



Bajaj Allianz General Insurance Company Ltd.
Registered and Head Office: Bajaj Allianz House, Airport Road, Yerwada, Pune

Transcript of Proposal for Commercial Vehicle Package Policy

Dear COMFORT TOURS PVT LTD

We wish to inform you that the contract under policy number 'OG-25-2047-1812-00001821' has been finalized based on the information and declaration given by you, the transcript whereof is mentioned below. 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

1. Proposer Name
- : COMFORT TOURS PVT LTD
2. Proposer Address
- : 2 ND FLR SR NO4/12/,1/13,4/14 OFF NO1 RUCHA, ,BLDG PUNAVALE, PUNE - 411033
3. Proposer Mobile Number
- : 0-9922448745
4. Proposer Residential Number
- : NA
5. Proposer e-mail id
- : SPARKPOLICY@GMAIL.COM
6. Proposer Profession
- : NA

B.Vehicle Details

Registration Number	Vehicle Make	Vehicle SubType	Vehicle Model	CC/KW	Year Of Manufacturing	Vehicle Seating Capacity	Vehicle/Trailer Chassis Number	Vehicle Engine Number
NEW	FORCE MOTORS	T1 STAFF BUS AC PS ABS (17+1)	TRAVEL- LER 3700 MM WB	0	2025	17	MC1E4DLA9 SP055249	D71066602

Fuel Type	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	Trailer	Trailer Registration Number	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total Sum Insured
DIESEL	22,00,000	0	0			0	22,00,000

C. Coverage opted

1. Period of Insurance : From 01-Feb-2025 00:01(Hrs)
To 31-Jan-2026 Midnight
2. Is your vehicle fitted with external 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 : No.
Amount of voluntary excess opted : Rs.NA.
6. Whether PA cover is opted for owner-driver : No.
PA cover is exempted for owner-driver with Reason :Institute
7. Compulsory Deductible : Rs.500
8. Is any additional compulsory deductible imposed and agreed upon : No.
Amount of additional compulsory deductible imposed : Rs.NA.
9. Whether geographical area extension is opted : No.
Details of Countries to which geographical area extension cover is given : NA.
10. Is LL to person for Paid driver/Operation/Maintenance opted : Yes.
11. Whether PA cover is opted for paid driver other than owner driver : No.
Number Of Paid Driver(s) : : NA
Sum Insured Per Paid Driver : : Rs.NA.
12. Whether PA cover is opted for passengers : No.
Number Of Passengers : : NA
Sum Insured per Passenger : : Rs.NA
13. Is TPPD restricted to statutory limit of Rs.6,000? : No.
14. Pre Existing damages in the vehicle : NA.
15. Premium for Liability coverage, quoted and agreed upon is : Rs.29,302.00.
16. Premium for OD coverage, quoted and agreed upon is : Rs.7,023.00.
17. Do you have valid PUC certificate of the vehicle : NA
18. Do you have valid Fitness certificate of the vehicle : NA
19. Total Premium (excluding Goods and Service Tax (GST)) for Liability and OD coverages, quoted and agreed upon is :Rs.36,325.00
20. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy :NA.
21. About the last insurance company
(i) Insurance Provider : NA
(ii) Previous Policy No : NA
(iii) Previous Policy Expiry Date : NA
22. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us:
HYPOTHECATED WITH : KOTAK MAHINDRA BANK
23. Add on Cover(s) opted : Yes. Plan Name: Depreciation_Shields41 Plan Description: Depreciation Shield
24. To support our Go Green initiative, send policy copy link on registered mobile number / email id: YES

Please note Cover Note No. / issued to you basing on the above information.

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 BAGIC/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 : Yes

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.

Toll free Number : 1800-102-5858,1800-209-5858
Email address : Bagichelp@bajajallianz.co.in

Website : www.bajajallianz.com

Contact our policy servicing branch at: Bajaj Allianz General Insurance Co. Ltd., Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 Phone No :020-66240100.

INSURANCE ACT, 1938 SECTION 41 - PROHIBITION OF REBATES

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. Bajaj Allianz General Insurance Co Ltd



Bajaj Allianz General Insurance Company Ltd.
Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006(India)
COMMERCIAL VEHICLE PACKAGE POLICY CERTIFICATE CUM POLICY SCHEDULE
UIN : IRDAN113RP0027V01200102

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc; Bajaj Allianz General Insurance Co. Ltd., Tower No 07 , 4th Floor , CommerZone,, Next to Yerwada Jail , Samrat Ashok Path ,, Yerwada Pune 411006., PUNE-411006 Phone No :020-66240100

Policy Number	OG-25-2047-1812-00001821	Product	Commercial Vehicle Package Policy
Vehicle Type	Other Than School Buses: Passenger Carrying - 4 WH & CC> 6		
Period Of Insurance	From: 01-Feb-2025 00:01 To: 31-Jan-2026 Midnight	Policy issued on	01-Feb-2025 -
		Cover Note No	/
Application No		Scrutiny No	437796124
Insured Name	COMFORT TOURS PVT LTD	Zone	C
Insured Address	2 ND FLR SR NO4/12/,1/13,4/14 OFF NO1 RUCHA, , ,BLDG PUNAVALE, PUNE - 411033		
Customer ID	459284276	Premium Payer ID	397566541
		Transaction Id	
HYPOTHECATED WITH :	KOTAK MAHINDRA BANK	Policy Status	ISSUED
GSTIN / UIN	27AACCC7556L1Z8	Place of Supply/State Code/Name	27 - Maharashtra

Invoice No. 446385542/1
Company GST No 27AABCB5730G1ZX
Company PAN No AABCB5730G

Registration No.	Make	SubType	Model	CC/KW	Mfg year	Seat Cap	Vehicle/Trailer Chassis No	Engine Number
NEW	FORCE MOTORS	T1 STAFF BUS AC PS ABS (17+1)	TRAVELLER 3700 MM WB	0	2025	17	MC1E4DL A9SP0552 49	D71066602

Fuel Type	Vehicle IDV	Elec Acc	Non Elec Acc	Trailer	Trailer Reg No	CNG/LPG Unit	Total Sum Insured
DIESEL	22,00,000	0	0			0	22,00,000

SCHEDULE OF PREMIUM			
OWN DAMAGE		LIABILITY	
Total Own Damage Premium:	7,023.00	Basic Third Party Liability	29,252.00
		LL For Operation/Maintenance For 1 Person	50.00
		Total Liability Premium:	29,302.00
Total premium	36,325.00		
Special Discount			
Net Premium	36,325.00		
State GST (9%)	3269		
Central GST (9%)	3269		
Final Premium Rs.	42,863.00	***All Premium Figures are in Rupees	

Geographical Area : No Claim Bonus : 0% **Theft Excess:** Rs. NA **Voluntary Excess :** Nil
Nominee Details Name : NA **Relationship :** NA

Compulsory Deductible : Rs.500 Additional Compulsory Deductible : Rs.0
The above Total OD Premium is inclusive of all applicable Loading/Discounts viz (Automobile Association Membership, Voluntary Excess, Anti-Theft, Handicap Person, Driver Tution, Fibre Glass, Cng/Lpg Unit, Geographical Extn, Imported Vehicle etc wherever applicable)
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

I/We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

LIMITS OF LIABILITY: Under Section II-1(i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the Motor Vehicles Act, 1988. Under Section II-1(ii) of the policy -> Damage to Third Party Property : Rs.7,50,000.00/-

LIMITATION AS TO USE: The Policy covers use only under a permit within the meaning of the Motor Vehicle Act, 1988 or such a carriage falling under Sub-section 3 of Section 66 of the Motor Vehicle's Act 1988. The Policy does not cover use for : Organised racing, Pace Making, Reliability Trials, Speed Testing, Use whilst drawing a trailer except the towing (other than for reward) of any one disabled Mechanically propelled vehicle.

DRIVER : Any person including the insured : Provided that a person driving holds an effective driving licence at the time of the accident and is not disqualified from holding or obtaining such a licence. Provided also that the person holding an effective Learner's licence may also drive the vehicle when not used for the transport of passengers at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

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".

Subject To IMT Endorsement Nos : 7, 23, 21, 28, & Policy wordings attached herewith

Plan Name: Depreciation_Shields41 **Plan Description:** Depreciation Shield

Contact No : 9067887858/9067887858

Email - amjadshaikh@sparkinsure.in

Damage Details as per Annexure I

Premium Collection Details :- [Receipt No/Collection No/Amount] / Rs. 22,578.00 By Float No : 2047-00616393 / Rs. 20,285.00 By Float No : 2047-00616390

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

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

It is hereby understood and agreed that for the purpose of application of Endorsement IMT-21 attached to and forming part of the above policy, the towing vehicle and trailer(s) while attached thereto shall be treated as a single unit.

Damage Details Annexure :- NA

Remarks



In case of any claim, please contact our 24 Hour Call centre at 1800-102-5858 (Toll Free) / 91-020-30305858 (chargeable, add area code before this number in case of mobile call) or email us at 'Bagichelp@bajajallianz.co.in'.

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 {Link}, 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 bagichelp@bajajallianz.co.in, website {http://www.bajajallianz.com}, contact your agent or nearest branch.

437796124/-/20072279/-/-

This is a one page Policy Document (without enclosing the Terms and Conditions (T&C) of the Policy) issued by the Company, pursuant to the authorization of Insured to display the T&C of the Policy on its website (www.bajajallianz.com) that enables access by the Insured. The T&C of the Policy are available on the Company's website and can be accessed by the Insured.

Kindly contact our nearest / local office(s) for No Claim Bonus Confirmations.



This is the 'Digital Print' and original Policy would follow and the Original policy, duly countersigned, to be relied on for all legal purposes.

For & On Behalf of Bajaj Allianz General Insurance Company Ltd.



Authorized Signatory
null



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

Regd Office : Bajaj Allianz House,Airport Road, Yerwada Pune-411006 (India), A Company incorporated under Indian Companies Act, 1956 and licensed by Insurance Regulatory and Development Authority of India [IRDA] vide Reg No.113, Corporate Identification Number U66010PN2000PLC015329.

Consolidated Stamp Duty of Rs. 0.50/- paid for insurance policy stamps vide Order No. CSD/36/2024-25/2886 dated 01-AUG-24 of General Stamp Office, Mumbai, India.

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Commercial Vehicle Package Policy: ADD ON COVERS : POLICY WORDINGS

T3 - DEPRECIATION SHIELD

(UIN: IRDAN113RP0027V01200102/A0002V01201213)

A. Endorsement Wordings

In consideration of payment of additional premium, it is hereby agreed and declared that this Policy extends to cover the depreciation amount, partly or fully, on assessed damaged parts allowed for replacement during repairs in the event of a Partial Loss to the **Insured Vehicle** .

In the event **You** and **Us** have opted for co-payment, **Your** contribution shall be to the extent agreed by **You** as shown in the **Schedule** for the depreciation amount on the assessed parts for each and every **Partial Loss** claim.

B. Conditions

(a) Claims made by **You** against **Us** under 'Depreciation Shield' are subject to the terms and conditions set forth under the **Motor Insurance Policy**. (b) In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Depreciation Shield' shall expire; (c) The benefits under 'Depreciation Shield' can be utilized for a maximum of two times during the **Policy Period**

C. Exclusions

In addition to the exclusions mentioned under **Motor Insurance Policy**, **We** will not be liable to indemnify **You** for the following events:

(1) Where the Own Damage Claim made by **You** against **Us** under the **Motor Insurance Policy** is not payable; (2) Depreciation pertaining to any part/ sub part/ accessories not approved for replacement by **Us** under **Motor Insurance Policy**. (3) Loss or damage to tyres and/or battery of the **Insured Vehicle** . (4) Consequential loss of any kind arising out of claims lodged under 'Depreciation Shield'. (5) Where a loss is covered under **Motor Insurance Policy** or any other type of insurance policy with any other insurer or manufacturer's warranty or recall campaign or under any other such packages at the same time.

If **You** do not agree whether any of these exclusions apply to **Your** claim, **You** agree to accept the burden of proving that they do not apply.

D. Definitions

The words and phrases listed have special meanings **We** have set below whenever they appear in bold type and initial capitals. Please note that references to the singular or to the masculine also include references to the plural or to the female the context permits and if appropriate.

(1)**Insured Vehicle**: The vehicle insured by **Us** under the **Motor Insurance Policy** Policy and as shown on the **Schedule**. (2)**Own Damage Claim**: The claims raised by **You** against **Us** for loss or damage to the **Insured Vehicle** due to the perils mentioned under Section 1 of **Motor Insurance Policy**; (3)**Partial Loss**: Any loss falling into a category other than (a) the loss mentioned under Sr. No. 7 below and (b) theft of the **Insured Vehicle**; (4)**Policy/ Motor Insurance Policy**: Commercial Vehicle Package Policy issued by **Us** to which this cover is extended; (5)**Policy Period**: The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule**; (6)**Schedule**: The Schedule and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force; (7)**Total Loss/ Constructive Total Loss**: A loss under the **Motor Insurance Policy** where the aggregate cost of retrieval and/or repair of the **Insured Vehicle** , subject to terms and conditions of the **Policy**, exceeds 75% of the **IDV** of the **Insured Vehicle**; (8)**We, Our, Us**: Bajaj Allianz General Insurance Company Limited; (9)**You, Your, Your-self**: The person or persons **We** insure as set out in the **Schedule**.