | Address-1                    | Kalambagh Chowk                 |
| Address-2                     |                  | Address-2                    | Gannipur Road                   |
| Address-3                     |                  | Address-3                    |                                 |
| Pin Code                      | 852124           | Pin Code                     | 842001                          |
| City                          | MADHEPURA        | City                         | MUZAFFARPUR                     |
| State                         | BIHAR            | State                        | BIHAR                           |
| Client Category               | NON HNI          | Place of Supply              | 10 - BIHAR                      |

## Premium

| Description                                                                                                                                                                                   | Amount(INR) | Description    | Amount(INR) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------|-------------|
| Net Premium                                                                                                                                                                                   | 2094        | CGST(0%)       | 0           |
| Receipt Number: 54-26-000001134126 Date: 28/07/2026<br>Premium Payer ID: PI40022713 Float: NA; ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque |             | SGST/UTGST(0%) | 0           |
|                                                                                                                                                                                               |             | CGST(9%)       | 188         |
|                                                                                                                                                                                               |             | SGST/UTGST(9%) | 188         |
|                                                                                                                                                                                               |             | IGST(0%)       | 0           |
|                                                                                                                                                                                               |             | IGST(18%)      | 0           |
|                                                                                                                                                                                               |             | Gross Premium  | 2470        |

**Total Invoice Value (In figures) :** 2470

**Total Invoice Value (In Words) :** Rupees Two Thousand Four Hundred Seventy Only

**Amount of Tax Subject to Reverse Charge:** No reverse charge is payable on these services.

**Services Accounting Code:** 997134 Motor vehicle insurance services.

**Principal Location:** Bajaj Insurance House, Airport Road, Yerwada, Pune- 411006 PH-66026666

**For & on the behalf**

**Bajaj General Insurance Limited**

Authorized Signatory

Important Notes:

\* The invoice is issued as per Section 31 of the CGST Act

\* In case no GSTIN or incorrect GSTIN is provided by the Proposer at Proposal stage, Bajaj General Insurance Limited shall not be responsible for any Input Tax Credit losses and no subsequent revision of invoice will be undertaken

\* As per the GST regulations, the amount of GST will not be refunded if the policy / endorsement is cancelled after 30th September of the next financial year

This is a digitally signed document and hence no physical signature is required

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-  <https://www.linkedin.com/company/bajaj-general-insurance>