

**COMPULSORY PERSONAL ACCIDENT OWNER DRIVER UNDER MOTOR INSURANCE POLICIES**

Ref. No.: W316486698

Policy Number : 3012/345053119/00/000

Date: 29-May-2024

MR GURURAJAN BADRINARAYANAN

S O E N GURURAJAN 1175 43RD CROSS KUMARASWAMY LAYOUT 1ST STAGE NEAR DAYANAND SAGAR COLLEGE BANGALORE  
SOUTH BANGALORE KARNATAKA,  
BANGALORE,  
KARNATAKA,  
560078

Mobile: 7899093082

Dear Customer,

**Subject: Risk Assumption Letter**

We thank you for placing your confidence with ICICI Lombard for your Insurance needs.

Please find enclosed herewith Policy No. : 3012/345053119/00/000 which has been issued based on the details furnished by the applicant.

Details are:

Name of the Insured	Mr GURURAJAN BADRINARAYANAN	Name & Relation of the Proposer with Insured	Self
Period of Insurance	From 29-May-2024 00:00 To 28-May-2025 23:59	Policy Duration (Year)	1
Registration No.	KA05LK8498	Engine & Chassis No.	BK4EN1610742 MD626AK41N1E11384
Date of Birth	-	Sum Insured	1500000
Product Name	COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES		

Please go through the details as furnished in the format and the policy document. Please confirm that same are in order. In case there is any discrepancies/ variations, you are requested to write back to us immediately at customersupport@icicilombard.com or contact at 24 hour helpline number 1800 2666 for necessary changes/ rectification

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

## Policy Certificate

### Compulsory Personal Accident (Owner-Driver) under Motor Insurance Policies

Product Code: 3012 UIN: IRDAN115RP0034V01201819

**PREAMBLE:** ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policy holder named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policy holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit amount will be paid by the Company.

#### Part I of Policy Schedule

<b>Proposer Name</b>	Mr GURURAJAN BADRINARAYANAN	<b>Policy No.</b>	3012/345053119/00/000
<b>Address</b>	S O E N GURURAJAN 1175 43RD CROSS KUMARASWAMY LAYOUT 1ST STAGE NEAR DAYANAND SAGAR COLLEGE BANGALORE SOUTH BANGALORE KARNATAKA, BANGALORE, KARNATAKA, 560078	<b>Period of Insurance</b>	From 29-May-2024 00:00 To 28-May-2025 23:59
<b>Contact No.</b>	7899093082	<b>Policy Tenure</b>	1
<b>Email Address</b>	BADRINARAYANAN2592@GMAIL.COM	<b>Policy Issuing Office</b>	BANGALORE KORAMANGALA
<b>Nominee Name</b>	EN Gururajan	<b>Policy Issued On</b>	29-May-2024
<b>Relationship With Policyholder</b>	FATHER	<b>Previous Policy No.</b>	-
<b>Appointee Name</b>	-	<b>Nominee D.O.B</b>	-
<b>GSTIN Number (Customer)</b>	-	<b>Servicing Branch Name</b>	BANGALORE KORAMANGALA
<b>Servicing Branch Address</b>	2nd Floor, S V R Complex 89 Hosur Main Road Madivala, Koramangala Bangalore 560068 BANGALORE KARNATAKA - 560068	<b>Invoice Number</b>	1005242888720

Politically Exposed Person (PEP)/close relative of PEP: No

Insured Name	Date of Birth	Age	Gender	Relationship with Proposer	Beneficiary / Nominee	Relation of Nominee with the Insured
Mr GURURAJAN BADRINARAYANAN				Self	EN Gururajan	FATHER

Benefit & Extension Table	
Cover	Sum Insured (₹)
Compulsory Personal Accident Owner Driver Cover	1500000

Premium Details (₹)					
Basic Premium	CGST		SGST		Total Premium
	%	₹	%	₹	
375	9.0	33.75	9.0	33.75	443

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹0.5 paid vide deface no. CSD4520241123 dated 30-Jan-2024
29AAACI7904G1ZJ	997134 / GENERAL INSURANCE SERVICES	

**GSTIN Address**

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Agent Details		
Intermediary Code	Intermediary Name	Contact Details
CB05903	ADITYA BIRLA INSURANCE BROKERS LTD	9999999999

**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

**Important :** Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation non-description of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance benefit. Please note that any claims arising out of pre-existing illness/ injury/ symptoms is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of Mumbai High Court only. For claims, please call us at our toll free no. 1800 2666 or e-mail to us at customersupport@icicilombard.com or write to us at ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Nanakramguda, Gachibowli, Hyderabad, Andhra Pradesh 500032.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

401 & 402, 4th Floor, Interface  
11, New Linking Road, Malad  
(West), Mumbai - 400 064.

CIN: L67200MH20000PLC129408

Registered Office:

ICICI Lombard House, 414 Veer Savarkar Marg,  
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai -  
400 025.

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN : IRDAN115RP0034V01201819

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any discrepancy/ variation, you are requested to call us immediately at our toll free no. 1800 2666 or write to us at customersupport@icicilombard.com. In the absence of any communication from you within the period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. This policy certificate is to be read with the policy wordings, as one contract or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning wherever it may appear.

Nature of injury	Sum Insured	Scale of compensation
I. Death	15 Lakh	100%
II. Loss of two limbs or sight of both eyes or one limb and sight of one eye	15 Lakh	100%
III. Loss of one limb or sight of one eye	15 Lakh	50%
IV. Permanent total disablement from injuries other than those named above.	15 Lakh	100%



For ICICI Lombard General Insurance Company Ltd.

*Gaurav Arora*

Authorised Signatory