10 **FORM COMP AA**

(sec Rules 253 (c), 254 (c) (iii), 254 (80 255 (1) (iv)

REPORT ABOUT THE MOTOR VEHICLES ACCIDENTS

1	Name of the Police Station	Deglur, dist.Nanded
2	CR.NO./TAR No./SDE No.	143/2025 U/S 281,106(1) Bhartiya Naya Shanhita-2023
3	Date, Time and Place of the accident.	16/03/2025 at 07.30 to 07.45 hrs Road near Farm Tukaram Ingale Ibrahimpur Tq Deglur dist. Nanded.
4	Name of the Injured / Deceased	Ananda Balajirao Ingale age 35 Year r/o Ibrahimpur Tq Deglur dist. Nanded.
5	Name of Hospital to Which he/she was removed	Govt. Hospital Deglur Nanded
6	Number of vehicles and type of the vehicle	MH 26 BQ 3591 Motar Cycal
7	Name and address of the Driver of the vehicle with particulars or Driving License of the said Driver and the address of the Issuing Authority of the said Driving License. The number of Badge in case of Public Service Vehicle and the address of the Issuing Authority of the said Badge.	Ananda Suryabhan Ingale age 37 Year r/o Ibrahimpur Tq Deglur dist. Nanded. RTO Nanded MH 2620170002043
8	Name and Address of the Owner of the vehicle as it stands on the date of the accident.	Ananda Balajirao Ingale age 35 Year r/o Ibrahimpur Tq Deglur dist. Nanded.
9	Name and address of the insurance Company with whom the vehicle was insured and the Divisional office of the said insurance Company.	Relince Ganrul Insurance Com ltd
10	Number of Insurance Policy/ Insurance Certificate and the date of Validity of the insurance Policy/ Insurance Certificate.	600822423430002780
11	Action taken if any and the result there of	An offence has been registered against the accused. After completion of investigation Charge-sheet has been submitted.

Inspector of Police
Police Station Deglur,
Dist. Nanded (M.S)

जबाब दिनांक 16/03/2025

मी गणेश पि. बालाजीराव ईंगळे वय 42 वर्षे व्यवसाय शेती रा. ईब्राहीमपूर ता.देगलूर जि.नांदेड मो.नं. 7387347092 आधार नं. 272563655258

समक्ष पोलीस स्टेशन देगलूर येथे हजर येवून सांगतो की, मी वरिल ठिकाणचा राहणारा असून मला दोन मुली व एक मुलगा असून मी शेती करतो.

माझा भाऊ नामे आनंदा बालाजीराव ईंगळे वय 35 वर्षे रा. ईब्राहीमपूर ता.देगलूर याचे ट्रॅक्टर क्रमांक MH 26 BZ 3591 वर ट्रॅक्टर चालक आनंदा सुर्यभान ईंगळे हा असून आज दि.16/03/2025 रोजी सकाळी अंदाजे 06.00 वा.चे सुमारास माझा भाऊ व ट्रॅक्टर चालक नामे आनंदा सुर्यभान ईंगळे असे आमचे गावातील तुकाराम शेषेराव ईंगळे यांचे शेतात ट्रॅक्टर ने शेती नांगरण्यासाठी गेले होते.साधारण वेळ अंदाजे सकाळी 07.30 ते 07.45 वा चे सुमारास तुकाराम शेषेराव ईंगळे यांनी मला फोन करुन सांगितले की, माझ्या शेतामध्ये तुमचे भावाचा अपघात झालेला आहे.तुम्ही लवकर या असे सांगितल्याने मी त्यांच्या शेतात गेलो असता तेथे मला समजले की, माझ्या भावाच्या ट्रॅक्टरवर असलेला चालक नामे आनंदा सुर्यभान ईंगळे हा तुकाराम शेषेराव ईंगळे याचे शेताची नांगरटी करीत होता,तेथे माझा भाऊ धुराचे बांधावर उभा असतांना चालक आनंदा सुर्यभान ईंगळे याने त्याचे ताब्यातील ट्रॅक्टर क्रमांक MH 26 BZ 3591 हे हयगयीने व निष्काळजीपणे चालवुन माझा भाऊ आनंदा बालाजीराव ईंगळे यास पाठीमागुन धडक देऊन जखमी केले.माझ्या भावाला मार लागलेला असल्याने त्यास विलाज कामी उपजिल्हा रुग्णालय देगलुर येथे घेऊन आलो असता त्यास डॉक्टर यांनी चेक करुन तो मयत झाल्याचे सांगितले.

तरी दिनांक 16/03/2025 रोजी सकाळी वेळ अंदाजे 07.30 ते 07.45 वा चे सुमारास तुकाराम शेषेराव ईंगळे यांचे शेतात ट्रॅक्टर चालक आनंदा सुर्यभान ईंगळे रा. ईब्राहीमपूर ता.देगलूर यांने त्याचे ताब्यातील ट्रॅक्टर क्रमांक MH 26 BZ 3591 हे हयगयीने व निष्काळजीपणे चालवुन माझा भाऊ आनंदा बालाजीराव ईंगळे वय 35 वर्षे रा. ईब्राहीमपूर ता.देगलूर यास जोराची धडक देऊन त्यास जखमी करुन त्यांचे मरणास कारणीभुत झाला. तरी त्यांचे वर योग्य ती कायदेशिर कार्यवाही करावी.

माझा जबाब माझे सांगणे प्रमाणे संगणकावर टंकलिखीत केला. त्याची प्रिंट काढून मला वाचून दाखवला तो जबाब माझे सांगणे प्रमाणे बरोबर व खरा आहे.

समक्ष

हा जबाब दिला सही.

दि 16/03/2025 वेळ 20.32 वा
गु.र.न 143/25 कलम 106(1), 281 भा.न्या.सं
प्रमाणे गुन्हा दाखल करुन मा. पो.नि. साहेब
यांचे आदेशाने पुढील तपास पोहे HC-2437 डोंगरे
यांचे देण्यात आला

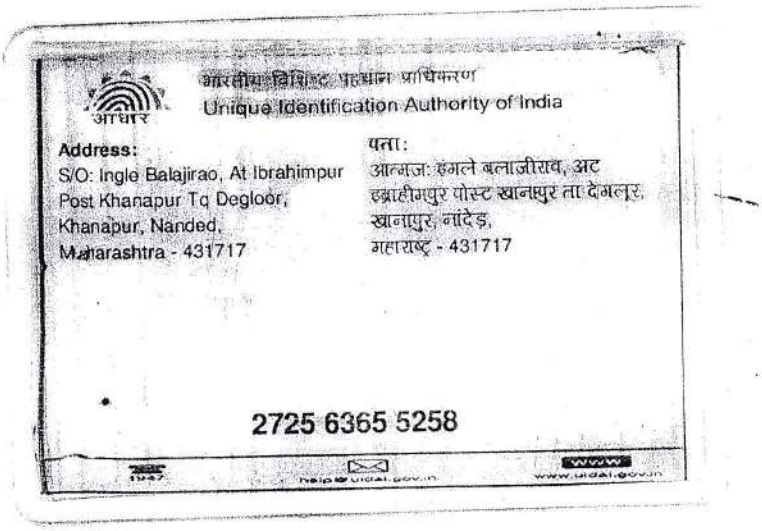
भारत सरकार
Government of India

इंगले गणेश बलाजीराव
Ingle Ganesh Balajirao
जन्म तिथि/DOB: 01/01/1975
पुरुष/ MALE

2725 6365 5258

मेरा आधार, मेरी पहचान

1021



भारतीय विशिष्ट पहचान प्राधिकरण
Unique Identification Authority of India

Address:
S/O: Ingle Balajirao, At Ibrahimpur
Post Khanapur Tq Degloor,
Khanapur, Nanded,
Maharashtra - 431717

पता:
आत्मज: इंगले बलाजीराव, अट
इब्राहीमपुर पोस्ट खानापुर ता देगलूर,
खानापुर, नांदेड़,
महाराष्ट्र - 431717

2725 6365 5258

help@uidai.gov.in
www.uidai.gov.in

FIRST INFORMATION REPORT

(Under Section 173 B.N.S.S)
प्रथम खबर अहवाल
(कलम बी एन एस एस १७३ च्या अंतर्गत)

1. **District (जिल्हा):** नांदेड **P.S.(ठाणे):** देगलूर
FIR No.(प्रथम खबर क्र.): 0143 **Year (वर्ष):** 2025
Date and Time of FIR (प्र. ख. दिनांक आणि वेळ): 16/03/2025 20:54

2.

S.No. (अ.क्र.)	Acts (अधिनियम)	Sections (कलम)
1	भारतीय न्याय संहिता (बी एन एस), 2023	106(1)
2	भारतीय न्याय संहिता (बी एन एस), 2023	281

3. (a) **Occurrence of offence (गुन्ह्याची घटना):**
1. **Day(दिवस):** रविवार
Time Period (कालावधी): पहर 3
Date From (दिनांक पासून): 16/03/2025
Date To (दिनांक पर्यंत): 16/03/2025
Time From (वेळेपासून): 07:30 बजे
Time To (वेळेपर्यंत): 07:45 बजे

(b) **Information received at P.S. (माहिती मिळालेले पोलीस ठाणे):**
Date (दिनांक): 16/03/2025 **Time (वेळ):** 20:32 बजे

(c) **General Diary Reference (रोजनामचा संदर्भ):**
Entry No. (नोंद क्र.): 036
Date & Time (दिनांक आणि वेळ): 16/03/2025 20:32 बजे

4. **Type of Information (माहितीचा प्रकार):** लेखी
5. **Place of Occurrence (घटनास्थळ):**
1.(a) **Direction and distance from P.S.(पोलीस ठाण्यापासून दिशा व अंतर):**
उत्तर, 12 किमी **Beat No. (बिट क्र.):**
(b) **Address (पत्ता):** तुकाराम शेषेराव ईंगळे यांच्या, शेतामध्ये ईब्राहीमपुर ,देगलुर

(c) **In case, outside the limit of this Police Station, then (या पोलीस ठाण्याच्या हद्दीबाहेर असल्यास):**
Name of P.S.(पोलीस ठाण्याचे नाव):
District(State) (जिल्हा(राज्य)):

6. **Complainant / Informant** (तक्रारदार/माहिती देणारा):

(a) **Name** (नाव): गणेश बालाजी ईंगळे
(b) **Father's/Husband's Name**(वडील / पती चे नाव) :
(c) **Date/Year of Birth** (जन्म तारीख/वर्ष): 1983
(d) **Nationality** (राष्ट्रीयत्व): भारत
(e) **UID No.** (यु.आय.डी. क्र.):
(f) **Passport No.**(पारपत्र क्र.):
Date of Issue (दिल्याची तारीख):
Place of Issue (दिल्याचे ठिकाण):
(g) **ID details (Ration Card,Voter ID Card,Passport,UID No.,Driving License, PAN)** ओळखपत्र विवरण (राशन कार्ड ,मतदाता कार्ड ,पासपोर्ट, यूआईडी सं., ड्राइविंग लाइसेंस, पॅन कार्ड)

S.No. (अ.क्र.)	ID Type (ओळखपत्राचा प्रकार)	ID Number (ओळखपत्राचा क्रमांक)
1		

(h) **Address** (पत्ता):

S.No. (अ.क्र.)	Address Type (पत्याचा प्रकार)	Address (पत्ता)
1	वर्तमान पता	ईब्राहीमपुर ,देगलुर ,देगलूर,नांदेड,महाराष्ट्र,भारत
2	स्थायी पता	ईब्राहीमपुर ,देगलुर ,देगलूर,नांदेड,महाराष्ट्र,भारत

(i) **Occupation** (व्यवसाय):
(j) **Phone number** (फोन नं.):
Mobile (मोबाइल नं.): 91-7387347092

7. **Details of known/suspected/unknown accused with full particulars** (माहीत असलेल्या /संशयीत/अनोळखी आरोपीचा संपूर्ण पत्ता):

S.No. (अ.क्र.)	Name (नाव)	Alias (उर्फनाव)	Relative's Name (नातेवाईकाचे नाव)	Present Address (वर्तमान पता)
1	आनंदा सुर्यभान ईंगळे			1. ईब्राहीमपुर ,देगलुर ,देगलूर, नांदेड,महाराष्ट्र,भारत

8. **Reasons for delay in reporting by the complainant/informant** (तक्रारदार/माहिती देणा-याकडून तक्रार करण्यातील विलंबाची कारणे):

9. **Particulars of properties of interest** (संबंधीत मालमत्तेचा तपशील):

S.No. (अ.क्र.)	Property Category (मालमत्ता वर्ग)	Property Type (मालमत्ता प्रकार)	Description (वर्णन)	Value(In Rs/-) (मुल्य (रू.

10 Total value of property (In Rs/-)
(चोरीस गेलेल्या मालमत्तेचे एकूण मुल्य (रू. मध्ये)):

11.Inquest Report / U.D. case No., if any
(इन्क्वेस्ट अहवाल/ अकस्मात मृत्यू प्रकरण क्र.,जर असल्यास)):

S.No. (अ.क्र.)	UIDB Number (यु.आय.डी.बी.क्र.)

12.First Information contents (प्रथम खबर हकीकत):

जबाब दिनांक 16/03/2025

मी गणेश पि. बालाजीराव ईंगळे वय 42वर्षे व्यवसाय शेती रा. ईब्राहीमपूर ता.देगलूर जि.नांदेड मो.नं. 7387347092 आधार नं. 272563655258

समक्ष पोलीस स्टेशन देगलूर येथे हजर येवून सांगतो की, मी वरिल ठिकाणचा राहणारा असून मला दोन मुली व एक मुलगा असून मी शेती करतो.

माझा भाऊ नामे आनंदा बालाजीराव ईंगळे वय 35 वर्षे रा. ईब्राहीमपूर ता.देगलूर याचे ट्रॅक्टर क्रमांक MH 26 BZ 3591 वर ट्रॅक्टर चालक आनंदा सुर्यभान ईंगळे हा असून आज दि.16/03/2025 रोजी सकाळी अंदाजे 06.00 वा.चे सुमारास माझा भाऊ व ट्रॅक्टर चालक नामे आनंदा सुर्यभान ईंगळे असे आमचे गावातील तुकाराम शेषेराव ईंगळे याचे शेतात ट्रॅक्टर ने शेती नांगरण्यासाठी गेले होते.साधारण वेळ अंदाजे सकाळी 07.30 ते 07.45 वा चे सुमारास तुकाराम शेषेराव ईंगळे यांनी मला फोन करुन सांगितले की, माझ्या शेतामध्ये तुमचे भावाचा अपघात झालेला आहे.तुम्ही लवकर या असे सांगितल्याने मी त्यांच्या शेतात गेलो असता तेथे मला समजले की, माझ्या भावाच्या ट्रॅक्टरवर असलेला चालक नामे आनंदा सुर्यभान ईंगळे हा तुकाराम शेषेराव ईंगळे याचे शेताची नांगरटी करीत होता,तेथे माझा भाऊ धुराचे बांधावर उभा असतांना चालक आनंदा सुर्यभान ईंगळे याने त्याचे ताब्यातील ट्रॅक्टर क्रमांक MH 26 BZ 3591 हे हयगयीने व निष्काळजीपणे चालवुन माझा भाऊ आनंदा बालाजीराव ईंगळे यास पाठीमागुन धडक देऊन जखमी केले.माझ्या भावाला मार लागलेला असल्याने त्यास विलाज कामी उपजिल्हा रुग्णालय देगलुर येथे घेऊन आलो असता त्यास डॉक्टर यांनी चेक करुन तो मयत झाल्याचे सांगितले.

तरी दिनांक 16/03/2025 रोजी सकाळी वेळ अंदाजे 07.30 ते 07.45 वा चे सुमारास तुकाराम शेषेराव ईंगळे यांचे शेतात ट्रॅक्टर चालक आनंदा सुर्यभान ईंगळे रा. ईब्राहीमपूर ता.देगलूर यांने त्याचे ताब्यातील ट्रॅक्टर क्रमांक MH 26 BZ 3591 हे हयगयीने व निष्काळजीपणे चालवुन माझा भाऊ आनंदा बालाजीराव ईंगळे वय 35 वर्षे रा. ईब्राहीमपूर ता.देगलूर यास जोराची धडक देऊन त्यास जखमी करुन त्यांचे मरणास कारणीभुत झाला. तरी त्यांचे वर योग्य ती कायदेशिर कार्यवाही करावी.

माझा जबाब माझे सांगणे प्रमाणे संगणकावर टंकलिखीत केला. त्याची प्रिंट काढून मला वाचून दाखवला तो जबाब माझे सांगणे प्रमाणे बरोबर व खरा आहे.

समक्ष

हा जबाब दिला सही.

13. **Action taken: Since the above information reveals commission of offence(s) u/s as mentioned at Item No. 2.** (केलेली कारवाई: बाब क्र.२ मध्ये नमूद केलेल्या कलमान्वये वरील अहवालावरून अपराध घडल्याचे.)

(1) **Registered the case and took up the investigation:**
(प्रकरण नोंदविले आणि तपासाचे काम हाती घेतले):

or (किंवा)

(2) **Directed (Name of I.O.)** (तपास अधिका-याचे नाव):
PARSURAM PANDURANG INGOLE
Rank (पद): PC (Police Constable) **No.**(क्र.): POBN72238
to take up the Investigation (ला तपास करण्याचे अधिकार दिले) **or** (किंवा)

(3) **Refused investigation due to** (ज्या कारणामुळे तपास करण्यास नकार दिला):

or (ज्या कारणामुळे तपास करण्यास नकार दिला)

(4) **Transferred to P.S.**
(गुन्हा दुसरीकडे पाठविला असल्यास त्या पोलीस ठाण्याचे नाव):

District (जिल्हा):
on point of jurisdiction (को क्षेत्राधिकार के कारण हस्तांतरित) .

F.I.R. read over to the complainant / informant,admitted to be correctly recorded and a copy given to the complainant / informant free of cost. (प्रथम खबर तक्रारदाराला/खबरीला वाचून दाखविली, बरोबर नोंदविली असल्याचे त्याने मान्य केले आणि तक्रारदाराला/खबरीला खबरीची प्रत मोफत दिली.)

R.O.A.C.(आर. ओ .ए .सी.)

14 **Signature/Thumb impression of the complainant / informant.**
(तक्रारदाराची/खबर देणा-याची सही/अंगठा):
21/9/21

15. **Date and time of dispatch to the court**
(न्यायालयात पाठवल्याची तारीख व वेळ):

Signature of Officer in charge, Police Station
(ठाणे प्रभारी अधिका-याची स्वाक्षरी)
Name (नाव): MARUTI SHRIRAM M
Rank(पद): I (Inspector)
No.(सं.): API

Form :II

CRIME DETAILS FORM

घटनास्थळ पंचनामा / गुन्हयाच्या तपशीलाचा नमुना

1. State राज्य महाराष्ट्र -Dist जिल्हा नांदेड -P.S पोलीस ठाणे देगलूर -FIR/Proceeding/G.D.No पहिली खबर क्र./कार्यवाही क्र. 143 -Year वर्ष 2025 Date तारीख 16/03/202

2. Acts and Section : अधिनियम व कलमे भा.न्या.सं. कलम - 106(1), 281 अन्वये

3. The place of Occurrence shown by :
घटनेचे ठिकण दाखविणाऱ्याचे :

Name: नाव : गणेश इंगळे Fathers / Husband Name : पित्याचे / पतीचे नाव : बालाजीराव इंगळे

Adress : पत्ता : रा. इब्राहिमपूर ता. देगलूर जि. नांदेड.

4. TYPE OF CRIME (All including M.O.Crime) :
गुन्हयाचा प्रकार (गुन्हयाच्या सर्व पध्दती सह) :

(i)* Major Head : प्रधान शीर्ष : दुखापत व निष्काळजीपणाने (ii) Classification of Major Head : प्रधान शीर्षचे वर्गीकरण : वाहन चालवून अपघात घडून

(iii)* Mathod (s) पध्दती : मयूस कारणीभूत होणे.

1 -

2 -

3 -

(iv) * Conveyances used : वापरलेली वाहने ट्रॅक्टर क्र. MH-26 BZ 3591

(v) * Character assumed : केलेले वेषांतर / केलेली बतावणी : -

(vi) * Language / S. lang. used : वापरलेली भाषा / बोली भाषा : -

(vii) * Special Feature- 1 : विशेष वैशिष्ठय १ : -

(iv) * Special Feature- 2 : विशेश वैशिष्ठय -२ : -

* Special Feature- 3 : विशेश वैशिष्ठय -३ : -

(viii) * Type of place of Occurrence : घटनेच्या ठिकाणाचा प्रकार : तुकाराम दोषेराव इंगळे यांचे शेतामध्ये मौजे इब्राहिम

(1) - (2) -

(3) - (4) -

5. Perticularsof the victims (Attach separate sheet, if required) :
बळींचा तपशील (आवश्यक असल्यास स्वतंत्र कागद जोडावा) :

Sr No अ.क्र	Full Name संपुर्ण नाव	Date/ Year of Birth जन्म तारीख /वर्ष	Sex लिंग	Nationality राष्ट्रीयत्व	Religion धर्म	Whether SC/ ST जाती / जमाती	Occupation व्यवसाय	Adress पत्ता	Injury: Grievous/ Simple दुखपत गंभीर /साधी	स... हत्...
1	2	3	4	5	6	7	8	9	10	11
	आनंदा बालाजीराव इंगळे	35 वर्षे	पुरुष	भारतीय	हिंदू	-	शेती	इब्राहिमपूर ता. देगलूर	(मयत)	

6. Motive of crime : चालकाने ताब्यातील वाहन हयगय व निष्काळजीपणाने
गुन्हयाचा हेतू : चालवून अपघात करून मृत्युस कारणीभूत होते.

7. Details of property Stolen/Involved : [Use appropriate prescribed forms (s) and attach] :
चोरीच्या अंतर्भूत मालमत्तेचा तपशील (योग्य नमुना वापरावा व सोबत जोडावा) :

-
-
-
-

8. Descriptin of the place of occurance :
घटनेच्या जागेचे वर्णन :

आम्ही एन. पी. फड, पोलीस उपनिरीक्षक पो. स्टे. देगलूर मी पंचनाम्यातील नमूद दोन पंचाना बोलावून पो. स्टे. गु. र. नं. 143/2025 कलम - 106(1), 281 भा. न्या. सं. अन्वये गुन्हा दाखल असून सदर गुन्ह्यामध्ये घटनास्थळ पंचनामा करणे आहे तुम्ही पंच म्हणून हजर रहा असे कळविल्यावरून पंचानी स्वखुशीने संमती दर्शवून घटनास्थळ पंचनामा करणे कामी घटनास्थळी हजर आलो. सदर घटनास्थळी यातील फिर्यादी नामे गणेश बालाजीराव इंगळे वय-42 वर्ष व्यवसाय शेती रा. इब्राहिमपूर ता. देगलूर हे हजर असून यांनी गुन्ह्याची घडलेली हकीकत सांगितली पाहता दि 16/03/2025 रोजी सकाळी 07.30 ते 07.45 वाजे

Form : 2-C

सुभाराव तुकाराम शेषेराव इंगळे यांचे शेतामध्ये ट्रॅक्टरने नागरटी करीत असलेला, चालित ट्रॅक्टर क्र. MH-26 BR 3591 चा चालक नामे आनंदा सुर्यभान इंगळे वय-37 वर्षे व्यवसाय चालक रा. इब्राहिमपूर ता. देगलूर याने आनंदा बाळासाहेब इंगळे वय-65 वर्षे रा. इब्राहिमपूर ता. देगलूर यास पाठीमागून धडक देऊन गंभीर जखमी करून मरणास कारणीभूत झाला आहे असे समजून घटनास्थळ दाखविले.

सदरचे घटनास्थळ हे तुकाराम शेषेराव इंगळे यांचे शेत असून सदरील शेताचे समोर आनंदराव गोविंदराव केंद्रे यांचे शेत असून मागील बाजूस इब्राहिमपूर रोड कुणाव खानापूर रोड असून उजव्या बाजूस रघुनाथ ईश्वनाथ होडगळे यांचे शेत असून डाव्या बाजूस पुंडलिक गंगाराम इंगळे यांचे शेत असल्याचे दिसत आहे.

सदर घटनास्थळाची आम्ही पंचासमक्ष बारकाईने पाहणी केली असता गुन्ह्यासंबंधाने जप्त करण्याइतपत कोणतीही वस्तू मिळून न आल्याने जप्त करण्यात आले नाही.

सदर घटनास्थळाची चतुःसीमा पाहता खालीलप्रमाणे

पूर्वेस :- आनंदराव गोविंदराव केंद्रे यांचे शेत.

पश्चिमेस :- इब्राहिमपूर रोड, कुणाव-खानापूर रोड जाणारा येणारा

दक्षिणेस :- रघुनाथ ईश्वनाथ होडगळे यांचे शेत.

उत्तरेस :- पुंडलिक गंगाराम इंगळे यांचे शेत.

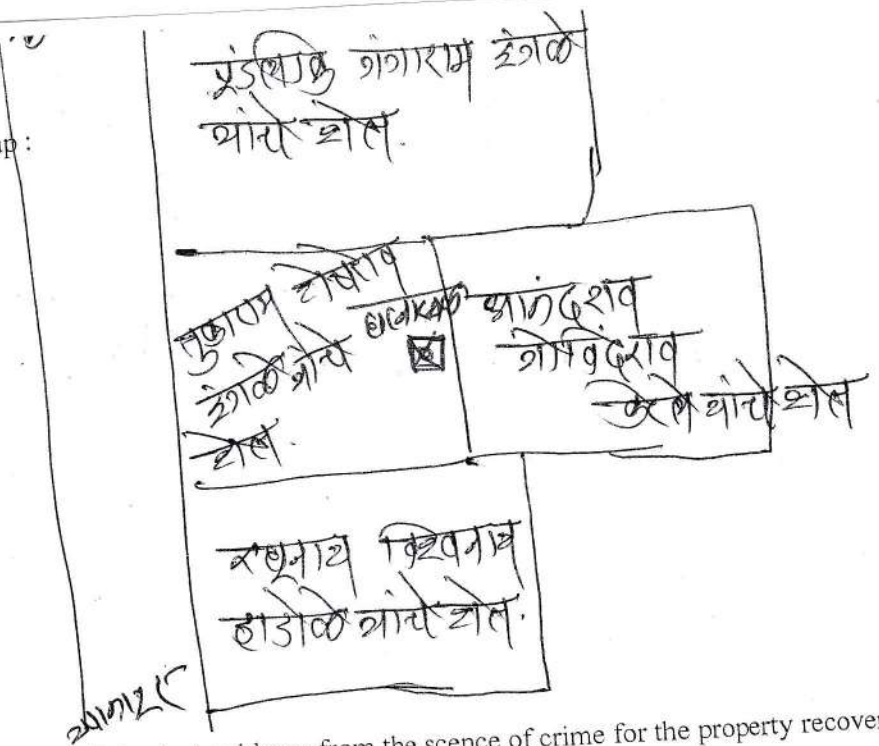
सदर घटनास्थळ पंचनामा दि. 17/03/2025 रोजी 10:05 वाजता सुरू करून 10:50 वाजता समाप्त केला. सदर आमच्या व पंचांच्या समक्ष असून दिसल्या परिस्थितीनुसार बरोबर व खरा आहे.

Lat - 18.617405

Long - 77.571301

Form

9. नकाशा / Map :



10. Decsription of physical evidence from the scence of crime for the property recoverd / seized for the purpose of investigation :

नकाशा तपासकामी प्रत्यक्ष पुरावा म्हणुन गुन्हयाच्या जागेवरुन मिळविलेल्या / जप्त केलेल्या मालमत्तेचे वर्णन :

11. Date and time of panchnama 17/03/2025 Time वेळ 10.05 ते 10.50 पर्यंत
घटनास्थळ पंचनाम्याची दिनांक

12. Name of panchas Signature of panchas
पंचाची नावे पंचाच्या सहया :

(1) श्रीनिवास व्यंकटराव बामणे वय 33 वर्षे
Full Address व्यवसाय शेती रा. इसळिमपूर
पत्ता ता. देगलूर मो.नं. 9960826733

(2) बजरंग शेषविंदराव इंगळे वय 25 वर्षे
Full Address व्यवसाय शेती रा. इसळिमपूर
पत्ता ता. देगलूर मो.नं. 9359577917

Name and Signature of Investigation Officer
तपासीक अमलदाराची सही
Name : एन. टी. फड
नाव
Rank पो.उप.नि. B.No if any
पदनाम ब.क्र.
पो. स्टे. देगलूर जि. नांदे
मो.नं 9130087444.

Date 17/03/2025
दिनांक

C. M. 67 e.

C.P.N. (O-56)–2-2022–50,000 Bks./4 lvs.--PA4*
G. R., G. D., No. 733/33, dated 16-6-41 and
G. R., H. and L. G. D., No. 733/33, dated 11-12-47,
vide Surgeon General with the Govt. of Maharashtra, Bombay's
Letter No. FRM/1462/19357/1, dated 4-7-62.]

Memorandum of a post-mortem examination held at SDH Deglaor **Dispensary / Hospital**

on the dead body of Ananda Balajirao Ingale **of** Village / City Ibrahimpur

Taluka Deglaor **, District** Nanded **, by** Dr. Kendre S.V.

I. General Particulars—

1. (a) By whom was the corpse sent? — H.C. 2437 P.P. Ingole

   (b) Name of place from which sent. — Brought at Casualty Sub district Hospital Deglaor

   (c) Distance of place from which sent.

2. By whom was the corpse brought? — P.C. 3040 S.B. Patil

3. By whom identified? — Ganesh Balaji Ingale

4. The date, hour and minute of its receipt. — 16/03/2025 at 11.40 am

   (a) The date, hour and minute of beginning post-mortem examination. — 16/03/2025 at 12.00 noon

   (b) The date, hour and minute of ending post-mortem examination. — 16/03/2025 at 1.00 pm

5. Substance of accompanying Report from Police Officer or Magistrate, together with the date of death if known. Supposed cause of death or reason for examination. — As per police inquest

6. If not examined at Dispensary or Hospital—

(a) Name of place where examined.

(b) Distance from Dispensary or Hospital—

(c) Reason why the body was not sent to the Dispensary or Hospital.

Not applicable

II. External Examination—

7. Sex, apparent age, race or caste.

42 yrs old male, Hindu

Description of clothes and of ornaments on the body.

Black checks shirt, Grey colour vest Black colour underwear, Chocolaty colour Pant

8. ***Condition of the clothes—*** Whether wet with water, stained with blood or soiled with vomit or foecal matter.

—

9. Special marks on the skin such at scars, tattooing etc., any malformations peculiarities, or other marks of identification. State of the teeth.

Identified by the investigating officer

In newly born infants, the length and (if possible), the weight of the body to be recorded together with the state of the hair, nails and umbilical cord, its length, whether placenta is attached or not, if present, its size and condition.

—

10. ***Condition of body***—Whether well-nourished, thin or emaciated, warm or cold.

Averagely built & well nourished & cold

11. ***Rigar Mortis***—Well-marked, slight or absent; whether present in the whole body or part only.

Rigor mortis is well marked in whole body

12. Extent and signs of decomposition, presence post-mortem lividity of buttocks, loins, back and thighs or any other part. Whether bullae present and the nature of their contained fluid. Condition of the cuticle.

No slo Decomposition
Lividity developed on back, buttocks & posterior aspect of thigh except over pressure points

13. ***Features***—Whether natural or swollen, state of eyes, position of tongue : nature of fluid (if any) oozing from mouth, nostrils or ears.

features - Normal
- Eyes are closed
- mouth is partly closed
- Tongue is inside mouth
- oozing from mouth is seen

14. ***Condition of skin***—Marks of blood etc. In suspected drowning the presence or absence of cutes anserina to be noted.

Dry skin

15. Injuries to external genitals. Indication of purging.

No injury to external Genitals

16. *Position of limbs*—especially of arms and of fingers in suspected drowning the presence or absence of sand or earth within the nails or on the skin of hands and feet.

Straight & Supine position

17. *Surface wounds and injuries*.—Their nature, position, dimensions (measured) and directions to be accurately stated—their probable age and causes to be noted.

If bruises be present what is the condition of the subcutaneous tissues ?

(1) CLW of on Forehead on (R) side of size 3x1x1cm
(2) Abrasion of size 1x1 cm on lower lip
(3) Multiple contusions present on (R) side of Abdomen varying size of 8x6 cm to 4x2cm bluish red in colour
(4) Abrasion of size 2x1 cm on (L) Elbo
(5) Contusion on (R) Knee of size 3x2 cm
(6) Contusion on (L) Ankle of size 2x2cm

(*N.B.*—When injuries are numerous and cannot be mentioned within the space available they should be mentioned on a separate paper which should be signed).

18. Other injuries discovered by external examination or palpation as fractures etc.

—

(a) Can you say definitely that the injuries shown against serial Nos. 17 and 18 are ante mortem injuries ?

Yes Ante mortem in nature

III. Internal Examination—

19. **Head**—

(i) Injuries under the scalp, their nature.

Under scalp Hematoma present over (R) Temporal region

(ii) **Skull**—Vault and base-describe fractures, their sites, dimensions, directions, etc.

Intact No fracture

(iii) **Brain**—The appearance of its coverings, size, weight and general condition of the organ itself and any abnormality found in its examination to be carefully noted (weight M. 3 grams F. 2.75 grams).

- Subdural Haemorrhage present over Temporo occipital regin
- Patchy Subarachnoid hemorrhage is present
- Brain matter is congested & oedematous

20. **Thorax**—

(a) Walls, ribs, cartilages

Intact, No Injury

(b) Pleura

Intact, No Injury

(c) Larynx, Trachea and Bronchi.

Intact, No Injury

(d) Right Lung

Intact, No Injury, Congested

(e) Left Lung

Intact, No Injury

(f) Pericardium

Intact, No Injury

(g) Heart with weight

Intact, No Injury, 350 gm

(h) Large vessels

Intact, No Injury

(i) Additional remarks.

—

21. ***Abdomen***—

Walls	Intact, No injury
Peritoneum Cavity	About 400 ml blood & blood clots present
Bucal Cavity, teeth, tongue and Pharynx. Desophagus	Intact, No injury
Stomach and its contents	- Intact, About 20ml fluid present - No peculiar smell perceived mucosa pale
Small intestine and its contents. Large intestine and its contents.	Intact partly loaded c gases & feces
Liver (with weight) and gall bladder.	multiple lacerations present c irregular margins, Blood & Blood clots attached margins
Pancreas and Suprarenals Spleen with weight Kidneys with weight Bladder	Intact, pale
Organs of generations	No ~~Abnor~~ abnormality detected
Additional remarks with where possible, medical officer's deduction from the state of the contents of the stomach as to time of death and last meal.	—
State which viscera (if any) have been retained for chemical examination and also quote the numbers on the bottles containing the same.	Viscera not preserved

*Spine and Spinal Cord—

Intact, No injury

Opinion as to the cause probable cause of death.

Head Injury &
Abdominal Injury

Medical Officer
Sub-District Hospital, Degloor

Dated 16/03/2025.

(Signature)
Medical Officer
Sub-District Hospital, Degloor

*The Spinal Cord need not be examined unless there are any indications of disease, Strychnia poisoning or injury

Note—The report must be written and signed immediately after the examination. Medical Officers will at once despatch a duplicate copy to the Civil Surgeon of their district for record in his office.

Great care should be taken not to cut the viscera before they have been inspected *in situ*

No. 20 .

Place Dispensary / Civil Hospital Sub district Hospital Deglur 20 .

Forwarded to the Police Sub-Inspector

for information with reference to his No. of 20 .

2. Viscera has been preserved. It may please be stated ***Immediately*** whether examination by the Chem Analyser is necessary or it is to be destroyed.

Civil Surgeon or M. M. S. Officer

Medical Officer
Sub-District Hospital, Degloor

Copy forwarded with compliments to the Civil Surgeon, for information.

M. M. S. Officer

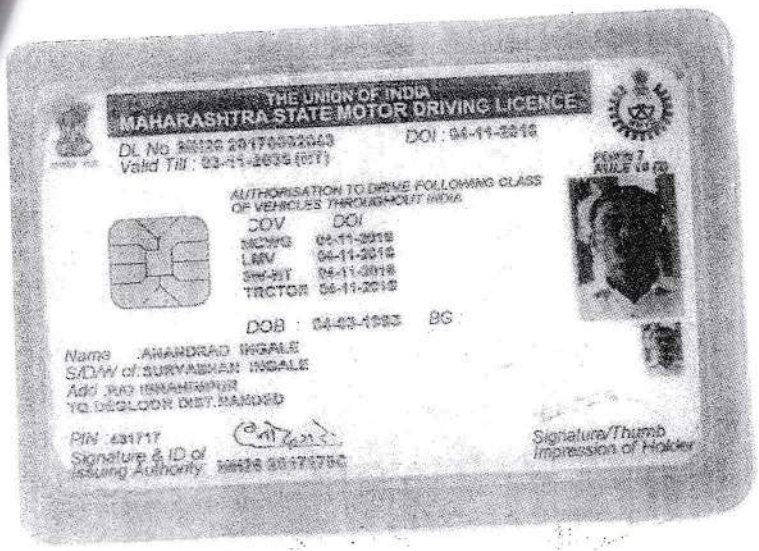
Seen and examined by the Civil Surgeon,

20 .

Remarks of the Civil Surgeon, ( ) (if any)

[redacted]

Civil Surgeon


THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No MH26 20170002043
Valid Till : 03-11-2036 (NT)
DOI : 04-11-2016

AUTHORISATION TO DRIVE FOLLOWING CLASS OF VEHICLES THROUGHOUT INDIA

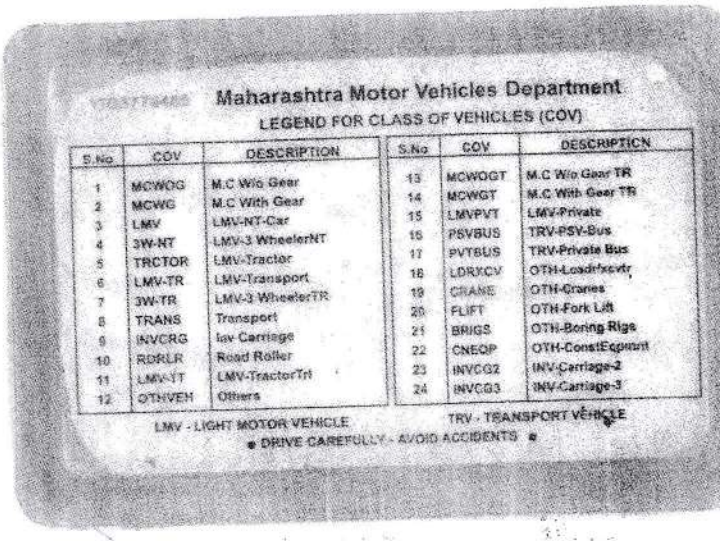
COV	DOI
MCWG	04-11-2016
LMV	04-11-2016
3W-NT	04-11-2016
TRCTOR	04-11-2016

DOB : 04-03-1993 BG

Name ANANDRAO INGALE
S/D/W of SURYABHAN INGALE
Add [illegible] WANATHPUR
TQ.DEGLOOR DIST.NANDED

PIN : 431717
Signature & ID of Issuing Authority MH26 20171750

Signature/Thumb Impression of Holder


Maharashtra Motor Vehicles Department

LEGEND FOR CLASS OF VEHICLES (COV)

S.No	COV	DESCRIPTION	S.No	COV	DESCRIPTION
1	MCWOG	M.C W/o Gear	13	MCWOGT	M.C W/o Gear TR
2	MCWG	M.C With Gear	14	MCWGT	M.C With Gear TR
3	LMV	LMV-NT-Car	15	LMVPVT	LMV-Private
4	3W-NT	LMV-3 WheelerNT	16	PSVBUS	TRV-PSV-Bus
5	TRCTOR	LMV-Tractor	17	PVTBUS	TRV-Private Bus
6	LMV-TR	LMV-Transport	18	LDRXCV	OTH-Loadr/excvtr
7	3W-TR	LMV-3 WheelerTR	19	CRANE	OTH-Cranes
8	TRANS	Transport	20	FLIFT	OTH-Fork Lift
9	INVCRG	Inv Carriage	21	BRIGS	OTH-Boring Rigs
10	RDRLR	Road Roller	22	CNEQP	OTH-ConstEqpmnt
11	LMV-TT	LMV-TractorTrl	23	INVCG2	INV-Carriage-2
12	OTHVEH	Others	24	INVCG3	INV-Carriage-3

LMV - LIGHT MOTOR VEHICLE TRV - TRANSPORT VEHICLE

* DRIVE CAREFULLY - AVOID ACCIDENTS *

आरोपीचे नाव मा.

MH26 20170002043

Valid Till - 03/11/2036

DOB - 04-03-1993

Indian Union Vehicle Registration Certificate
Issued by Government of Maharashtra

NT MH

Regn. Number	Date of Regn.	Regn. Validity
MH26BQ3591	25-02-2020	24-02-2035

Owner Serial (2)

Chassis Number
1PY5310ETLA046591

Engine / Motor Number
PY3029H135956

Owner Name
AANANDA BALAJIRAO INGLE

Son / Wife / Daughter of (In case of Individual Owner)
BALAJIRAO

Address
AT IBRAHIMPUR, POST KHANAPUR, TQ DEGLUR DIST NANDED, Nanded, MH, 431717

Fuel
DIESEL

Emission Norms
Bharat (Trem) Stage III A

Card Issue Date 08-07-2024

NT MH

Vehicle Class : Agricultural Tractor (LMV)

NN023602101

Regn. Number
MH26BQ3591

Maker's Name
JOHN DEERE INDIA PVT LTD(TRACTOR DEVISION)

Model Name
JOHN DEERE 5310 V5

Colour
JOHN DEERE GREEN & Y

Body Type
OPEN

Seating (in all) / Standing / Sleeper Capacity
1 0 0

Unladen / Laden / Gross Combination Weight (kg)
2110 / 2990 / 0

Cubic Capacity / Horse Power(BHP/Kw)
2940.00 55.74

Wheel Base(mm)
2050

Financer Name
KOTAK MAHINDRA BANK LTD

Month-Year of Mfg.
02-2020

Number of Cylinders
3

Number of Axle

Registration Authority
NANDED

Form 23A

MMVDG0030424

R. C. ची

GOVERNMENT OF MAHARASHTRA

[NANDED]

VEHICLE PARTICULARS

Application No:	MH200923V7683244	Registration No:	MH26BQ3591
Registration Date:	25-Feb-2020	Previous Registration No	:
Owner Serial No:	2	Owner Name:	AANANDA BALAJIRAO INGLE
Son/Wife/Daughter of:	BALAJIRAO		
Present Address:	AT IBRAHIMPUR,POST KHANAPUR,TQ DEGLUR DIST NANDED,Nanded,Maharashtra-431717		
Vehicle Class:	Agricultural Tractor	Vehicle Maker:	JOHN DEERE INDIA PVT LTD(TRACTOR DEVISION)
		No of Cylinders:	3
Body Type:	OPEN		
Month/Year of Manufacturing:	2/2020	Engine No:	PY3029H135956
Chassis No:	1PY5310ETLA046591	Seat(including driver):	1
Horse Power:	55.74	Laden Wt(kg):	2990
Unladen Wt(kg):	2110	Tax Amount:	0
Registration Valid upto:	24-Feb-2035	Cubic Capacity:	2940.00
Tax Paid upto:		Fuel:	DIESEL
Color:	JOHN DEERE GREEN & Y	Vehicle Model	JOHN DEERE 5310 V5
Fitness upto:	24-Feb-2035	Floor Area	0.000
Vehicle Norms	Bharat (Trem) Stage III A	Wheel Base	2050
Vehicle Status	Active		

Last Change of Address done on:

Last Alteration of Vehicle done on

2 Insurance From Reliance General Insurance Co. Ltd. vide policy certificate/covernote no 600822423430002780 is valid from 03-Jul-2024 to 02-Jul-2025.

HP Details:

KOTAK MAHINDRA BANK LTD, OFFICE NO 401 TO 404 EAST WING A-1NYATI UNITRI SAMRAT ASHOK NAGARYERAWADA PUNE,Pune-411006

NOC Details:

Black List Details:

Mobile No: 7757052294

Email Id:

Particular Fee Rs. 50/- paid vide cash receipt no MH200923C6541859 dated 23-Sep-2020.

Other State/Transfer/Conversion Details

Previous Owner	: VANKATRAO BAMANE	Previous RegNo	
Old State		Entry Date	
Transfer Date	: 05-Jul-2024	Conversion Date	

Additional Particulars

Number,Desc & size of

Regd. Axle Weight(in kgs)

a) Front:
b) Rear:
c) Other:
d) Tandem:

Printed On: 18-Mar-2025 17:51:03

Note: This is a computer generated document. Authority Signature is not required. The document can't be used a MV document in the Vehicle.

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Signed by:Reliance General Insurance Company Limited
Date:2025.03.17

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022 4890 3009
74004 22200

Reliance Commercial Vehicles (Miscellaneous & Special Type) Package Policy

Corporate Office/Policy Issuing Office Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City,Off Western Express Highway, Goregaon (East), Mumbai - 400 063.	**Policy Servicing Branch Office:** Reliance General Insurance Company Limited Son Plaza 2nd floor Murarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lucky Chowk SOLAPUR SOLAPUR MAHARASHTRA 413001
Name of the Insured	Mr. AANANDA BALAJIRAO INGLE
Correspondence Address of the Insured	AT.IBRAHIMPUR PO.KHANAPUR TQ.DEGLUR DIST.NANDED DEGLOOR NANDED MAHARASHTRA - 431717 India Mobile No: 9527169444
Policy No: 600822423430002780	Policy Period:From 03/07/2024 to 02/07/2025
Endorsement No. 22001	TAX Invoice No & Date : RT07072413657 & 09/07/2024
	GSTIN/UIN & Place Of Supply : NA & MAHARASHTRA
Endorsement Effective Date: 09/07/2024	
Type of Endorsement: Additional	

Vehicle Make	Vehicle Model	Engine No./Chassis No.	Registration Number
JOHN DEERE	5310 TRACTOR	PY3029H135956 / 1PY5310ETLA046591	MH-26-BQ-3591

Notwithstanding anything to the contrary contained in the policy, it is hereby declared and agreed that on Insured's request Vehicle has been transferred from Individual Mr. VANKATRAO DATTATRAY BAMANE To Individual Mr. AANANDA BALAJIRAO INGLE and address of insured is changed to AT.IBRAHIMPUR PO.KHANAPUR TQ.DEGLUR DIST.NANDED MAHARASHTRA 431717 9527169444 , Registration address has been changed to AT.IBRAHIMPUR PO.KHANAPUR TQ.DEGLUR DIST.NANDED 431717, Permanent address has been changed to AT.IBRAHIMPUR PO.KHANAPUR TQ.DEGLUR DIST.NANDED MAHARASHTRA 431717 . The correct Nominee Name is read as MRS. BAMANE, Relationship with insured is Spouse .

Financer details of above said policy has been changed as KOTAK MAHINDRA BANK LTD.- as agreed bank clause.

All other terms and conditions of the policy remain unchanged.

Subject otherwise to terms, exclusions, conditions, limitations and warranties of the Policy.

Premium Summary	
Premium Breakup	**Amount(Rs.)**
Net Premium	50.00
CGST @ 9.00 %	4.50
SGST @ 9.00 %	4.50
Total Premium	59.00

GSTIN : 27AABCR6747B1ZG HSN : 997134

Description of Services : Motor vehicle Insurance Service
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

Note: In the event of dishonor of the cheque, this endorsement automatically stands cancelled from inception, irrespective of whether a separate communication is sent or not.

"This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.In witness whereof this Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy. In case of any assistance with claims, please contact us on 74004 22200 /(022)4890 3009 or email us at rgicl.services@relianceada.com."

In case of renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change.

The Customer Information Sheet (CIS) for this product is available on our website https://www.reliancegeneral.co.in/insurance/about-us/downloads.aspx

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 74004 22200 /(022)4890 3009 or may write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal of grievance. Details of Insurance Ombudsman are available at IRDAI website www.irdai.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whose territorial jurisdiction the branch or office of the company is located :Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

Intermediary Name & Code 22P36971 / GAJANAN DALPUSE

Intermediary Contact No: 09527169444 / 9527169444

Authorized Signatory

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Follow us

Welcome

Mr. VANKATRAO DATTATRAY BAMANE
AT.PO. IBRAHIMPUR
TQ. DEGLOOR DIST. NANDED
DEGLOOR
MAHARASHTRA India - 431717
9527******

From here on, you're our responsibility.

Welcome on board.
Your Reliance Commercial Vehicles (Miscellaneous & Special Type) Package Policy - Schedule, with Policy Number 600822423430002780 is now live to access your policy anytime, anywhere download our Reliance Selfi App and enjoy a host of special features.

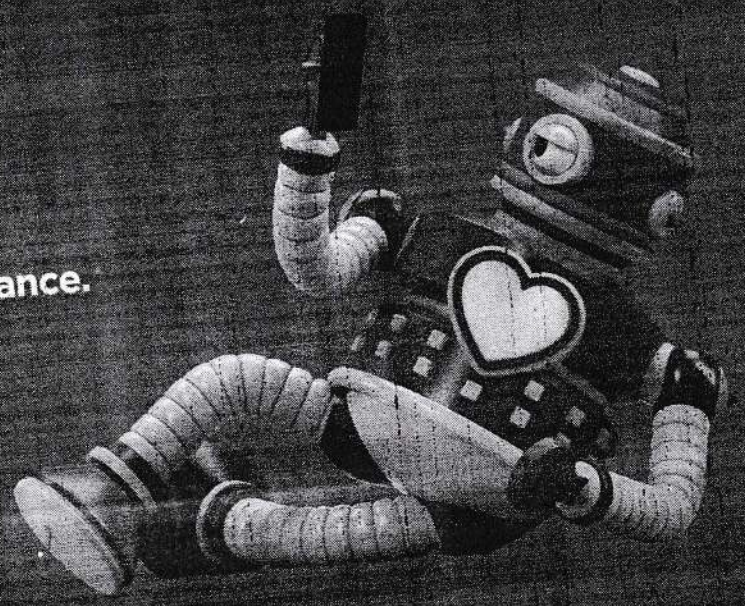
RELIANCE Selfi
Download Now

My Policy
Attach, Access or Download your policy

Claim Status
Register, Track or Submit claim documents

Locator
Go cashless, Tap and spot from amongst 5000+ network garages.

Video Claim Assistance
Intimate claims instantly through live video streaming.



Now *live* Smart
With Reliance general Insurance.

Tech+

Best Regards,

reliancegeneral.co.in 022 4890 3009 (Paid) 74004 22200 (WhatsApp)

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Digitally signed by Reliance General Insurance Company Limited
Date: 2024.07.02 11:12:03 IST

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Reliance Commercial Vehicles (Miscellaneous & Special Type) Package Policy- Schedule

Policy Number : 600822423430002780	**Proposal/Covernote No:** R02072411900
Insured Name : Mr. VANKATRAO DATTATRAY BAMANE	**Period of Insurance :** From 00:00 Hrs on 03-Jul-2024 to Midnight of 02-Jul-2025
Communication Address & Place of Supply : AT.PO. IBRAHIMPUR TQ. DEGLOOR DIST. NANDED DEGLOOR, NANDED, MAHARASHTRA, India, 431717.	**Policy Issuing Branch :** Son Plaza 2nd floor Murarji Peth Opposite Hotel Shiv Parvati Subhash chowk Lucky Chowk , SOLAPUR, MAHARASHTRA, 413001.
Mobile No : 9527******	**Tax Invoice No. & Date:** R02072411900 & 02 Jul 2024 11:11
Email-ID : t*****************@gmail.com	**GSTIN/UIN of the Insured :** MAHARASHTRA

Insured Vehicle Details			
Registration No.	MH26BQ3591	**Mfg. Month & Year**	FEB-20
Make / Model & Variant	JOHN DEERE 5310 TRACTOR	**CC / HP**	42
Engine No. / Chassis No.	PY3029H135956 / 1PY5310ETLA046591	**GVW**	Y
Type of Body / LCC(excluding driver)	NA/0	**Manufacturer fully build in**	
RTO Location	MAHARASHTRA - Nanded	**Total Premium**	10,579.(
Vehicle subtype	AGRICULTURAL TRACTORS	**IDV**	620,000.(
Hypothecation/Lease	John Deere Financial India Pvt Ltd / NANDED		

Insured Declared Value (IDV)			
Chassis IDV	0.00	**Non Electrical Accessories**	170,000.(
Body IDV	0.00	**CNG / LPG Kit**	0.(
Vehicle IDV	450,000.00	**Trailer**	0.(
Electrical / Electronic Accessories	0.00	**Total IDV**	620,000.(

Premium Summary	**Amount (`)**		**Amount**
Own Damage - Section I		**Liability - Section II**	
Basic OD	803.25	Basic Liability (TPPD 1)	7,267.(
Non Electrical Accessories	303.45	**Total Basic Liability Premium**	7,267.(
Covers for Lamps Tyres/Tubes Mudguards/Bonet/Side parts etc (IMT-23)	166.01	**PA Benefits - Section III**	
Total Basic Own Damage Premium	1,272.71	Compulsory PA cover to Owner Driver	375.(
		Total PA Premium	375.
		Legal Liability to paid driver and/or Conductor and/or cleaner	50.
		TOTAL LIABILITY PREMIUM	7,692.
		TOTAL PACKAGE PREMIUM (Sec I + II + III)	8,965.
		CGST (@9.00%)	807.
null (S.I.null)		SGST (@9.00%)	807.
TOTAL OWN DAMAGE PREMIUM	1,273.00		10,57
TOTAL PREMIUM PAYABLE (`)			

Subject to I.M.T.Endt.Nos. & Memorandum printed/herein/attached hereto. IMT 47,40,23,21,7,7

GSTIN :27AABCR6747B1ZG

HSN : 997134, Description of services : Motor vehicle Insurance Service

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.

PA-Nominee Details	**Name**	**Age**	**Relation**
1	MRS. BAMANE	40	Spouse

Consolidated Stamp duty Paid vide Letter of Authorisation"NO LOA/ENF-1/CSD/22/2024-25/(Validity Period Dt.12/06/2024 to Dt.01/12/2025)/2575 Date 07-06- 202
General Stamp Office, Mumbai.** Not Applicable for the State of Jammu & Kashmir.

22P36971 / GAJANAN DALPUSE	9527169444	only.gaju@gmail.com	AQZPD3842L
Intermediary Code/Name	**Intermediary Contact No.**	**Intermediary E-mail ID**	**POS UID Aadhaar No. / PA**

Special Conditions : This Tractor is rated as an agricultural tractor based on information of exclusive use for agricultural purpose provide

Limits of liability : PA cover for owner driver under section III CSI ` 1500000 (a) Under Section II (1)(i) of the Policy-Death of or bodily injury toany person so far as it is necessary to meet the requirements of the Motor Vehicle Act, 1988. (b) Under Section II (1)(ii) of the Policy-Damage to property other than property belonging to the insured or held in t in the custody of control of the insured up to the limits specified- (TPPD 1 Sum Insured - ` 7,50,000/-, TPPD 2 Sum Insured - ` 6,000/-).

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Limitations as to use	:	The policy covers the use only under a permit within the meaning of Motor Vehicle Act, 1988 or such a carriage falling under sub-section (3) of Sec 66 of the Motor Vehicle Act, 1988. The Policy covers use for any purpose other than: (a) Organized racing (b) Pace making (c) Speed testing (d) Reliability trials.
Deductible under Section-I :	:	(i) Compulsory deductible ` 2250/- (ii) Additional compulsory deductible ` 00/- (iii) Voluntary deductible ` 0/-
Persons/Classes of persons entitled to drive:	:	**When the vehicle is used for transport of goods** Any person including insured: Provided that a person driving holds a valid driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided that the person holding a valid learner's license may drive the vehicle when not used for the transport of goods at the time of the accident and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

"It is hereby declared and agreed that all pre-existing damages to the vehicle having occured prior to the commencement of cover are excluded from the scope of the policy"
The NCB provided is on Basic OD Premium excluding Add-on wherever applicable. The policy wording with detailed terms, conditions and exclusions are available on our website www.reliancegeneral.co.in

Statutory Provisions :
"As per Section 146 of the Motor Vehicle Act, 1988 it is Mandatory to have your vehicle insured against third party risk."
As per Section 196 of the Motor Vehicle Act, 1988 driving an uninsured vehicle is punishable with fine or Rs. 2000 and/or imprisonment up to 3 months for the first offence and fine of Rs. 4000 and/or imprisonment up to 3 months for the second offence."
I/We hereby certify that the Policy to which the certificate relates as well as this certificate of insurance are issued in accordance with the provision of Chapter X and Chapter XI of M.V. Act, 1988.

Note : In the event of dishonor of cheque, this policy document automatically stands cancelled from inception irrespective of whether a separate communication is sent or not.

Safeguard your transaction by paying your premium via crossed cheque/DD in favour of Reliance General Insurance Co. Ltd.
The policy has been issued based on the information provided by you and the policy is not valid if any of the information provided is incorrect. Subject otherwise to the terms, conditions and exclusions of the Reliance Miscellaneous and Special Types of Vehicles Package Policy Certificate Cum Policy Schedule. In witness whereof th Policy has been signed at Mumbai on policy tax invoice date in lieu of Proposal/Covernote No. as mentioned in the policy.
This document shall be treated as a Tax Invoice as per Rule 46 of the Central Goods and Services Tax Rules 2017.

Updating Registration Number of vehicles within 15 days of policy inception is MANDATORY as per IRDA. Kindly provide the same to your Agent/Our Call centre/Policy issuing Branch (Applicable for policies booked without Registration No of vehicles).

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'. For legal interpretation, English version will hold good.
In case of a renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change
As per National Highways Authority of India, kindly ensure to affixed FASTag on your vehicle.

Grievance Clause : For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call at 02248903009 or ma write an email at rgicl.services@relianceada.com. In case the insured is not satisfied with the response of the office, insured may contact the Nodal Grievance Officer of the Company at rgicl.grievances@relianceada.com. In the event of unsatisfactory response from the Nodal Grievance Officer, insured may email to Head Grievance Officer at rgicl.headgrievances@relianceada.com. In the event of unsatisfactory response from the Head Grievance Officer, he/she may, subject to vested jurisdiction, approach the Insurance Ombudsman for the redressal grievance. Details of the offices of the Insurance Ombudsman are available at IRDAI website www.irda.gov.in or on company website www.reliancegeneral.co.in or on www.gbic.co.in. The insured may also contact the following office of the Insurance Ombudsman within whos territorial jurisdiction the branch or office of the Company is located.

Office of the Insurance Ombudsman,3rd Floor,Jeevan Seva Annexe,S. V. Road,Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in

Fast Tag ID -

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)
In the unfortunate event of a claim, please call quoting your Policy No. on 022 48903009(Paid) and register your claim immediately within 7days from the date of l

Note: Kindly acknowledge the receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediat

In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in order and as per your proposal.

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Risk Assumption Letter

Dear Mr. VANKATRAO DATTATRAY BAMANE
Thank you for choosing Reliance General Insurance.
Please find enclosed policy no.: 600822423430002780 which has been issued based on the details declared by the applicant.

Insured Vehicle Details

Registration No.	MH26BQ3591	Mfg. Month & Year	FEB-20
Make / Model & Variant	JOHN DEERE 5310 TRACTOR	CC / HP	
Engine No. / Chassis No.	PY3029H135956 / 1PY5310ETLA046591	GVW	42
Type of Body / LCC(excluding driver)	NA/0	Manufacturer fully build in	Y
RTO Location	MAHARASHTRA - Nanded	Total Premium `	10,579.
Vehicle subtype	AGRICULTURAL TRACTORS	IDV `	620,000.

Insured Declared Value (IDV)

Chassis IDV `	0.00	Non Electrical Accessories `	170,000.
Body IDV `	0.00	CNG / LPG Kit `	0.
Vehicle IDV `	450000	Trailer / Side Car `	0.
Electrical / Electronic Accessories `	0.00	Total IDV `	620,000.

Previous Policy Details

Previous Year Policy No.	Period of Insurance	Previous Policy-Claim Status	
		☐ Yes	☑ No

YOU HAVE OPTED FOR THE FOLLOWING COVERS

Standard Cover — **Vehicle Own Damage + Third Party Coverage**

- ☑ Electrical/electronic accessories
- ☑ Non-electrical accessories
- ☐ Bi-fuel kits comprising LPG/CNG systems

Add-on Covers

- ☐ **Additional towing Charges** — Provides cover for towing charges over and above the standard policy guideline as per the cover opted by customer (Sum Insured - ` 0/-)
- ☐ **Emergency Hotel Accommodation** — Provide allowance towards the Hotel accommodation insured vehicle met with accident/ stolen 200 kms away from the locatio provided in policy copy.
- ☐ **Additional Limit of TPPD** — Indemnify the Insured for an additional TPPD amount opted for damage to property other than the property belonging to the Insured or held in trust or in custody of Insured.

Please take a moment to carefully check your policy details mentioned above and in the policy schedule. Kindly confirm that the same are in order. In case of discrepancies, please let us know immediately. You can write to us at rgicl.services@relianceada.com or call us 022 48903009(Paid) for necessary changes/rectification. In the absence of any communication from you within a period of 15 days of receipt of this letter, we will consider that the issued policy is in orde and as per your proposal. Non disclosure and/or misrepresentation of claims in the previous policy period can lead to cancellation of your policy or rejection of your claims.

(Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applica on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.)

For Reliance General Insurance Co. L

Authorised Signatory

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For Reliance General Insurance Co. L

Authorised Signatory

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Know your policy

Remember to carefully go through the Risk Assumption Letter and confirm your personal as well as your vehicle details.
In case of any discrepancy in the policy details, kindly revert within 15 days from the policy start date on 022 48903009 (Paid) or visit any of our branches.
Kindly refer to the Key Feature Document and Policy Wording at www.reliancegeneral.co.in to understand your policy better and learn more about the policy coverages add-on covers and Policy Exclusion. This document is a statement of the specific provisions that form the Terms and Conditions of this Policy.

What documents do you require for making any change to your policy

1. Changes in vehicle make & model/cubic capacity/seating capacity/engine & chassis no./year of manufacture/registration no./ location/address
Documents required : Letter for change, policy copy and registration certificate copy along with additional premium cheque, if applicable.

2. Changes in electrical and non electrical accessories/CNG/LPG kit
Documents required : Letter for addition, policy copy, invoice copy of accessories, endorsed registration certificate copy (for CNG/LPG kit) and cheque for additional premium.

3. Changes in financier details (Hypothecation/Lease/Hire purchase)
Documents required : Letter for change, policy copy, endorsed registration certificate copy and no objection certificate from financier (not mandatory for deletion, if registration certificate copy is endorsed).

How to register a Claim - Cashless

Report vehicle at Network Garage → **Claim registration by Network Garage** → **Survey, Document verification, Loss Assessment & Re-inspection** → **Cashless Amount Confirmation** → **Vehicle Delivery**

How to register a Claim - Reimbursement

Registration of Claim → **Report Vehicle at Garage** → **Survey,Document verification,Loss Assessment and Re-inspection** → **Vehicle Delivery** → **Submission of Original Repair Bills + Payment Receipt** → **Claim Settleme to Customer**

What documents do you require to register a Claim

1. Claim form duly filled and signed (company stamp in case of company registered vehicles)
2. Registration copy
3. Driving License of the driver at the time of loss
4. Policy copy
5. Vehicle fitness certificate
6. Vehicle route permit
7. Vehicle carriage permit
8. Road tax copy
9. Load Challan (if applicable)

Note: 1. As soon as a claim occurs, please intimate immediately to our call centre 022 48903009 (Paid). Delay in intimation would result in the violation of policy condition.

2. Any additional document, if required, will be informed.

How to renew your policy conveniently

- Visit reliancegenetal.co.in and renew online
- Call 022 4890 3009 (Paid) and renew
- Submit a cheque/DD along with signed Renewal Notice to branch/agent and renew

Payment Mode: Internet banking, Cheque/DD, Credit/Debit Card

The content on this page is for additional information & Should not be considered as part of the policy document/Schedule

Reliance General Insurance Company Limited. **IRDAI Registration No. 103** An ISO 9001:2015 Certified Co
Registered & Corporate Office: Reliance General Insurance Company Limited 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Western Express Highway, Goregaon (East), Mumbai – 400 063
Corporate Identification No. U66603MH2000PLC128300. **UIN:** IRDAN103P0012V02100001. Trade logo displayed above belongs to Anil Dhirubhai Ambani Ve Limited and used by Reliance General Insurance Company Limited under. License RGI/MCOM/CO/2343/PS/Ver. 1.1/310118

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Proposal Form for POS Reliance Commercial Vehicles Package Policy (Other than Motor Trade Internal Risks Policy)

(The queries made/details stated below are the minimum requirement to be furnished by a proposer. The Insurer may seek any other information as desired for under for underwriting purpose.)
*(Applicable to all classes of vehicles with suitable amendments in 'Limitations as to Use')

☐ PCV ☐ GCV ☑ MISC D ☐ Trailer

For Office Use Only

Policy Number 600822423430002780
Savvion Reference No.
Date
Inspection Lead No.

Intermediary Details (To be filled in BLOCK LETTERS)

Intermediary Name GAJANAN DALPUSE
Branch Name SOLAPUR(NANDED) Code 22P36971
Sales Manager Name Sacchidanand Dindore Code 6008
*POS PAN No. AQZPD3842L Code 70786516
*POS UID Aadhaar No.

Details (To be filled in BLOCK LETTERS)

1. This Proposal is for ☐ A new Policy ☐ Renewal of Policy ☐ Endorsement ☐ Others (Please specify)
2a. Proposer's Full Name ☑ Mr. ☐ Mrs. VANKATRAO DATTATRAY BAMANE
2b. Address

	Address for Communication	Address where vehicle is normally kept and Used
Flat/Building/Door/Block No. Road /Street/Sector	AT.PO. IBRAHIMPUR TQ. DEGLOOR DIST. NANDED	
Nearest Landmark		
Area		
City	DEGLOOR	
Pin Code	431717	
State	MAHARASHTRA	
Country	India	
Phone		
Emergency Contact No.		Mobile 9527******
Email	t*****************@gmail.com	Blood Group
		Fax

3. Period of Insurance From 03/07/2024 To 02/07/2025
4. Source of Funds ☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others
5. Monthly Income ☐ Upto 20,000 ☐ 20,001 to 50,000 ☐ 50,001 to 1,00,000 ☐ 1,00,001and above
6. UID Aadhaar No.
7. PAN No. AQZPD3842L
8. Fast Tag ID

Details of the Vehicle

8. Registration Number MH26BQ3591
9. Date of Registration 25/02/2020
10. Registering Authority & Location MAHARASHTRA - Nanded
11. Year & Month of Manufacture FEB-2020
12. Cubic Capacity 55
13. Engine Number PY3029H135956
14. Chassis Number 1PY5310ETLA046591
15. Make of Vehicle JOHN DEERE
16. Type of Body/Model NA/5310
17. Seating Capacity including Driver 1
18. Gross Vehicle Weight (GVW)/Cubic Capacity (C.C.) 4280
19. Goods type (Applicable only if GVW+7500kgs) ☐ Hazardous Goods ☐ Non-Hazardous Goods
20. Is the Vehicle made in India? ☑ Yes ☐ No
21. Max. Licensed carrying capacity (No. of Passengers) in case of Passenger carrying vehicles 0
22. Vehicle Category ☐ Bus ☐ Taxi
    Vehicle usage type (Applicable if bus): ☐ Contract Carriage ☐ Stage Carriage ☐ Private Usage
    Vehicle usage sub type (Applicable if Contract Carriage): ☐ School Bus ☐ Employee pickup Bus ☐ Others
23. Seating capacity (Including Driver) 1

Details of the Vehicle Type and Use

24. a. Whether the Vehicle is driven by Non-conventional source of power? ☐ Yes ☐ No If yes ☐ Bi Fuel ☐ CNG ☐ LPG

Insured's Declared Value (IDV) of vehicle		Non - electrical accessories fitted to the vehicle (₹)	Electrical accessories fitted to the vehicle (₹)	Value of CNG/ LPG Kit Bi Fuel (₹)	Total Value (₹)
Chassis	Body				
0.00	0.00	170,000.00	0.00	0.00	620,000.00

Do you have a valid PUC? ☑ Yes ☐ No

((Note-Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitnesscertificate.))

25. Details of Driver : (a) Age of Owner Driver _____ Others _____

(b) Does the driver suffer from defective vision or hearing or any physical infirmity. ☐ Yes ☐ No

If "Yes" please give details.

_____

(c) Has the driver ever been involved for causing any accident or loss? ☐ Yes ☐ No

If "Yes" please give details as under including the pending prosecution, if any:-

_____

(d) D.O.B.

26. Add On Covers (Subject to availability and eligibility)

(a) Easy Monthly Instalment (EMI) Protection Cover: (RGI-MO-A00-00-17-V01-14-15)

If Yes, please choose any one option;

Plan I - 1 EMI, EMI Amount : ₹

Plan II - 2 EMIs, EMI Amount : ₹

Plan III - 3 EMIs, EMI Amount : ₹

(b) Additional Towing Charges — No

(c) Nil Depreciation Cover: — No

(d) Total Cover — No

(e) Voluntary Deductible

Voluntary Deductible amount opted: ₹ _____

(f) Emergency Hotel Accommodation — No

Benefit Amount: ₹

(g) Additional limit of TPPD — No

Additional amount opted: ₹

(h) Personal Belongings Cover — No

Benefit Amount: ₹

(i) Daily Allowance Benefit — No

Per day allowance amount opted : ₹

Coverage Days opted:

(j) Daily Allowance Benefit Plus

Per day allowance amount opted: ₹

Coverage Days opted:

(k) Tools and Equipment Cover

(l) Any other Details

_____

27. Is the vehicle fitted with any Anti-theft device approved by the ARAI ? ☐ Yes ☑ N

If Yes,please attach certificate of installation in the vehicle,issued by automobile Association of India.

28. Are you a member of Automobile Association of India ? If Yes,please submit membership copy. ☐ Yes ☑

29. Whether the Vehicle is used for Driving Tuitions? ☐ Yes ☑ No
30. Whether use of Vehicle is limited to Own Premises? ☐ Yes ☑ No
31. Whether the commercial vehicle is also used for Private purposes (excluding use for hire or reward)? ☐ Yes ☑ No
32. Are you entitled to No Claim Bonus ? ☐ Yes ☑ No
    If Yes, please submit proof thereof
33. Whether the Vehicle is fitted with Fibre Glass Tank? ☐ Yes ☑ No
34. Whether the Vehicle belongs to the Embassy/Consulate of a Foreign Country? ☐ Yes ☑ No
    If so, is the duty element included in the IDV? ☐ Yes ☐ No
35. Whether the Vehicle is design for use of Blind/Handicapped/Mentally Challenged Person? ☐ Yes ☑ No
36. Date of purchase of the Vehicle by the Proposer 25/02/2020
37. Whether the vehicle at the time of the purchase was ☐ New ☐ Second Hand

Risk Inclusions

38. Liability to third parties: The policy provides Third Party Property Damage (TPPD) of ₹ 1 lakh (Two wheelers) and ₹ 7.5 lakhs (other class of vehicles)
    Do you wish to restrict the above limits to the statutory TPPD Liability limit of ₹ 6000/- only? ☐ Yes ☑ No
    Do you wish to cover legal liability to?
    (a) Driver/Conductor /Cleaner (No. of persons) ☐ Yes ☐ No
    (b) Other employees (No. of Persons) ☐ Yes ☐ No
    (c) Non-fare paying passenger (No. of persons) ☐ Yes ☐ No
39. Do you wish to include personal Accident (P.A.) Cover for paid drivers, cleaners and conductors? ☐ Yes ☐ No
    If Yes, give name and Capital Sum Insured (CSI) opted for. The maximum CSI available per person is ₹ 1 Lakh in the case of Motorised two wheelers and ₹ 2 lakhs for other classes of vehicles.
40. Personal Accident Cover for Owner Driver. Please give details of nomination

Name	Name of the Nominee	Age of Nominee	Name of the Appointee (if Nominee is Minor)	Relationship	Address
	MRS. BAMANE	40		Spouse	

(Note: 1. Personal Accident cover for owner driver is compulsory for Sum Insured of ₹ 15,00,000/- for Two Wheeler, Private Car, GCV, PCV and Misc-D
2. Compulsory-PA cover for owner driver cannot be granted where a vehicle is owned by a company, a partnership firm or a similar body corporate or where the owner-driver does not hold an effective driving license)

41. Do you wish to include Personal Accident cover Named Persons? ☐ Yes ☐ No

Name	CSI Opted	Name of Nominee	Age of Nominee	Name of the Appointee (If Nominee is Minor)	Relationship	Address

42. Extension of Geographical Area
    Whether extension of Geographical Area to the following Countries required ?
    ☐ 1. Bangladesh
    ☐ 2. Bhutan
    ☐ 3. Maldives
    ☐ 4. Nepal
    ☐ 5. Pakistan
    ☐ 6. Sri Lanka

Details of Hire Purchase / Hypothecation / Lease

43. Please state if the vehicle is under ☐ Hire Purchase ☐ Lease Agreement ☐ Hypothecation Agreement
    If so, give name and address of concerned parties.
44. Full Name John Deere Financial India Pvt Ltd
45. Address NANDED

Insured's Declared Value (IDV) of vehicle		Non - electrical accessories fitted to the vehicle (₹)	Electrical accessories fitted to the vehicle (₹)	Value of CNG/ LPG Kit Bi Fuel (₹)	Total Value (₹)
Chassis	Body				
0.00	0.00	170,000.00	0.00	0.00	620,000.00

Note

The Insured's Declared Value (IDV) of the vehicle will be deemed to be the 'SUM INSURED' for the purpose of this tariff and it will be fixed at the commencement of each policy period for each insured vehicle.

The IDV of the vehicle is to be fixed on the basis of manufacturers' listed selling price of the brand & model as the vehicle proposed for insurance at the commencemer of insurance / renewal, and adjusted for depreciation as per policy wordings.

Details of Previous Insurance

46. Full Name of previous insurer
47. Address
48. Policy Number
49. Type of Cover ☑ Package Policy ☐ Liability only Previous Policy Expiry ☐ others (to be describe)
50. NO CLAIM BONUS allowed under previous policy (%) 0
51. Claims taken in previous policy ☐ Yes ☐ No
    If yes, No. of Claims _____ Claims Amount _____
52. Are you entitled to No Claim Bonus ☐ Yes ☑ No
    If yes, please submit/attached proof thereof

Payment Details

☐ Cheque/ DD Cheque/ DD No. _____
Cheque/ DD Date _____ ☐ Cash ☐ Credit Card ☐ Others

Proposer's Bank Details

53. Name of the Bank Account Holder ☐ Mr. ☐ Mrs. ☐ Ms. _____
54. Bank Account No.: _____ 55. Account: ☐ Saving ☐ Current
56. Name of the Bank _____
57. Branch _____
58. MICR Code (9 digit MICR code number of the bank and branch appearing on the cheque issued by the bank) _____
59. IFSC Code (11 character code appearing on your cheque leaf) _____

☐ I understand that any refund due on the premium payment / any payment / claims to be directly credited to my aforesaid Bank Account .*

* As per IRDAI, its mandetory that all payments made to the insured are only through electronic mode.

Declaration by Proposer

I/We hereby declare that the statements made by me/us in this Proposal Form are true to the best of my/our knowledge and belief and I/We hereby agree that this declaration shall form the basis of the contract between me/us and RELIANCE General Insurance Company Limited. I/We also declare that, if any additions or alterations are carried out after the submission of this proposal form, then the same would be conveyed to the insurers immediately. I/We hereby declare that the contents of the form and documents have been fully explained to me/us and that I/We have fully understood the significance of the proposed contract. I/We agree to accept a policy subject to the condition prescribed by the company. • I have read and understood the brochure, prospectus, sales literature & Policy wordings and confirm to abide by the same. • I/We declare that the rate of NCB stated above by me/us is correct and that no claim has arisen in the expiring policy (copy of the policy enclosed). I/We further undertake that, if this declaration is found to be incorrect, all benefits under the policy in respect of section I of the policy will stand forfeited. • I/We further understand and agree that RELIANCE General Insurance will seek confirmation of above stated details from my/our previous insurers. Pending receipt of necessary confirmation, I/We agree that, though coverage under the policy will be available to me/us, RELIANCE General Insurance will be liable to release the payment towards any claims under section I of the policy only after a confirmation in this regard is received. In the event this declaration is found to be incorrect, any and all coverage available under section I of the policy from the date of commencement of the policy shall stand automatically forfeited. Further, any survey arranged/allowed by RELIANCE General Insurance of the motor vehicle, pending confirmation of the declaration from my/our previous insurers, shall be without prejudice to any of the rights and remedies available to RELIANCE General Insurance as contained herein and under the relevant laws and regulations. • I/We acknowledge and agree that, Pending receipt of confirmation of the declaration from my/our previous insurers, the "cash-less repair facility" provided by RELIANCE General Insurance shall stand suspended. • I/We also shall endeavour to procure the renewal notice and pass on the same to RELIANCE General Insurance immediately upon the receipt of such renewal notice. Mode of Payment: Secure your payment by cheque/DD favouring Reliance General Insurance CO.Ltd. This policy shall be voidable at the option of the Company in the event of mis-representation, mis-description of nondisclosure of any material particulars by the Proposer. Any person who, knowingly and with intent to defraud the Insurance Company or other persons, files a proposal fo insurance containing any false information, or conceals for the purpose of misleading, information, information concerning any fact material thereto, commits a fraudulent act which will render the policy voidable at the company's sole discretion and result in a denial of insurance benefits.• I/We here by state that the above mentioned address shall be taken as address on record for the purpose of GST. • I/We hereby confirm that the contents of th proposal form and connected documents have been fully explained to me/us and I/We have fully understood the significance of the proposed contract

This proposal form was completed by

You can support our Go Green Initiative by saying "No" to Policy kit, Renewal Notice and Other Communications hard copy. We will be sending you digitally signed soft copy on your registered Email ID & Mobile number.

Hard copy required ☐ Yes ☐ No

Name _____

Date : 02 Jul 2024 11:11

Signature

Place : _____

Date : 02 Jul 2024 11:11

Signature of Proposer & Company Seal

reliancegeneral.co.in
022 4890 3009
74004 22200

Prohibition of Rebates - Section 41 of the Insurance Act, 1938 as amended by Insurance Laws (Amendment) Act, 2015

1. 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.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Supporting Confirmation of Agent/Broker/SM/CSO

I confirm the above signature tobe of the registered owner of the vehicle proposed for insurance

Name of IRDAI Agent/ Broker ☐ Mr. ☐ Mrs.

Signature of IRDAI Agent/ Broker

Place

Date

(In case of Direct Business, Name & Signature of CSO /SM to be taken)

The policy does not cover liability for death, bodily injury or damage as excluded under Section 150 (2) (ii) and (iii): b and C of the Motor Vehicles Act 1988 (Inserted Vide GSR no 164 (f) dated 25.02.2022 w. e. f 01.4.2022)