



**CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE**

**Two Wheeler Vehicles Package Policy**

Product Code: 3005 UIN: IRDAN115RP0015V05201415



<b>Name of the Insured</b> : SATYANARAYAN	<b>Policy No.</b> : 3005/367482395/00/B00
<b>Address</b> : VILL RAMPUR KHAS,PO RAMPUR KHAS,PS TARKULWA,, KUSHINAGAR, UTTAR PRADESH 274408	<b>Period of Insurance</b> : Nov 07, 2024 00:00:00 to Midnight of Nov 06, 2025
<b>Telephone No</b> : Mobile No: 63*****57	<b>E-Policy No.</b> : 3005/367482395/00/B00
<b>Email Address</b> : AJ*****@GMAIL.COM	<b>Policy Issued On</b> : Nov 04, 2024
<b>Nominee Name</b> : NotApplicable	<b>Covernote No.</b> : 367482395
<b>Relationship</b> : GUARDIAN	<b>RTO Location</b> : UTTAR PRADESH-DEORIA
<b>Age</b> : 30	<b>Hypothecated To</b> : -
<b>GSTIN No. (Customer)</b> :	<b>Invoice No.</b> : 101124126675
<b>Servicing Branch Name</b> : New Delhi	

**Servicing Branch Address** : Fourth Parsavnath Capital Tower Bhai Veer Singh Marg, New Delhi New Delhi 110001

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

Vehicle Registration No.	Make	Model	Type of Body	CC/KW	Mfg Yr	Seating Capacity	Chassis No.	Engine No.
UP52BB1883	HERO MOTOCORP LTD	HF DELUXE I3S Two Wheeler	Solo With Pillion	97	2019	2	MBLHAW031KHC04 262	HA11ENKHC0707 1
Vehicle IDV (₹)	Side Car (₹)	Additional Accessories (₹)	Electrical / Electronic Accessories (₹)		Non Electrical Accessories (₹)		CNG / LPG Unit (₹)	Total IDV (₹)
22,050.00	0.00	0.00	0.00		0.00		0.00	22,050.00

Premium Details			
OWN DAMAGE(A)	(₹)	LIABILITY(B)	(₹)
Basic OD Premium	136.00	Basic Third Party Liability	714.00
Sub Total	136.00	Total	714.00
Total Own Damage Premium(A)	136.00	Total Liability Premium(B)	714.00
		<b>Total Package Premium(A+B):</b>	<b>850</b>
		CGST	% 0.00
		₹	0.00
		SGST	% 0.00
		₹	0.00
		UTGST	% 0.00
		₹	0.00
		IGST	% 18.00
		₹	153.00
		Total Tax Payable in ₹	153.00
		Total Premium Payable In ₹	1,003.00

**Geographical Area:** India **Applicable IMT Clauses:** 22  
**Compulsory Deductible:** ₹ 100.00 **Voluntary Deductible:** ₹ 0.00

Premium Collection No.	1220292799	Premium Amount	₹ 1003	Receipt Date	04-11-2024
GSTIN Reg.No	07AAACI7904G1ZP	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 & (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/- . 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 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 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

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, 6<sup>th</sup> 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.  
 IRDA Reg. No.115 CIN: L67200MH2000PLC129408

