

Please fill the below Renewal Instruction Form and send along with payment instructions

RENEWAL INSTRUCTION FORM

To,
Bajaj Allianz General Insurance Company Ltd,
Bajaj Allianz General Insurance Co. Ltd.,952/954 Appasaheb Marathe Marg,Near Chaitanya Tower,Prabhadevi Mumbai-400025
PH 022-67527777,022-67527757 ,022-66628666

Dear Sir/Madam,

Ref: Renewal of Motor Policy No XXXXXXXXXX expiring on 19-jan-2014 of Mr/Ms MR V RAMESH PRABHU
Intermediary Code:55555557 Sub Imd:0 Cust Id:41050933

I acknowledge receiving invitation of Renewal in respect of my above mentioned policy and agree to renew the said policy for one calendar year as per details provided below:

Vehicle Own Damage	Sum insured	Premium (Rs)	Public Liability	Sum insured	Premium (Rs)
Vehicle IDV	160000	3040	Basic Third Party Liability	As per Act	1110
NCB(-25 %) as on processed date 19-NOV-13			Compulsory PA for owner driver	200000	100
Total Own damage Premium		3040	Total Act Premium		1210
			Service Tax and Cess		525
			Final Premium(in Rs)		4775

Claim History : No of Claims 0	Claim No.	Reg Date	Status	Claim Type
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Imd Channel : WS

Expiring Policy Add-on Cover : 24X7 SPOT ASSISTANCE

Hypothecation details : NOT APPLICABLE

Expiring policy Additional Covers opted:,

Deductibles -Compulsory :1000

Additional : 0

Voluntary : 0

We understand the above OD premium is inclusive of all applicable Loading/ NCB other Discounts viz (Automobile Association Membership, Voluntary Excess, Anti theft device, Personal driver, Fiber Glass, CNG/LPG unit, Geographical extn., Imported Vehicle etc wherever applicable)

The payment details are as follows:

Cash / Cheque / DD no. _____ Amount Rs _____ Date _____ Name of the Bank _____
Branch _____ (Please write your cheque in favour of Bajaj

Allianz General Insurance Company Ltd)

I hereby declare that the information provided above is true and

I am interested to buy following product (Please put mark in the box below)

Hospital Cash Daily Allowance	<input type="checkbox"/>	Personal Accident	<input type="checkbox"/>	Householder Package	<input type="checkbox"/>
Health Guard	<input type="checkbox"/>	Motor 2 Wheeler	<input type="checkbox"/>	Critical Illness	<input type="checkbox"/>

(Please refer attached product brochure or visit our website www.bajajallianz.co.in for more information on these products or call our 24 hour Toll Free Help line 1800-22-5858 (MTNL/ BSNL) 1800-102-5858 (Bharati)

Please contact me on _____ or on my email _____

(Please fill up this , to enable us to serve you better)

Notes: 1. The terms in this Invitation are based on claims on expiring policy, Motor Tariff and Government Regulations as on 19-jan-2014. This may change on actual Renewal date. 2. Insured Declared Value (IDV) mentioned above should be the sum insured for renewal and has been arrived as per provisions of the New Motor Tariff.

Notice generated by : renewal.tracker@bajajallianz.co.in

Renewal Reference Number : 18357813