



Proposal No.
P377239983
Proposal Date
22/07/2025

ICICI Lombard General Insurance
Fifth floor, Summit Building,B-503 to B- 508,Plot no TCG 3/3, Near
Rothas Plumeria Vibhutikhand ,Gomti Nagar, Lucknow- 226010
Uttar Pradesh
Tel:1800 2666

HERO INSURANCE BROKING INDIA PVT LTD.
IRDA Registration No.: 649
Toll-Free No.: 1800 102 4376
264, Okhla Ind. Estate, Phase-III,
Delhi-110020

Insured	Business / Profession	Address of the Insured		Valid From	To
Mr AMIT CHAUDHARY	Agriculture	S OANAND CHAUDHARY 89 LOHA SHABHANKPUR,New Delhi,DELHI,110096		22/07/2025	21/07/2030
Vehicle Registration No.	Engine Number	Frame Number	Model Name	Manufacture Year	Cubic Capacity
NEW	HAW265PHG02521	MBLHAW265PHG02521	Passion Plus I3S DRS CAST	2025	100
Insured's Declared Value (IDV) of the Vehicle		Non-Electrical Accessories IDV	Electrical Accessories IDV	CNG/LPG/Bi-Fuel IDV	Total IDV
76000.00		0.00	0.00	0.00	76000.00
Place of Registration	Body Type	Agreement with Financer	Branch Office of Financer	Seating Capacity	Premium
New Delhi	Solo	--		2	8985.00
Nominee Name	JHON	Nominee Age	30	Nominee Relation	Brother
A. Own Damage Premium Computation (Section I) in Rs.			B. Liability Premium Computation (Section II) in Rs.		
Basic Premium On			Third Party Liability		
Vehicle		1298.00	Basic Premium Including Premium For TPPD Vehicle	3851.00	
Non Electrical Accessories		0.00	Third Party Liability For Bi-Fuel Kit For TPPD Vehicle	0.00	
Electrical Accessories		0.00			
Add Extras			Add PA Cover		
ND Cover		418.00	a)Compulsory PA Cover (Owner Driver)	525.00	
RTI Cover		228.00	b)Optional PA Cover(Un Named passenger)	0.00	
Engine Guard		114.00	c)Optional PA Cover(Un Named Driver)	0.00	
RSA		338.00			
Tyre and Rim Guard		266.00			
Consumable Expenses		76.00	Add Legal Liability Cover		
Emergency Medical Expenses (100000)		500.00	a)Legal Liability Cover (Paid Drivers, Cleaners)	0.00	
(Accidental hospitalization + Ambulance Cover + Tele-consultation)			b)Legal Liability Cover (Per Licensed Passenger)	0.00	
Less Discounts			Total Liability Premium (B)		
For Anti-Theft Devices		0.00	4376.00		
Voluntary Deductibles		0.00			
AA Membership		0.00	Total Premium (A+B)		
Handicapped		0.00	7614.00		
NCB 0.00		0.00	Add Break In Loading		
Other Discounts		0.00	0.00		
Net Own Damage Premium (A)		3238.00	Add Other Charges		
			0.00		
			Add Premium for Add-On		
			0.00		
			Grand Total		
			7614.00		
			IGST @ 18.00		
			1370.52		
			Gross Premium		
			8985.00		

DECLARATION:-- I / We hereby declare that the statements made by me / us in this Proposal Form are true to the best of my / our knowledge and belief and I / We hereby agree that this declaration shall form the basis of the contract between me / us and the **ICICI Lombard General Ins.**
I/We also declare that if any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

Date:

Proposer Signature

Proposal form Completed By:

Name & Signature of Agent / Inspector

