

Product Code: 3004 UIN: IRDAN115RP0014V01200203

Reference No. W370053979 Date: Nov 19, 2024

AJAMERI KHATUN

W O MD IKRAM AT PATHAN TOLI PO SASARAM PS SASARAM ROHTAS BIHAR,

ROHTAS **BIHAR 821115** Mobile No: 82\*\*\*\*\*54

**Sub: Risk Assumption Letter** 

Dear AJAMERI KHATUN,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred insurance provider.

Please find enclosed Policy No. 3004/368982531/00/B00, The same has been issued based on below mentioned details, provided by you at the time of policy purchase.

Insured & Vehicle Details					
Name of the Insured	AJAMERI KHATUN				
Period of Insurance	Nov 20, 2024 to Nov 19, 2025				
Vehicle Make / Model CHAMPION POLY PLAST / SAARTHI					
RTO City	BIHAR-DEHRI				
Vehicle Registration No.	BR24ER2034				
Vehicle Registration Date	Aug 12, 2023				
Engine No.	048623				
Chassis No.	M5ECHAMHR23048623				
Current Year NCB(%)	0%				
Vehicle Usage	AUTO RICKSHAW				

The commencement of coverage of risk under the policy is subject to realisation of payment of premium in full. In case the premium is not realised 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.

Government of India has mandated electronic toll payments using FASTag to reduce vehicular traffic at toll plazas. Customers are advised to comply with the direction of the government and get their FASTag from Point of Sale locations at Toll Plazas or from Issuer Agency. Please visit http://www.fastag.org/ for details.

Please check the policy details for accuracy. Should you find any discrepancy / require any changes in the Certificate of Insurance cum Policy Schedule, please contact us immediately at our toll free number 1800 2666 or email us at customersupport@icicilombard.com, so that we can rectify the same. 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.

### **Important Points:**

- a. Any accidental loss, damage and/or liability caused, sustained or incurred, while vehicle not being registered permanently will not be covered.
- b. Any minor scratches to the vehcile, paint fading, wear and tear arising out of normal use and requiring touch-up or minor repair under routine maintenance will not be covered.
- c. Any liability of whatsoever nature caused by, contributed by or arising due to the vehicle being driven by a person without having valid driving license will not be covered.
- d. In case of total loss / constructive total loss / Total theft of the vehicle, the claim will be settled at invoice price i.e amount paid by the insured / policyholder at the time of purchasing the vehicle, excluding subsidy amount, if included in the invoice, or the Insured declared value (IDV) whichever is lower, subject to terms and conditions of the policy and admissibility of claims.

( Please visist www.icicilombard.com for the policy wordings, for complete details on terms and conditions governing the coverage and NCB)

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.

The Compulsory Personal Accident cover has not been opted in this policy on account that, the Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least Rs.15 lacs.

CORP/SUP/OPI/2014/1777

# CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

# **Passenger Carrying Vehicles Package Policy**

Product Code: 3004 UIN: IRDAN115RP0014V01200203



Nov 19, 2024

BIHAR-DEHRI

368982531

3004/368982531/00/B00

Midnight of Nov 19, 2025

0.00

1,50,000.00

Nov 20, 2024 00:00 to

Name of the Insured AJAMERI KHATUN

Address W O MD IKRAM AT PATHAN TOLI PO SASARAM PS

048623

SASARAM ROHTAS BIHAR, ROHTAS, BIHAR 821115

Telephone No \*\*\*\*\*\*@GMAIL.COM Email Address : VI\*

**Nominee Name** 

M5ECHAMHR23

048623

Relationship

Aae

**GSTIN No. (Customer)** 

4

Mobile No: 82\*\*\*\*54

E-Policy No. Policy Issued on

Named Passenger's Nominee: Covernote No. **RTO Location** 

Hypothecated to Category

Period of Insurance

0.00

Policy No.

0.00

0

Servicing Branch Name : Patna   Invoice No. : 1011241350612											
Servicing Branc	h Address :	Krishna Bhawan, S	econd Floor, Above Ax	is Bank, Near	Dak Bunglow Road,	Patna, Biha	ır-800001				
Politically Expos	ed Person (PEP)	/close relative of PEI	P:					No			]
Vehicle	Make	Vehicle	SubClass		Model	Model	Type of	CC	Mfg Yr	Seating	Battery
Registration No.						Build	Body			Capacity	No.
BR24ER2034	CHAMPION POLY PLAST	CARRYING CAPAC	ELED VEHICLE WITH ITY NOT EXCEEDING SENGER		AARTHI	FULLY BUILT	Open	3	2023	5	NA
Carrying	Chassis No.	Engine No.	Body IDV	Chassis IDV	Electrical /	Non Ele	ctrical	CNG	LPG	Total I	DV
Capacity			(₹)	(₹) Electronic		Accesso	sories (₹) Unit		nit	(₹)	
					Accessories (₹)			(₹	F)		

1,50,000.00

Premium Details							
OWN DAMAGE(A)	(₹)	LIABILITY(B)	(₹)				
Basic OD Premium	635.00	Basic Third Party Liability	4,487.00				
IMT-23 Loading	95.00	Total	4,487.00				
Sub Total	730.00	Add:					
		Legal Liability for Paid Driver	50.00				
		Sub-Total	50.00				
Total Own Damage Premium(A)	730.00	Total Liability Premium(B)	4,537.00				
		Total Package Premium(A+B):					
	9997						
CGST							
	SGST 9						
5651			474.03				
Total Tax Payable in ₹							
Total Premium Payable In ₹							

Geographical Area: India				Applicable IMT Clauses: 40, 21				
Compulsory Deductible: ₹ 500.00				Voluntary Deductible: ₹ 0.00				
Premium Collection No.	1221535344	1221535344 Premium Amount (₹) 62		5	Receipt Date	19-11-2024		
GSTIN Reg.No	10AAACI7904G1Z2	HSN/SAC code	997	134 / GENERAL INSURANCE SERVICES				

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.

### CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

# **Passenger Carrying Vehicles Package Policy**

Product Code: 3004 UIN: IRDAN115RP0014V01200203



Limits of Liability: (a) Under Section II-I(i) of the policy: Death of or bodily injury & (b) Under Section II-I(ii) of the policy: Damage to Third Party Property- Such amount as is necessary to meet the requirements of the Motor Vehicles (Amendment) Act, 2019; PA Cover for Owner-Driver under Section III: CSI 0.00/-. The Compulsory Personal Accident cover has not been opted in this policy on account that, the Owner driver has a separate existing Personal Accident cover against Death and Permanent Disability (Total and Partial) for Sum Insured of at least Rs.15 lacs. Limitations as to Use: The Policy covers use only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover 1) Use for organised racing, pace making, reliability trails or speed testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. 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".

In consideration of the premium for this extension being calculated at a pro-rata proportion of the annual premium, it is hereby declared and agreed by the insured that upon expiry of this extension, this policy shall be renewed for a period of twelve months, failing which the difference between the extension premium now paid on pro rata basis and the premium at short period rate shall become payable by the insured.

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.

The Company reserves the right to cancel this Policy immediately upon becoming aware of any mis-representation, fraud, non-disclosure of material facts or non-cooperation by or on behalf of the Insured; the Company is not obliged to refund the premium paid under this Policy

In case of total loss / constructive total loss / Total theft of the vehicle, the claim will be settled at invoice price i.e amount paid by the insured / policyholder at the time of purchasing the vehicle, excluding subsidy amount, if included in the invoice, or the Insured declared value (IDV) whichever is lower, subject to terms and conditions of the policy and admissibility of claims.

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 M.V. Act, 1988. In witness whereof, this Policy has been signed at Mumbai on this date of Nov 19, 2024 in lieu of Covernote No. 368982531. The stamp duty of ₹ 0.50 paid vide deface no. CSD372024252885 dated Jul 15, 2024.

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.



Agency Code : DB87921

Agency Name

CERTIGO INSURANCE BROKERS PRIVATE LIMITED

Agent's Contact No: 9109447500

**Contact Person** 



Click here or scan the QR code to view the Customer Information Sheet (CIS). It provides an overview of the policy features, service and claim processes, as well as other important terms.







Signature Not Verified Digitally signed by LOMBARD GEN INSURANCE **CO** LTD 1 Date: 2024.11.19 15:17:15 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.