Product Code: 3005 UIN: IRDAN115P0015V02200708

Ref. No. W52555634
Date: Dec 14, 2019
MUNNA LAL
6/865 ABHAY NAGAR DEVA ROAD, BARABANKI
6/865 ABHAY NAGAR DEVA ROAD, BARABANKI
BARABANKI
UTTAR PRADESH 225001
Mobile No: 9389588088

Sub: Risk Assumption Letter

Dear Sir/Madam,

Thank you for choosing ICICI Lombard General Insurance Company Limited (ICICI Lombard) as your preferred service provider.

Please find enclosed Policy No. **3005/188267499/00/B00**, which has been issued based on the below mentioned details:

Insured & Vehicle Details	
Name of Insured	MUNNA LAL
Period of Insurance	Dec 16, 2019 to Dec 15, 2020
Vehicle Make / Model	TVS / VICTOR.
RTO City	UTTAR PRADESH-FAIZABAD
Vehicle Registration No.	UP42AK2049
Vehicle Registration Date	Nov 14, 2016
Engine No.	EF1LG1337854
Chassis No.	MD625MF10G1L35788
Current Year NCB(%)	35%
Previous Policy Details	
Previous Policy No.	2312 1003 9171 4300 000
Previous Policy Period	15-12-2018 to 14-12-2019
Previous Year NCB(%)	25%
Claims Made Under Previous Policy	0
Previous Insurer Name	HDFC
Previous Policy Type	Comprehensive Package

The information provided above is based on the information received from you and accordingly, the policy has been processed. Coverage of risk is subject to realisation of the full premium, post which, insurance coverage under the policy would commence. In case the premium is not received by us due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.

If you require any changes in the Certificate of Insurance cum Policy Schedule, you are requested to inform us by writing to customersupport@icicilombard.com or calling our 24 hour toll free helpline on 1800 2666. Absence of any communication within a period of 15 days of the date mentioned on this letter, would mean that the issued policy is in order and as per your proposal.

The information provided is merely illustrative and shall not be construed to be an evidence of existence of a contract of insurance. The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered null and void without the same.

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Two Wheeler Vehicles Package Policy

Product Code: 3005 UIN: IRDAN115P0015V02200708

Insured Name	:	**MUNNA LAL**	**Policy No**	:	**3005/188267499/00/B00**
Address	:	6/865 ABHAY NAGAR DEVA ROAD, BARABANKI, 6/865 ABHAY NAGAR DEVA ROAD, BARABANKI, BARABANKI, UTTAR PRADESH 225001	**Period of Insurance**	:	Dec 16, 2019 12:00:00 to Midnight of Dec 15, 2020
Telephone No	:	**Mobile No:** 9389588088	**E-Policy No**	:	3005/188267499/00/B00
Email Address	:	MANOJ3677.PROBUS@GMAIL.COM	**Policy Issued On**	:	Dec 14, 2019
Nominee Name	:	- **Named Passenger's Nominee:**	**Covernote No**	:	188267499
Relationship	:	- -	**RTO Location**	:	UTTAR PRADESH-FAIZABAD
Age	:	-	**Hypothecated To**	:	-
GSTIN Number (Customer)	:		**Invoice Number**	:	101219476907
Servicing Branch Name	:	Mumbai			

Servicing Branch Address : 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

Registration No.	Make	Model	Type of Body	CC/KW	Mfg Yr	Seating Capacity	Chassis No.	Engine No.
UP42AK2049	TVS	VICTOR.	Solo With Pillion	110	2016	2	MD625MF10G1L35788	EF1LG1337854

Vehicle IDV (₹)	Side Car (₹)	Additional Accessories (₹)	Electrical / Electronic Accessories (₹)	Non Electrical Accessories (₹)	CNG / LPG Unit (₹)	Total IDV (₹)
29700	0	0	0	0	0	29700

Premium Details

OWN DAMAGE(A)	(₹)	LIABILITY(B)	(₹)
Basic OD Premium	518	Basic Third Party Liability	752
Sub Total	**518**	**Total**	**752**
Less:		**Add:**	
No Claim Bonus 35%	181	PA Cover for Owner Driver	375
Sub-Total Deductions	**181**	Legal Liability to Paid Driver	50
		Sub-Total	**425**
Total Own Damage Premium(A)	**337**	**Total Liability Premium(B)**	**1177**

Total Package Premium(A+B):		**1514**
IGST	%	18
	₹	272.52
Total Tax Payable in ₹		**273**
Total Premium Payable In ₹		**1787**

Geographical Area: India	**Applicable IMT Clauses:** 28 , 22
Compulsory Deductible: ₹ 100	**Voluntary Deductible: ₹ 0**

Premium Collection No.	1105264551	Premium Amount	₹ 1787	Receipt Date	14-12-2019
GSTIN Reg.No	27AAACI7904G1ZN	HSN/SAC code	9971 / GENERAL INSURANCE SERVICES		

Limits of Liability: (a) Under Section II-I(i) of the policy: Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act 1988. (b) Under Section II-I(ii) of the policy: Damage to Third Party Property ₹ 100000/-; PA Cover for Owner-Driver under Section III: CSI ₹ 1500000/-. **Limitations as to Use:** The Policy covers use of the vehicle for any purpose other than: Hire or Reward, Carriage of goods (other than samples of personal luggage), Organised racing, Pace Making, Reliability trails or Speed testing, any purpose in Connection with Motor Trade. **Driver's Clause:** Any person including the insured: Provided that a person driving holds an effective driving license at the time of the accident and is not disqualified from holding or obtaining such a license. Provided also that the person holding an effective learner's license may also drive the vehicle and that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989. **Important Notice:** The insured is not indemnified if the vehicle is used or driven otherwise than in accordance with this schedule. Any payment made by the Company by reason of wider terms appearing in the Certificate in order to comply with the Motor Vehicle Act, 1988 is recoverable from the insured. See the clause headed "AVOIDANCE OF CERTAIN TERMS AND RIGHT OF RECOVERY". For Legal interpretation, English version will hold good. **Disclaimer:** Please visit www.icicilombard.com for the policy wordings, for complete details on terms and conditions governing the coverage and NCB. This document is to be read with the policy wordings. The policy is valid subject to realization of cheque. We accept premium only via legally recognized modes. In case of dishonour of premium cheque, the company shall not be liable under the policy and the policy shall be void ab-initio. In case of any discrepancy with respect to the policy, please revert within 15 days from the policy start date. This policy is underwritten on the basis of the information provided by you and as detailed in the Risk Assumption Letter shared with you along with the policy. On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change. **Grievance Redressal:** For resolution of any query or grievance you may contact us on our toll free no. 1800 2666, or visit any of our branch offices. You can also write to us at customersupport@icicilombard.com. For detailed grievance redressal mechanism please visit the "Grievance Redressal" section on our website www.icicilombard.com.

I/We hereby certify that the Policy to which this Certificate relates, as well as, this Certificate of Insurance are issued in accordance with the provisions of Chapter X and Chapter XI of Motor Vehicle Act, 1988. In witness whereof, this Policy has been signed at Mumbai on this date of Dec 14, 2019 in lieu of Covernote no. 188267499. The stamp duty of ₹ 0.5 paid vide deface no. CSD2242019563019 dated Nov 25, 2019.

Policy Issuing Office: ICICI Lombard General Insurance Company Limited, ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

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 fitness certificate.

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Two Wheeler Vehicles Package Policy

Product Code: 3005 UIN: IRDAN115P0015V02200708

Agency Code	:	DB64116
Agency Name	:	INSTAPOLICY INSURANCE BROKING PVT LTD
Agent's Contact No	:	9967498979
Contact Person	:	

Signature Not Verified

Digitally signed by DS ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED
Date: 2019.12.14 18:50:43 IST

In case of a claim, immediately notify ICICI Lombard General Insurance Company Limited on the Toll Free Number **1800 2666** / (Chargeable) **8655 222666** or SMS **"CLAIM"** to **575758**

Mailing Address: ICICI Lombard General Insurance Company Limited Interface Building No. 16, 601 / 602, 6th Floor, New Link Road Malad (West), Mumbai - 400 064.
Registered Office Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

Dec 14, 2019

CORP/SUP/OPI/2014/1777