BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LTD.

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune-411006.

IRDAI Registration No.113

Corporate Identity Number: U66010PN2000PLC015329

Policy Issuing,correspondence address for communication by policy [or certificate of insurance] holder,policy/claim servicing, notices and or summons	952/954,, Appasaheb Marathe Marg,, Near Chaitnya Tower,, Next to Saraswat Bhavan,, Prabhadevi Mumbai - 400025-400022 PH:022-66628666		
Insured Name	**SAHARSH DEVIDAS WAGH**	**Policy Number**	**OG-26-1901-1871-00001830**

Welcome to Bajaj Allianz Family

SAHARSH DEVIDAS WAGH

USTHAL DUMALA, BHANASHIVARA TAL NEWASA,AHMADNAGAR , ,
AHMEDNAGAR, MAHARASHTRA-414609

Customer ID : 475646505

Dear Customer,

Thank you for choosing Bajaj Allianz General Insurer as your preferred insurer. Bajaj Allianz General Insurance Company Limited, a consistently profitable insurer enjoys a reputation of expertise, stability and strength. We are a customer focused market leader present in over 200 locations across India. As an organization we strive to understand the risk management needs of our consumers and translate it into affordable products and services of global quality that deliver value for money. Bajaj Allianz has an ISO Certified claims,Operations and Services processes and has received iAAA rating for the last three consecutive years from ICRA Limited, an associate of Moody's Investors Service, for claims paying ability. The rating indicates highest claims paying ability and a fundamentally strong position in the industry.

We request you to kindly go through the contents of the policy schedule and the terms and conditions. In case of any clarification or disagreement, please write to us at **bagichelp@bajajallianz.co.in within fifteen days** of receipt of this policy.

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

For & on the behalf

Bajaj Allianz General Insurance Company Ltd.

Authorized Signatory

Bajaj Allianz General Insurance Company Ltd.

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerawada, Pune-411006

IRDAI Registration No. 113

Corporate Identity Number: U66010PN2000PLC015329

Transcript of POS - Proposal for Standalone Own Damage Cover for Two Wheeler

Dear SAHARSH DEVIDAS WAGH,

We wish to inform you that the contract under policy number 'OG-26-1901-1871-00001830' has been finalized based on the proposal / 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 transcript along with Policy failing which it will be deemed that you have positively confirmed/ 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	:	SAHARSH DEVIDAS WAGH
2. Proposer Address	:	USTHAL DUMALA, BHANASHIVARA TAL NEWASA,AHMADNAGAR , , AHMEDNAGAR, MAHARASHTRA-414609
3. Proposer Mobile Number	:	******2020
4. Proposer Residential Number	:	NA
5. Proposer e-mail id	:	**********585@gmail.com
6. Proposer Profession	:	NA

B.Vehicle Details

Registration Number	Month / Year of Regn	Vehicle Make	Vehicle Model	Vehicle Sub Type	Cubic Capacity	Fuel Type	Year of Manufacture	Seating Capacity
MH17CT6204	AUG/2022	ROYAL ENFIELD	CLASSIC 350	HALCYON GREEN BS VI	349	Petrol	2022	2

Engine Number	Chassis Number	Vehicle IDV (in Rs.)	Electrical Accessories IDV (in Rs.)	Non-Electrical Accessories IDV (in Rs.)	CNG/LPG Unit (Extra fitted) IDV (in Rs.)	Total IDV (in Rs.)
J3A5FGN2665332	ME3J3C5FGN2001047	121669	0	0	0	1,21,669.00

C. Coverage opted

1.	Own Damage Standalone Cover	Period of Insurance	From : 22-AUG-2025 00:00 (Hrs) To : 21-AUG-2026 Midnight
2.	Details of Active Third Party Liability Policy	Period of Insurance	From : 22-aug-2022 To : 21-aug-2027
		Name of Insurance Company	Bajaj Allianz General Insurance Co Ltd.
		Policy Number	OG-23-1904-1826-00000847

3. Is your vehicle fitted with external LPG/CNG kit : No.
4. Electrical Accessories cover Opted (If Applicable) : No.
5. Non - Electrical Accessories cover Opted (If Applicable): : No.
6. Is Voluntary Excess opted : No.
   Amount of voluntary excess opted : Rs.NA.
7. compulsory deductible : Rs.100.00
8. Is any additional compulsory deductible imposed and agreed upon : No.
   Amount of additional compulsory deductible imposed : NA.
9. Whether geographical area extension is opted : No.
   Details of Countries to which geographical area extension cover is given : NA.
10. Pre Existing damages in the vehicle : NA.
11. Total Premium (excluding GST) for OD coverages, quoted and agreed upon is : Rs.3457
12. Do you have valid PUC certificate of the vehicle : NA
13. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your previous policy : -35 %.
14. Previous Own Damage Policy Detail
    (i) Insurer Name Tata AIG General Insurance Company Limited.
    (ii) Previous Policy No. 6102113887, Previous Policy Expiry Date :21-AUG-2025
15. Whether your vehicle is Hypothecated and if so the details of Pledgee whose name is registered by us: No.
    Name of Pledgee : NA.
16. Add on Cover(s) opted : Yes
    Plan Name:Drive Assure-Basic Plan Description: POS depreciation shield , POS ,
    Please call us on 1800 103 5858 for any emergency.
17. To support our Go Green initiative, send policy copy link on registered mobile number / email id:

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 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: 952/954,, Appasaheb Marathe Marg,, Near Chaitnya Tower,, Next to Saraswat Bhavan,, Prabhadevi Mumbai - 400025-400022 PH:022-66628666.

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 LIMITED
Regd. Office & Head Office: GE Plaza, Airport Road, Yerwada,Pune-411006(India)
IRDAI Registration No. 113
Corporate Identity Number: U66010PN2000PLC015329

POS Certificate of Insurance (Two Wheeler Package Policy)

UIN : IRDAN113RP0002V01201920

Policy issuing office and correspondence address for communication by holder of Certificate of Insurance for claim, service request, notice, summons, etc:			952/954,, Appasaheb Marathe Marg,, Near Chaitnya Tower,, Next to Saraswat Bhavan,, Prabhadevi Mumbai - 400025-400022 PH:022-66628666
Insured Name	SAHARSH DEVIDAS WAGH	Policy Number	OG-26-1901-1871-00001830
		Certificate No.	NA

INSURED DETAILS		POLICY DETAILS		
Insured Address	USTHAL DUMALA, BHANASHIVARA TAL NEWASA,AHMADNAGAR , , AHMEDNAGAR, MAHARASHTRA-414609	Policy Issued on	19-AUG-2025	
		Period of Insurance	For Own Damage Section	For Third Party Liability Section
			From : 22-AUG-2025 00:00 (Hrs) To : 21-AUG-2026 Midnight	From : 22-aug-2022 To : 21-aug-2027
		Third Party Liability Section	Name of Insurance Co	Policy Number
			Bajaj Allianz General Insurance Co Ltd.	OG-23-1904-1826-00000847
Customer ID	475646505	Policy Status	ISSUED	
GSTIN / UIN	NA	Cover Note Details	/	
Place of Supply/State Code/Name	27 - Maharashtra	Previous Policy No	6102113887 / Tata AIG General Insurance Company Limited	

Particulars of Vehicle Insured:

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model
MH17CT6204	MH17-SHRIRAMPUR	J3A5FGN2665332	ME3J3C5FGN2001047	ROYAL ENFIELD - CLASSIC 350

Sub Type	Year of Mfg	NCB %	CC	Seating Capacity
HALCYON GREEN BS VI	2022	-35	349	2

Name of Registration Authority : MH17-SHRIRAMPUR
Name and Address of Insured : SAHARSH DEVIDAS WAGH
: USTHAL DUMALA, BHANASHIVARA TAL NEWASA,AHMADNAGAR, , AHMEDNAGAR, MAHARASHTRA-414609
Geographical Area : .00
Business or Profession : NA

POS Contact No : 7304332968
POS PAN No : DOKPS2675E
POS Name :

Persons or Class of Persons entitled to drive:

Any person including the insured:

a) 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.

b) Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies

the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

IMT-Endorsements/Add on Package

22 & Plan Name:Drive Assure-Basic & Plan Description: POS depreciation shield , POS ,

Beneficier Details:

Beneficier1	Beneficier2	Beneficier3	Beneficier4	Beneficier5

Limitations as to Use:

The Policy covers use for any purpose other than

a) Hire or Reward, b) Carriage of goods (other than samples or personal luggage), c) Organized racing, d) Pace Making, e) Speed testing, f) Reliability Trials, g) Any purpose in connection with Motor Trade

I/We hereby certify that the Policy to which this certificate relates as well as this Certificate of Insurance are issued in accordance with the provisions of Chapter X and Chapter XI of M.V. Act, 1988.

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

Authorized Signatory

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BAJAJ ALLIANZ GENERAL INSURANCE COMPANY LIMITED

Regd. Office & Head Office: Bajaj Allianz House, Airport Road, Yerwada,Pune-411006(India)
IRDAI Registration No. 113
Corporate Identity Number: U66010PN2000PLC015329

STANDALONE OWN DAMAGE COVER FOR TWO WHEELER
POLICY SCHEDULE
IRDAN113RP0002V01201920

Policy issuing office and Correspondence address for communication by policyholder for claim, service request, notice, summons, etc:
952/954,, Appasaheb Marathe Marg,, Near Chaitnya Tower,, Next to Saraswat Bhavan,, Prabhadevi Mumbai - 400025-400022
PH:022-66628666

POS

Note:-

The coverage under this policy is only for Own Damage and no other liability in connect with the vehicle.

Policy will be void ab initio in case of misrepresentation/ fraud or non-existence of valid Third party liability policy for the full Policy period of this Standalone own damage cover-Two Wheeler policy

INSURED DETAILS	
Insured Name	SAHARSH DEVIDAS WAGH
Insured Address	USTHAL DUMALA, BHANASHIVARATAL NEWASA,AHMADNAGAR , , AHMEDNAGAR, MAHARASHTRA-414609
Geographical Area	.00
Customer ID	475646505
Bank Reference No 1	
GSTIN / UIN	NA
Place of Supply/ State Code/Name	27 - Maharashtra
Company GSTIN	27AABCB5730G1ZX
Company PAN	AABCB5730G
Invoice No	461125074/1

POLICY DETAILS		
Policy Number	OG-26-1901-1871-00001830	
Policy Issued on	19-AUG-2025 13:43 PM	
Details of Own Damage Standalone Cover	Policy Period	From :22-AUG-2025 00:00 (Hrs) To :21-AUG-2026 Midnight
Details of Active Third Party Liability Policy	Policy Period	From : 22-aug-2022 To : 21-aug-2027
	Name of Insurance Co.	Bajaj Allianz General Insurance Co Ltd.
	Policy Number	OG-23-1904-1826-00000847
Cover Note Details	/	
Previous Policy No	6102113887 / Tata AIG General Insurance Company Limited	

Registration Number	Place of Registration	Engine Number	Chassis Number	Make & Model	SubType
MH17CT6204	MH17-SHRIRAMPUR	J3A5FGN2665332	ME3J3C5FGN2001047	ROYAL ENFIELD - CLASSIC 350	HALCYON GREEN BS VI

NCB %	CC/KW	Seating Capacity	Year Of Manufacturing	Trailer Registration Number	Hypothecation Details
-35	349	2	2022	-,-	

Vehicle IDV	Value For Trailers	Non electrical accessories	Electrical/Electronic accessories	Value of CNG/ LPG kit	Total Value
121669	0	0	0	0	1,21,669.00

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bagichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Own Damage Premium(Rs.)	
Own Damage Premium	3457
State GST (9%)	311
Central GST (9%)	311
Final Premium Rs.	4078

Final Premium(In Words): Rupees Four Thousand Seventy Eight Only

**Note: The above Total OD Premium is inclusive of all applicable Loading /Discounts viz (Automobile association membership, Voluntary Excess, Anti Theft, Handicap Person, Driver Tuition, Fiber Glass, CNG/LPG Unit, Geographical Extension, 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.

POS PAN : DOKPS2675E	**POS Adhaar No :** IRDAN113RP0002V01201920

Broker Code	**10037456**	**Contact No.**	**7304332968/0**
Broker Name	**PROBUS INSURANCE BROKER PRIVATE LIMITED**		
E-Mail ID.	**care@probusinsurance.com**		

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.
No Claim Bonus	
Existing Damage Details	NA
Nominee Details	**Name :**NA - **Relationship :**NA
Subject to Warranties/ IMT-Endorsements/ Add on Package	22 & Plan Name:Drive Assure-Basic & Plan Description: POS depreciation shield , POS ,
Additional Details	Coinsurance Details: - . Transaction Id: -
Premium Details	Receipt No. 1901-03545856, Date 19-AUG-25 ** If Premium paid through Cheque, the Policy is void ab-initio in case of dishonour of Cheque.
Excess Details	Compulsory Excess: Rs.100.00 | Additional Excess: Rs.0 | Voluntary Excess: Rs..00
	Theft Excess: Rs.0 |

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 {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.

For & On Behalf of

Bajaj Allianz General Insurance Company Ltd.

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Stamp Duty Rs. 0.50

Authorized Signatory

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

Consolidated stamp duty of Rs. 0.50/- paid for insurance policy stamps Challan No. MH015538899202425M Order No. CSD/19/2025/816 Order Dated Defaced Date dated 01-MAR-25 having validity from 01-MAR-25 to 28-FEB-27 of General Stamp Office, Mumbai, India.

Principal Location : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411006 PH:66026666 | Services Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

For help and more information:

Contact our 24 Hour Call Centre at 1800-102-5858, 1800-209-5858, Toll Free: 30305858(chargeable, add area code before this number in case of mobile call) Email us at Bajichelp@bajajallianz.co.in or Visit our Website www.bajajallianz.com

Corporate Identification Number U66010PN2000PLC015329

Bajaj Allianz General Insurance Company Ltd.

952/954, Appasaheb Marathe Marg, Near Chaitnya Tower, Next to Saraswat Bhavan, Prabhadevi Mumbai - 400025 - 400022
Contact No:Contact No: 022-66628666,67402424; Fax No: 022-66628621

RECEIPT

Receipt Number **1901-03545856**

Receipt Date **19/08/2025**

Business Channel **MARET**

Received with thanks from SAHARSH DEVIDAS WAGH

(Customer ID : 475646505) a total sum of Rupees Four Thousand Seventy Eight Only by,

Instrument Type	Instrument No.	Instrument Date	Bank Name	Branch Name	Amount
Online Payment	111748480	19/08/2025	NA	NA	4,078

Total Amount **Rs. 4,078.00**

Issuance of this receipt does not amount to acceptance of the risk by Bajaj Allianz General Insurance Company 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 behalf of

Bajaj Allianz General Insurance Company Ltd.

Authorised Signatory

POS TWO WHEELER STANDALONE OD POLICY: ADD ON COVERS(Plan Name:Drive Assure-Basic): POLICY WORDINGS

S3 - DEPRECIATION SHIELD

A. Endorsement Wordings

(UIN No. IRDAN113RP0002V01201920/A0019V01201920)

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** 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.

The benefits under 'Depreciation Shield' would be available only if the **Insured Vehicle** is repaired at Our authorized workshops. In case **You** have opted to repair the **Insured Vehicle** at a non-authorized workshop, Our liability will be restricted to 90% of the assessed total claim amount under this cover.

B. Conditions

(1) Claims made by **You** against Us under 'Depreciation Shield' are subject to the terms and conditions set forth under the Motor Insurance Policy. **(2)** In case of transfer of ownership of the **Insured Vehicle** , the cover under 'Depreciation Shield' shall expire. **(3)** 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) You,Your,Yourself: The person or persons **We** insure as set out in the **Schedule** .**(2) We**, Our, Us: Bajaj Allianz General Insurance Company Limited. **(3) Accident, Accidental:** A sudden, unintended and fortuitous external and visible event.**(4) Policy/Motor Insurance Policy**: Two Wheeler Package Policy issued by Us to which this cover is extended **(5) Insured Vehicle** : The vehicle insured by Us under the **Motor Insurance Policy** and as shown on the **Schedule** .**(6) Policy Period:** The period between and including the commencement date and expiry date as shown in the **Motor Insurance Policy Schedule** . **(7) Schedule** : The **Schedule** and any Annexure or Endorsement to it which sets out **Your** personal details and the insurance cover in force. **(8) 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**. **(9)** 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** . **(10)**Partial Loss: Any loss falling into a category other than **(A)** the loss mentioned under Sr. No. 9 above and **(B)** theft of the **Insured Vehicle**