ABC MOTOR INSURANCE COMPANY

INSURED DETAILS			POLICY D	POLICY DETAILS			
INSURED NAME	HARIHARAN		PERIOD OF	COVER Tue M	ay 04 12:03:32 IST 2021		
CUSTOMERID	11		REGISTER N	REGISTER NO TN 37 BS 5678			
POLICY NO	RSPURAM20207		REGISTER	10 [1N 57	BS 3070		
PHONE NO	ONE NO 9333838383			DEL HOND	A/CBSHINE		
EMAIL-ID	hari20010321@g	mail.com					
ISSUING OFFICE							
BRANCH		M	CLAIM CO	ONTACT ADDRESS			
PHONENO	2510345		∍ై				
AGENT/INSURER NA	AME L.MAGES	H(102)	H-98,BI	narath nagar,R	SPURAM,CBE-02251		
CLAIM CONTACT DE	ETIAL SARAVAN	NAMPATTIDO					
VEHICLE DETAIL	_S						
GEOGRAPHICAL		REST OF INDIA	4		TR7896		
TYPE OF FUEL		Petrol		CHASISSNO	TR1234		
		5 -10 YRS					
COLOR		BLACK					
VEHICLE DETAIL	_S						
CUBICCAPCITY/KW			76 TO 1500	CC			
SEATING CAPACITY	Υ		2				
POLICYCOVERA	GEDETAILS						
OD(COVERAGE)			null				
TP(THIRD PARTY P		586.42	586.42				
PA(DRIVER/OWNER	R)		0.0				
TOTAL PREMIUM					586.42		