

ICICI Lombard General Insurance Company Ltd.

Chamber I, Fourth Floor, Eldeco Corporate, Gomti Nagar, Lucknow, Uttar Pradesh 226024 Lucknow - 226024, Uttar Pradesh (State Code-09)

Ph: - Helpdesk No: 18002666

GSTIN: 09AAAC17904G1ZL IRDA Registration No: 115 CIN No:

L67200MH2000PLC129408 PAN: AAACI7904G

	CERTIFICA	TE CUM INSU	RANCE	POLICY SC	HEDULE CUM PAYME	NT RECEIPT	
Policy No. 3001/11A-100867923/00/000	Bundled - Private Car Poli Period of In	Proposal No. & Date P29345234, 26/06/2024					
Insured's Address	MR. ALOK SHARMA S/O SH. RADHEYSHY 226022 Uttar Pradesh (S	Previous Policy No. NA					
Chassis No. MAKDG577BR4005777	Engine No.	Model ELEVATE/ZX MT		CC 1498	Body Color Platinum White P.	Body Type SUV	Previous Insurer NA
Geographical Area India	Date of First Sale 26/06/2024	Mfg. Year 2024		Seating Cap.	Place of Registration Lucknow	Fuel Type Petrol	Registration No. NA
		IN	SURED'S	DECLARE	D VALUE (Rs.)		
Vehicle: 1383200	Electrical Accesso			on Electrical Accessories: 0		Bi Fuel Kit: NA	Total IDV: 1383200
SCHEDULE OF DEMILIM							

Vehicle: 1383200 Electrical Accessories: 0		Non Electr	rical Accessories: 0	Bi Fuel Kit: NA	Bi Fuel Kit: NA Total IDV: 138320		
		SCHEDULE	OF PREMIUM				
A.Owr	Damage Premium	Amount (Rs.)	Rs.) B. Liability Premium			Amount (Rs.)	
Basic Premium			Third Party Liability		10640	10.510	
Vehicle			Basic Third Party Liability Premium including TPPD			10646	
Non Electrical Accessories			Sub Total (Third Party Liability)			10640	
Electrical Accessories (IMT-	-24)		PA Cover				
Bi Fuel kit (IMT-25)		(Compulsory PA Cover for Owner Driver Nominee: SMT. MANISHA SHARMA (WIFE) (42Years)				
Basic Premium Total		8827	Optional PA cover for Paid Driver (IMT–17)				
Add Geographical Area Ext	t. (IMT-1)	0	Optional PA Cover (200000 Per Person) for 0 Persons (IMT-16)				
Sub Total		8827	Sub Total (PA Cover)			219	
Deductibles			Legal Liability				
Voluntary Deductibles (IMT-	22A)	C	Paid Driver (IMT-28)		150		
Anti Theft Device (IMT-10)		221	Employees (for 0 person	s) (IMT-29)	0		
AA Membership (IMT–8)		C	Sub Total (Legal Liabil	ity)		15	
			Geographical Area Ext.(TP)	0		
Handicap (0%)		C					
NCB (0%)		C					
Sub Total (Deductibles)		221				-	
Add-Ons (Engine Protect Pla	us, Tyre Protect, Zero Depreciation)	15217					
Net Own Damage Premium(A)		23823	Net Liability Premium(B)			12989	
Note:-	1		Total Premium (A + B)			36812	
. Issue of Policy is subject to realisation of cheque if premium is paid by cheque. 2. Consolidated Stamp duty Paid vide Letter of Authorisation CSD0220242018/(Validity Period Dt.15/04/2024 to Dt.14/04/2026) Date 10-04-			SGST(9%)			3314	
			GGGT(BB()				

2024" at General Stamp Office, Mumbai.** Not Applicable for the State of Jammu

3. The Policy is subject to a compulsary deductible of Rs. 1000 (IMT-22)

3314 43440 Gross Premium Paid

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. Limitations as to use: The Policy covers use of the vehicle for any purpose other than: (1) Hire or Reward (2) Carriage of goods (other than samples or personal luggage)

(3) Organised Racing (4) Pace Making (5) Speed Testing (6) Reliability Trials (7) Any purpose in connection with motor trade.

Driver's Clause: Any person including the Insured: Provided that the person driving holds an effective and valid 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 & that such a person satisfies the requirements of Rule 3 of the Central Motor Vehicles Rules, 1989.

Limits of Liability: Limit of the amount of the Company's Liability Under Section II-1 (i) in respect of any one accident: as per motor vehicles act, 1988. Limit of the amount of the Company's Liability Under Section II-1 (ii) in respect of any one claim or series of claims arising out of one event: UPTO Rs. 7,50,000. Cover Under Section III for Owner-Driver is Rs. 15 lakhs.

No Claim Bonus: The insured is entitled for a No Claim Bonus (NCB) on the own damage section of the policy, if no claim is made or pending during the Preceding year-20%, Preceding two consecutive years-25%, Preceding three consecutive years-35%, Preceding four consecutive years-45%, Preceding five consecutive years-50% of NCB on OD Premium. No Claim Bonus only be allowed provided the policy is renewed with in 90 days of the expiry date of the previous policy.

HP/Lease/Hypothecation with: --

Subject to I.M.T Endt. Nos. & memorandum: 22 printed herein.

Grievance Clause: For resolution of any query or grievance, Insured may contact the respective branch office of the Company or send mail to

customersupport@icicilombard.com or visit www.icicilombard.com

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 reasons 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". For legal interpretation, English version will hold good.

SAC: 997134, Description of Service: Motor Vehicle Insurance Services, Place of Supply: Uttar Pradesh (State Code-09), Invoice Number: 180624294391, Payment Receipt No: 180624294391, Payment mode: Cash

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.

Broker Name: SMC Insurance Brokers Pvt. Ltd. Broker Code: 289	For & On Behalf of ICICI Lombard General Insurance Company Ltd.
Broker Contact No.1800 2666 2666	(3, 50)
	Authorised Signatory
Claim Assistance Number:	MISP Code: 171000139, MISP Name: SAMYAK AUTO

ENGINEERS PVT. LTD.

For Renewal Please Contact: SWATI HONDA, OPP. RAINBOW SCHOOL, CHUNEHTI, DELHI ROAD, SAHARANPUR-247001, UTTER PRADESH, Ph. STD-CPA Insurer Name:NA. Natid From NA. Valid Tu:NA.