

COMPULSORY PERSONAL ACCIDENT OWNER DRIVER UNDER MOTOR INSURANCE POLICIES

Ref. No.: W409476668
Date: 22-Mar-2025

Policy Number : 3012/385474211/00/000

V PRATHAP

G/F 141/2 BHODANAHOSAHALLI VILLAGE SAMETHANAHALLI POST ANUGONDANAHALLI HOBLI HOSAKOTE TQ ,DISTRICT
BANGALORE RURAL ,STATE KA ,PIN CODE 560067,
BANGALORE,
KARNATAKA,
560067

Mobile: 9908814034

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. : 3012/385474211/00/000 which has been issued based on the details furnished by the applicant.

Details are:

Name of the Insured	V PRATHAP	Name & Relation of the Proposer with Insured	Self
Period of Insurance	From 22-Mar-2025 00:00 To 21-Mar-2026 23:59	Policy Duration (Year)	1
Registration No.	KA53HW0356	Engine & Chassis No.	HA11E7R5A61351 MBLHAW213R5A02580
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

Proposer Name	V PRATHAP	Policy No.	3012/385474211/00/000
Address	G/F 141/2 BHODANAHOSAHALLI VILLAGE SAMETHANAHALLI POST ANUGONDANAHALLI HOBLI HOSAKOTE TQ ,DISTRICT BANGALORE RURAL ,STATE KA ,PIN CODE 560067, BANGALORE,KARNATAKA,560067	Period of Insurance	From 22-Mar-2025 00:00 To 21-Mar-2026 23:59
Contact No.	9908814034	Policy Tenure	1
Email Address	CRAJU191@GMAIL.COM	Policy Issuing Office	BARODA
Nominee Name	RAJU	Policy Issued On	22-Mar-2025
Relationship With Policyholder	BROTHER	Previous Policy No.	-
Appointee Name	-	Nominee D.O.B	-
GSTIN Number (Customer)	-	Servicing Branch Name	BARODA
Servicing Branch Address	2nd floor, 204,205,206, Golden icon, Bird circle Opp.BSNL, Baroda 390007, Gujarat.VADODARA GUJARAT - 390007	Invoice Number	1003251812065

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*? No

Insured Name	Date of Birth	Age	Gender	Relationship with Proposer	Beneficiary / Nominee	Relation of Nominee with the Insured
V PRATHAP				Self	RAJU	BROTHER

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

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	₹		
375	18.0	67.50	67.5	443

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹0.5 paid vide deface no. CSD10520244764 dated 04-Oct-2024
24AAACI7904G1ZT	997134 / GENERAL INSURANCE SERVICES	
GSTIN Address	2nd floor, 204,205,206, Golden icon, Bird circle Opp.BSNL, Baroda 390007, Gujarat.VADODARA GUJARAT - 390007	

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.

Point of Sale (POS) Details			
POS Number	POS Name	Contact Details	PAN Card No.
POSD00023303	GOPAL KANUBHAI PATEL	9426320912	AEHPP4357G

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.

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

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

the policy and admissibility of claims.

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



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.