

Transcript of Proposal for SMART Motor Private Car - Package Policy

Dear SUBRAT DAS,

This is to inform you that the contract under policy number S8644765 has been finalized, based on the information and declaration provided by you, the transcript whereof is mentioned below. We request your confirmation of the same. We would request you to get in touch with us within 10 days in case of any disagreement or any changes with respect to information mentioned below. Please note that the policy has been issued based on the details mentioned in this transcript. 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 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.

The details that we have received from you is as mentioned below:

I.Proposer details

| | |
|---------------------------------|--|
| Proposer's Name : | SUBRAT DAS |
| Proposer's Address : | NO 1485, PRAKRUTI NIVAS OLD TOWN SRIRAM NAGAR VETIRINARY HOSPITAL BHUBANESHWAR - 751002 ORISSA |
| Proposer's Email ID : | SOURAV.STEX@YAHOO.COM |
| Proposer's Residential Number : | |
| Proposer's Mobile Number : | 9726677222 |

II.Insured Vehicle details

| | | | |
|---------------------|-------------------------------|---------------------|-----------|
| Registration Number | Vehicle Make/ Model/ Sub Type | Year of Manufacture | Fuel Type |
| GJ05CE4690 | MARUTI ALTO K10 (PETROL) LXI | 2010 | Petrol |

| | | |
|-----------------------------|---------------|-------------------|
| Month/ Year of Registration | Engine Number | Chassis Number |
| 2010 | K10BN4126915 | MA3EADE1S00118498 |

| Seat Cap. | CC | Vehicle Insured Declared Value INR | Elec Acc | Non Elec Acc | CNG/LPG Unit | Total Insured Declared Value INR |
|-----------|-----|------------------------------------|----------|--------------|--------------|----------------------------------|
| 5 | 998 | 126,000 | 0 | 0 | 0 | 126,000 |

III.Coverages Opted

1. Period of Insurance: From 7/11/2017 00:00 hrs To 6/11/2018 Midnight
2. Is your vehicle fitted with LPG/CNG kit: **No**
3. Electrical Accessories cover opted(If Applicable):**No**
4. Non-Electrical Accessories cover opted(If Applicable):**No**
5. Is Voluntary Excess opted: **Yes**
Amount of voluntary excess opted: INR **5000**

6.Provision for Nominee of PA cover provided to owner-driver:

NOMINEE NAME: SOURAV das

NOMINEE AGE: 38

NOMINEE RELATIONSHIP: Son

APPOINTEE NAME:

APPOINTEE RELATIONSHIP: Rel

7. Is any additional compulsory deductible imposed and agreed upon: **No.**

Amount of additional compulsory deductible imposed: **NA**

8.Whether geographical area extension is opted: **No**

Details of Countries to which geographical area extension cover is given : **NA**

9. Is LL to person for Paid driver/Operation/Maintenance opted: **Yes**

10.Whether PA cover is opted for paid driver other than owner driver: **Yes**

Sum Insured for Paid Driver:INR **200,000.00**

11.Whether PA cover is opted for passengers: **Yes**

Sum Insured per Passenger: INR **100000**

12.Is TPPD restricted to statutory limit of INR 6000? **No**

13. Premium for Liability coverage, quoted and agreed upon is : INR **2455**

14.Premium for OD coverage, quoted and agreed upon is:INR **1508.00**

15. Total Premium (excluding Service Tax and Education Cess) for Liability and OD coverages, quoted and agreed upon is:

INR **3963**

16. NCB(No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy: **1507.75**

17. About the last insurance company

(i)Insurance Provider: **United India Insurance Co. Ltd.**

(ii)Previous Policy No: **2602013116P110419651** (iii)Policy Expiry Date: **2017-11-06**

18. Whether your vehicle is Hypothecated and if so,the details of Pledgee whose name is registered by us: **No**

Name of Pledgee: **NA**

19.Whether LL to employee is Opted: **No**

20.Whether vehicle fitted with anti-theft devices:**No**

21.Add on Cover(s) Opted: **No**

Plan name :

Please feel free to contact any of our policy servicing branches as mentioned on our Website for any queries. Alternatively you could call us or mail us on the details provided below.

Toll free Number: **1800 103 2292**

Email address: **customer.service@bharti-axagi.co.in**

Website : **www.bharti-axagi.co.in**

For **Bharti AXA General Insurance Co Ltd.**



Authorized Signatory

