



Dear DEEPAKBHAI THUMA,

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

We thank you for choosing Bajaj Allianz 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.

To provide you with the best customer experience, here are a few important things for you to note:

Policy Details	
Policy Number	OG-22-2204-1843-00000037
Policy Type	Long Term Two Wheeler Package Policy
Name of Insured	DEEPAKBHAI THUMA
Address	"DEVANGI" 3-NEW SHUBHASH NAGAR KOTHARIYA MAIN ROAD, RAJKOT RAJKOT GUJARAT

Manage Your Policy

Claim Assistance

Value Added Services

Branch Locator

Renew Your Policy

To Download our Mobile App - Insurance Wallet
Scan this QR Code
OR
Click on this link: <http://bit.ly/1J8UNtX>

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 - let us know 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 Allianz family and look forward to a long association with you.

With Warm Regards,

Sourabh Chatterjee

Sourabh Chatterjee
President-Direct Sales and Marketing, Head-Web Sales

Stay Connected

Proposal Form For Long Term Two Wheeler Package Policy

Personal Information		Policy Address	
First Name	DEEPAKBHAI	House No. / Building Name / Flat No	"DEVANGI" 3-NEW SHUBHASH NAGAR
Middle Name		Street / Locality / Land-mark	KOTHARIYA MAIN ROAD, RAJKOT
Surname	THUMA	State	GUJARAT
Email Address	BHPIPALIYA@GMAIL.COM	City	RAJKOT
Mobile Number	9904087516	Area	RAJKOT SORATHIAWADI
PAN Number	NA	Pincode	360002
Mailing Address			
House No. / Building Name / Flat No	"DEVANGI" 3-NEW SHUBHASH NAGAR	Street / Locality / Land-mark	KOTHARIYA MAIN ROAD, RAJKOT
State	GUJARAT	City	RAJKOT
Area	RAJKOT SORATHIAWADI	Pincode	360002
Vehicle Information			
Vehicle Reg No	GJ03FE4296	PA Covered for Owner Driver	Already having Personal Accident (PA) Cover of Rs. 15 Lac
Policy Start Date	03-JUN-2021	PA cover for co-passengers worth	0
Vehical Make	HERO MOTOCORP	Vehicle IDV/Sum Insured	27870
Vehical Model	XTREME	Vehicle under a bank loan	NO
Vehical Subtype	DISC SELF CAST	Bank Name	NA
Year Of Manufacture	2013	Engine Number	KC12EEDGE05294
Fuel Type	Petrol	Chassis Number	MBLKC12EHDGE03 534
Value Of Elec Accessories	0	Previous NCB	0%
Value Of Non-elec Accessories	0	NCB Offered	20%
Nominee Name	HARSHABEN	Nominee Relation	Spouse
Driving licence	YES	Another vehicle having an owner driver PA cover	NA
Value Of CNG Kit	0	Voluntary Excess	0
Previous Policy Number	0173558532 00	Previous Policy Expiry Date	02-JUN-2021
Previous Insurer	Tata Aig General Insurance Company Limited		
Was there any ownership change in your existing policy?		N	
No. of claims in your existing policy		0	
No. of claims in your last year's policy		0	

Declaration:

I/We, the undersigned hereby declare and warrant that the insurance policy is issued by Bajaj Allianz General Insurance Company Ltd [Company] subject to the declarations, warranties, statements and particulars given in this proposal form during the process of my/our online purchase through web. The statements and particulars given in this proposal form are complete, true and accurate to the best of my/our personal knowledge and belief. I/we have understood the terms and conditions to the contract and agree that the statements and particulars given in this proposal form shall be held to be promissory and shall be the basis of the insurance contract between me/us and the Company and the Company shall have no liability under the insurance contract if it is found that any of the statements or particulars or declarations in this proposal form or other documents are incorrect and or untrue or suppressed any information or provided misleading or false information in any respect on any matter to the grant of a cover. I/we will accept the usual conditions and form of the policy prescribed and issued by Company.I/We declare that I have read the policy schedule and the rate of NCB claimed by me/ us is correct and that no claim has arisen in the expiring policy period. I/We further undertake that if this declaration is found to be incorrect,all benefits under the policy will stand forfeited with no liability to refund the premium. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.

Statutory Warning:

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 prospectus or tables of the insurer.

Date: 08-MAY-21

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

Transcript of Proposal for Long Term Two Wheeler Package Policy

Dear DEEPAKBHAI THUMA,

We wish to inform you that the contract under policy number OG-22-2204-1843-00000037 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 : DEEPAKBHAI THUMA
2. Proposer Address : "DEVANGI" 3-NEW SHUBHASH NAGAR, KOTHARIYA MAIN ROAD, RAJKOT
, , RAJKOT-360002
3. Proposer Mobile Number : 9904087516
4. Proposer Residential Number : NA
5. Proposer e-mail id : BHPIPALIYA@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
GJ03FE4296	JUN/2013	HERO MOTOCORP	XTREME	DISC SELF CAST	150	Petrol	2013	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.)
KC12EEDGE05294	MBLKC12EHDGE03 534	27870	0	0	0	27870

C. Coverage opted

1. Period of Insurance : From 03-Jun-2021 00:00(Hrs)
To 02-Jun-2024 Midnight
2. Is your vehicle fitted with external LPG/CNG kit : No.
3. Electrical Accessories cover Opted (If Applicable) : No.
4. Proposer Residential Number : NA
5. Proposer e-mail id : BHPIPALIYA@GMAIL.COM
6. Whether PA cover is opted for owner-driver : Yes.
7. Is any additional compulsory deductible imposed and agreed upon : Yes.
Amount of additional compulsory deductible imposed : Rs.0
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 : No.
10. Whether PA cover is opted for paid driver other than owner driver : Yes.
Sum Insured for Paid Driver : Rs.27870.
11. Whether PA cover is opted for passengers : No.
Sum Insured per Passenger : Rs.NA.
12. Pre Existing damages in the vehicle : NA.
13. Premium for Liability coverage, quoted and agreed upon is : Rs. 2256.
14. Premium for OD coverage, quoted and agreed upon is : Rs.687.
15. Total Premium (excluding Service Tax and Education Cess) for Liability and OD coverages, quoted and agreed upon is : Rs.2943
16. NCB (No Claim Bonus) claimed by you and granted by us based on your declaration of no claim during your : Previous Policy :0%.

17. About the last insurance company

(i) Insurance Provider : Tata Aig General Insurance Company Limited.

(ii) Previous Policy No : 0173558532 00,

(iii) Previous Policy Expiry Date :02-JUN-2021

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 : 1800-22-5858,1800-102-5858,1800-209-5858

Email address : bagichelp@bajajallianz.co.in

Website : www.bajajallianz.com

Contact our policy servicing branch at: 1st Floor, Hotel K Rose Building, Opp Shastri Medan, Limda Chawk, , Rajkot-360001 Ph:0281-6696600/6626164

1st Floor, Hotel K Rose Building Opp Shastri Medan Limda Chawk , Rajkot 360001
0281-6696600/6626164

Receipt

Receipt Number: 2204-00934026

Receipt Date: 08-MAY-21

Business Channel: ML

Received with Thanks from: DEEPAKBHAI THUMA

(Customer ID : 216218237) a total sum of rupees only .

Instrument Type	Instrument Date	Amount
CREDIT CARD	08-MAY-21	3472
Total Amount Received for this Policy		3472

Receiving the Premium amount and issuance of this receipt does not automatically amount to underwriting risk by Bajaj Allianz General Insurance Company Ltd. Our assuming risk arises only after Proposer completing all required formalities for our taking underwriting call, upon which our Company specifically takes underwriting call to assume risk and accordingly informs the Proposer by way of issuing Policy Schedule or Cover Note, but not before. Our standard terms and conditions shall apply upon our assuming risk.

Please note: This is an electronically generated receipt and does not require signature.

Regd Office : Bajaj Allianz House, Airport Road, Yerwada, Pune - 411 006

Certificate Cum Policy Schedule

Policy Details			
Policy Issuing Office:	1st Floor, Hotel K Rose Building, Opp Shastri Medan, Limda Chawk, , Rajkot-360001 Ph:0281-6696600/6626164		
Cover Note No.:		Policy Issued On:	08-May-2021 18:57:38
Policy Number:	OG-22-2204-1843-00000037	Product:	Long Term Two Wheeler Package Policy
Period of Insurance:	From: 03-Jun-2021, 00:00 To: 02-Jun-2024 Midnight		
Insured Name:	DEEPAKBHAI THUMA	Zone:	B
Insured Address:	"DEVANGI" 3-NEW SHUBHASH NAGAR, KOTHARIYA MAIN ROAD, RAJKOT, , RAJKOT-360002		
Policy Holder ID:	216218237	Intermediary:	35210734 - S & R Ins. Brokers Pvt. Ltd.
Hypothecation:		Sub Imd Code:	NA
GSTIN / UIN	NA		
State Code / Name	24 - Gujarat		

Vehicle Details				
Registration No.	Make	Model	Sub Type	Year Of Mfg.
GJ03FE4296	HERO MOTOCORP	XTREME	DISC SELF CAST	2013
Seat Cap.	CC/KW	CNG/LPG Unit	Elec.Acc	Non- Elec. Acc.
2	150	0	0	0
Vehicle IDV	Chassis No.	Engine No.	Total Insured Declared Value	
27870	MBLK12EHDGE03 534	KC12EEDGE05294	27870	

Schedule Of Premium	
A. Own Damage	
Total Own Damage Premium:	687
B. Liability	
Basic Third Party Liability	2256
PA Cover For 0 Paid Driver(s) of Rs. 0 each	0
Bonus/ Malus	0
Total Liability Premium:	2256
C. Special Discount	0
D. Net Premium (A+B)	2942
E. Service Tax Details	
State GST (9%)	265
Central GST (9%)	265
Final Premium Rs.(D+E)	3472
***All Premium Figures are in Rupees	
No Claim Bonus:	-20%
I/We declare that I have read the policy schedule and the rate of NCB claimed by me/us is correct and that no claim as arisen in the existing policy period (copy of the policy enclosed). I further undertake that if this declaration is found to be incorrect, all benefits under the policy in respect of section 1 of the policy will stand forfeited. I hereby agree to confirm within 7 days in case of any objection or disagreement with the above.	

Geographical Area	India	Additional Excess	Rs. 0
Compulsary Deductible	Rs. 100	Voluntary Excess	Nil
Previous Policy Expired On:	02-JUN-21	Previous Policy Number	0173558532 00

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 Extn., Imported Vehicle etc wherever applicable).

Limits Of Liability:
Under section II-I(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-I(ii) of the policy -> Damage to Third Party Property : Rs. 100000

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), Organ-ised 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 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 and that such a per-son 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.On specific request and subject to terms and conditions, record of informa-tion exchange will be made available.

Subject to IMT Endorsement Nos: 22, Policy wordings attached herewith

Plan Name: 24x7 - Spot Assistance

Plan Description: 24x7 spot assistance,

Transaction Details - Corporate Name - BAGIC CBM Microlink

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

Premium Collection Details: - [Receipt No/Collection No/Amount] 2204-00934026,/269324465,/ Rs.3472,

This certificate of insurance is issued in accordance with the provision of Chapter X and Chapter XI of M.V.Act, 1988.
***** In case of any claim, please contact our 24 Hour Call centre at 1800-22-5858, 1800-102-5858, 1800-209-5959 (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' *****
Damage Details:-

Kindly contact our nearest / local offices for No Claim Bonus Confirmations.

Insured Declared Value:

Policy Year	Tenure From	Tenure To	Total Sum Insured
1	03-JUN-21	02-JUN-22	27870
2	03-JUN-22	02-JUN-23	26231
3	03-JUN-23	02-JUN-24	25247

The schedule of age wise Insured Declared Value (IDV) as shown in the above table is applicable for the purpose of Total Loss including Theft/ Con-structive Total Loss (TL/CTL) claims only on basis of loss date falling in the respective year. A vehicle will be considered to be a CTL, where the ag-

gregate cost of retrieval and / or repair of the vehicle subject to terms and conditions of the policy exceed 75% of the IDV.

null

For & Behalf of Bajaj Allianz General Insurance Company Ltd.

null



Authorized Signatory

Consolidated Stamp Duty utilised vide Order No. GHM-2008-15-M-STP-102007-2567-H.I. Dt Feb 08- of Revenue
Dept, Sachivalaya, Gandhinagar.

Bajaj Finserv,1st Floor , Survey # 208/1-B, Behind Weikfield IT-Park, Viman Nagar, Pune-411014

Principal Location : 4th Floor, Turquoise, Nr. Panchvati Circle, C.G Road, Ellisbridge, Ahmedabad - 380006 PH:079-26432000 | Services
Accounting Code : 997134 - Motor vehicle insurance services. No reverse charge is payable on these services.

S1 - 24x7 SPOT ASSISTANCE

UIN: BAL-MO-A0--34-V01-15-16

A. Endorsement Wordings

In consideration of the payment of additional premium, it is hereby agreed and declared that **You** shall be entitled to one or more of the below mentioned benefits stated in the plan as shown in the **Policy Schedule** :

(A) Flat Battery: In the event of the **Insured Vehicle** being immobilized due to a flat battery, **We** will make alternative arrangements to make the **Insured Vehicle** mobile again provided the event has occurred within a radius of 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (B) Spare Keys: In the event of **You** losing keys of the **Insured Vehicle**, **We** will arrange for the pick up and delivery of spare keys to the spot where the **Insured Vehicle** is located provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (C) Flat Tyre: In the event of the **Insured Vehicle** being immobilized due to flat tyres, **We** would assist **You** by: i. arranging for the assistance of a vehicle technician to replace the flat tyre with the spare stepney tyre of the vehicle at the location of immobilization. ii. In case the spare tyre is not available in the insured vehicle, the flat tyre will be taken to the nearest flat tyre shop for repairs and re-attachment to the vehicle. Any expenses on material, if required while carrying out the repairs, would be borne by **You**. Provided always that the immobilization has occurred within a radius of 100 kilometres from the centre of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/ repairer. (D) Minor Repairs: In the event of the **Insured Vehicle** being immobilized due to mechanical and/or electrical breakdown, **We** will arrange for minor mechanical and/or electrical repairs to make the **Insured Vehicle** mobile again provided the breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/ repairer. (E) Urgent Message Relays: In the event of the **Insured Vehicle** getting immobilized as a result of **Accident** and/or breakdown, **We** will send urgent message on **Your** request to the specified persons through available means of communication. (F) Breakdown support over phone: In the event of minor mechanical errors/ faults/ non-functioning of the **Insured's Vehicle** or any part thereof, the Company would provide the **Insured** with telephonic assistance to come up with solutions for such minor mechanical errors/ faults/ non-functioning of the **Insured's Vehicle**. (G) Fuel Assistance: In the event of the **Insured Vehicle** being immobilized due to an empty fuel tank and/or contaminated fuel, **We** shall arrange for supply of one liter of fuel on chargeable basis at the location of the immobilization and / or towing of the insured vehicle to our nearest preferred workshop, provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (H) Towing Facility: In the event of the **Insured Vehicle** getting immobilized as a result of **Accident** and/or breakdown, **We** shall arrange for towing away of the **Insured Vehicle** from the spot of immobilization to our nearest preferred workshop/ repairer provided the accident/ breakdown has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has not reached a workshop/repairer. (I) Taxi Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will arrange for a free travel of the occupants of the **Insured Vehicle** to a single destination within a vicinity of 40 kilometers from the spot of immobilization through a taxi or any other transportation service provided the event has occurred within 100 kilometers from the center of the cities as listed in the attached annexure and the **Insured Vehicle** has to be towed away to a workshop/ repairer. The expenses for travel beyond 40 kilometers shall be borne by **you**. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a taxi to transfer the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a pre-communicated amount for re-imbursement to **Us**. (J) Accommodation Benefits: In the event of the **Insured Vehicle** meeting with an Accident/breakdown, **We** will provide occupants of the **Insured Vehicle** with a hotel accommodation for one day provided the event has occurred beyond 100 kilometers from the center point of the city of your residence but within 100 kilometers from the center of the cities as listed in the attached annexure and the time to repair the **Insured Vehicle** will exceed 12 hours from the time of reporting the incident. In the unlikely event of **We** being unable to arrange for this service, **We** may request **You** to arrange for a hotel accommodation for the occupants of the **Insured Vehicle** on **Your** own and submit the bills for a precommunicated amount agreed by us and to be reimbursed by **Us**. (K) Legal Advice: In the event of the **Insured Vehicle** meeting with an **Accident**, **You** shall be entitled for a free legal advice from a legal advisor over the phone for a maximum duration of 30 minutes. Subsequent to the expiry of the specified period of 30 minutes per year of the policy, **You** may continue with the same legal advisor on direct payment basis.

B. Conditions

(1) In case of transfer of ownership of the **Insured Vehicle**, the cover under '24x7 Spot Assistance' shall expire. (2) The benefits under '24x7 Spot Assistance' can be utilized for a maximum of 4 times per year of the policy except for following: i. Fuel Assistance - which shall be limited to 2 times per year of the policy and One litre per event. ii. Taxi Benefits- which shall be limited to 2 times per year of the policy and Rs. 1500 per event. iii. Accommodation Benefits - which shall be provided only for 1 day only once during a year of the policy and up to a maximum of Rs. 3000 per day. iv. Legal Advice - which shall be provided only once during a year of the policy for a maximum of 30 minutes duration.

C. Exclusions

We will not be liable to indemnify **You** for the following events: (1) Where the **Insured Vehicle** can be safely transferred on its own power to nearest dealer/workshop. (2) Any Accident, loss, damage and/or liability caused, sustained or incurred whilst the **Insured Vehicle** is being used otherwise than in accordance with the limitations as to use. (3) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (4) Any **Accident**, loss, damage and/or liability directly or indirectly or proximately or remotely occasioned by contributed to/by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war), civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequences of any of the said occurrences. (5) Any loss or damage caused due to riots, strikes and Act of God perils like flood, earthquake etc. (6) Claims pertaining to theft losses. (7) Any consequential loss arising out of claims lodged under '24x7 Spot Assistance'. (8) 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. (9) Replacement cost of battery and/or any associated repair cost. (10) Cost of supply of parts or replacements elements or consumables. (11) Replacement cost of any part or consumable. (12) Repair cost of tyre and/or parts or replacement cost of any part of consumable at a third party workshop repairer. (13) Any taxes, levy and expenses incurred in excess of the limit described under the plan opted by **You**. (14) Loss of valuables and personal belongings kept in the **Insured Vehicle**. (15) Any loss or damage to the **Insured Vehicle** arising out of participation in a motor racing competition or trial runs. (16) Any loss or damage caused due to pre-existing damages. (17) Any loss or damage arising out of intervention of Government Authorized Agencies, Police Authorities or Law Enforcing Agencies. (18) Any loss or damage resulting from the use of **Insured Vehicle** against the recommendations of the owners manual and/or manufacturer's manual. (19) Any loss resulting from **Your** deliberate or intentional and/or unlawful or criminal act. (20) Benefits under 'Taxi Benefits' and 'Accommodation Benefits' for occupants in excess of the seating capacity as per the registration certificate of the **Insured Vehicle**. (21) Additional cost incurred in towing the **Insured Vehicle** to a dealer/workshop as specified by **You** instead to Our specified nearest authorized workshop. (22) Services or-

ganized without **Our** prior consent for the various assistance services. **(23)** No benefit shall be provided after the Insured Vehicle has been taken by you or your representative to the garage or from the place of recovery in case of a stolen Insured Vehicle. **(24)** Mechanical and/or electrical breakdowns that require replacement of spare parts and/or specialized tools/equipments that are usually available only in automotive workshops.

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 and/or the Service Provider with whom Bajaj Allianz General Insurance Company Limited has entered into a contract to provide the benefits under this cover to **You** . **(3) Accident, Accidental:** A sudden, unintended and fortuitous external and visible event. **(4) Policy/Motor Insurance Policy:** Private Car Package Policy issued by **Us** to which this cover is extended. **(5) Insured Vehicle :** The vehicle insured by Us under the **Motor Insurance Policy**. **(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 type of insurance cover in force.

E. CANCELLATION

Cancellation conditions of the add-on cover will be identical to the base policy to which the add-on cover is attached.

Annexure # List of Cities :

State	City
Andhra Pradesh	Hyderabad, Vizag
Assam	Guwahati
Bihar	Patna
Chattisgarh	Bilaspur, Raipur
Delhi	Delhi
Goa	Goa
Gujrat	Ahmedabad, Baroda, Gandhidham, Mehsana, Rajkot, Surat, Vapi
Haryana	Ambala, Faridabad, Gurgaon, Hissar, Karnal
Himachal Pradesh	Mandi, Shimla
Jammu Kashmir	Jammu
Jharkhand	Jamshedpur, Ranchi
Karnataka	Bangalore, Belgaum, Bellary, Hubli, Mangalore, Mysore
Kerala	Calicut, Kochi, Thrissur, Trivandrum
Madhya Pradesh	Bhopal, Gwalior, Indore, Jabalpur
Maharastra	Aurangabad, Jalgaon, Kolhapur, Mumbai, Nagpur, Nasik, Pune, Solapur
Orissa	Bhubaneswar
Pondicherry	Pondicherry
Punjab	Amritsar, Bhatinda, Chandigarh, Jalandhar, Ludhiana, Patiala
Rajasthan	Ajmer, Jaipur, Jodhpur, Udaipur
Tamil Nadu	Chennai, Coimbatore, Trichy
Uttar Pradesh	Agra, Allahabad, Bareilly, Ghaziabad, Gorakhpur, Kanpur, Lucknow, Meerut, Noida, Varanasi
Uttarakhand	Dehradun, Haldwani, Rudrapur
West Bengal	Asansol, Durgapur, Kolkata, Siliguri