Product Code: 3005 UIN: IRDAN115RP0015V04201415

Nibhaye Vaade

Reference No.: W195818344

Date: Feb 18, 2023 BALLIPATI RAMANA

BALLIPATI RAMANA HTTE MR, NAGAR CHINAKOMATA VIDHI

VIZIANAGARAM

ANDHRA PRADESH 535522 Mobile No: 8309883904

Sub: Risk Assumption Letter

Dear BALLIPATI RAMANA,

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. 3005/280916792/00/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 **BALLIPATI RAMANA** Period of Insurance Feb 19, 2023 to Feb 18, 2024 Vehicle Make / Model TVS / XL SUPER RTO City ANDHRA PRADESH-VIZIANAGARAM Vehicle Registration No. AP35R9285 Nov 23, 2013 Vehicle Registration Date Engine No. OD1GD1213799 Chassis No. MD621BD16D1G41363

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.

"Updating your bank details with us would help facilitating future transactions. Bank details can be easily updated using "IL – Take care" App.Download the app now for all your insurance and wellness needs and for faster resolution"





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.

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.

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CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Two Wheeler Vehicles Package Policy

Product Code: 3005 UIN: IRDAN115RP0015V04201415



Feb 18, 2023

280916792

3005/280916792/00/B00

Feb 19, 2023 12:00:00 to

Midnight of Feb 18, 2024

3005/280916792/00/B00

ANDHRA PRADESH-VIZIANAGARAM

Name of the Insured BALLIPATI RAMANA

BALLIPATI RAMANA HTTE MR. NAGAR CHINAKOMATA Address

VIDHI, VIZIANAGARAM, ANDHRA PRADESH 535522 8309883904

Mobile No: Telephone No SOFTPRO.PPM@GMAIL.COM **Email Address**

Mumbai

NAGA LAKSHMI **Nominee Name** Named Passenger's Nominee:

Relationship Age

GSTIN No. (Customer)

Servicing Branch Name

33

Spouse

Hypothecated To 1002231702342 Invoice No.

Policy No.

E-Policy No.

Period of Insurance

Policy Issued On

Covernote No.

RTO Location

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

400025, MAHARASHTRA

Are you or any of the proposed applicants a PEP* or a close relative of a PEP*?							No		
Vehicle Registration No.	Make	Model	Type of Body	CC/KW	Mfg Yr	Seating Capacity	Chassis No.	Engine No.	
AP35R9285	TVS	XL SUPER	Solo	70	2013	2	MD621BD16D1G41363	OD1GD1213799	
Vehicle IDV	Side Car	Additional Accessories (₹)	Electrical / Electronic		Non Electrical		CNG / LPG Unit	Total IDV	
(₹)	(₹)		Accessorie	Accessories (₹) Accessories (₹		ories (₹)	(₹)	(₹)	
5,370.00	0.00	0.00	0.00		0.00		0.00	5,370.00	

OWN DAMAGE(A)	OWN DAMAGE(A) (₹) LIABILITY(B)				
Basic OD Premium	170.00	170.00 Basic Third Party Liability			
Sub Total	170.00	Total		538.00	
		Add:			
		PA Cover for Owner Driver		375.00	
		Sub-Total		375.00	
Total Own Damage Premium(A)	170.00	170.00 Total Liability Premium(B)			
		Total Package Premium(A+B):		1083	
				0.00	
		CGST	₹	0.00	
		SGST UTGST IGST		0.00	
				0.00	
				0.00	
				0.00	
				18.00	
				194.94	
		Total Tax Payable in ₹		195.00	
		Total Premium Payable In ₹	1,278.00		
Geographical Area: India		Applicable IMT Clauses: 22			
Compulsory Deductible: ₹ 100.00		Voluntary Deductible: ₹ 0.00			

. P						
Premium Collection No.	1166334597	Premium Amount	₹ 1278	Receipt Date	Feb 18, 2023	
GSTIN Reg.No	27AAACI7904G1ZN	HSN/SAC code	997134 / 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.

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 ₹ 1,00,000.00/-; PA Cover for Owner-Driver under Section III. CSI ₹ 15,00,000.00/-. 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".

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

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.

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Two Wheeler Vehicles Package Policy

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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 Feb 18, 2023 in lieu of Covernote No. 280916792. The stamp duty of ₹ 0.50 paid vide deface no. CSD45120223802 dated Sep 05, 2022.

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 : DB56713

: TURTLEMINT INSURANCE BROKING SERVICES PVT LTD Agency Name

Agent's Contact No: 9513312901

Contact Person