

## ICICI Lombard General Insurance Co. Ltd.

3 Years - Private Car Package Policy CUM RECEIPT UIN:IRDAN115RP0004V01201819
(FORM 51 OF THE CENTRAL MOTOR VEHICLE RULES, 1989)
Servicing Office of Insurer: Chamber I, Fourth Floor, Eldeco Corporate, Gomti Nagar, LUCKNOW, UTTAR PRADESH-State Code-09

PAN: AAACI7904G

GSTIN: 09AAACI7904G1ZL Toll Free: 18002666

Policy No & Policy Issued On	3001/MM-16708432/00/000, 01 Dec 2021 5:33PM	Period of Own Damage Cover	01 Dec 2021 5:33PM to 30 Nov 2022 11:59PM (Midnight)	
Proposal No. & Date	P8757280, 01 Dec 2021	Period of Liability Cover	01 Dec 2021 5:27PM to 30 Nov 2024 11:59PM (Midnight)	
Insured Name	MR. SANDEEP SINGH	Period of CPA Cover	01 Dec 2021 5:27PM to 30 Nov 2024 11:59PM (Midnight)	
Insured Add.	S/O NAIPAL SINGH R/O RAMSHREE MARKET.BAIPASS ROAD,ETMADPUR,AGRA C/O J- 2JUDGE COMPOUND BEHIND SESSION HOUSE,CIVIL LINE, ETAWAH, UTTAR PRADESH-206001	Previous Policy No Previous Insurer	NA NA	
Insured Contact No	7860538569	Nominee Name SONIYA SINGH Age 31 Relation SPOUSE		

Make	Model	Variant  MAHINDRA XUV300 W8 PM BS6 MT XH		Cubic Capacity/GVW	Seating capacity
MAHINDRA & MAHINDRA	XUV300			1197	5
Vehicle Type	Vehicle Sub Class	Carrier Type	Fuel Type	Engine No.	Chassis No./VIN
PRIVATE	CLOSED		PETROL	NMMZL78467	MAINM2NM1M2L63338
Manufacturing Year	RTO	Registration No.	Registration Date	CNG/LPG Kit	Trailer Chassis No/VIN
2021	ETAWAH - UP75	New		0	
Vehicle IDV	Body IDV	Trailer IDV	Non-Elec, Accessories IDV	Elec. Accessories IDV	Total IDV
993508	0	0	0	0	993508

993508	0	0	0	0	993508
***************************************		Schedule of Premi	am (Amount in Rs.)		
Own Damage Premium (A)			Liability Premium (B)		
Basic Premium			Basic Third Party Liability (including TPPD)		9,534
Vehicle .		10,145	Third Party Liability For Bi-Fuel Kit		0
Trailer (IMT - 30)		0	Trailer (IMT 30)		0
Non-Elec. Accessories		0	Legal liability to Driver (1) / Cleaner (0) / Helper (0) / Conductor (0) (IMT - 28)		150
Elec. Accessories (IMT-24)		0	PA Cover For Owner Driver (1500000)		914
CNG/LPG Kit (IMT - 25)		0	PA Cover (100000 per person) for Driver(0) /Cleaner(0) /Helper(0) /Conductor(0) (IMT-17)		0
Sub Total (Basic Premium)		10,145	PA Cover (100000 Per Person) for 5 Unnamed Persons (IMT-16)		750
Geographical Area Extension (IMT-1)		0	Legal liability to NFPP (0) (IMT-37)		0
IMT - 34		0	Geographical Areas Extention (IMT - 1)		0
Lamp, Tyre Mudguards (IMT - 23)		0	IMT - 34 TP		0
			Net Liability Premium (B)		11348
Add On (NIL Depreciation,Engine Gear box protection,Consumables,Return to Invoice,Tyre Protect)		9641	Total Premium (A+B)		31,134
Sub Total-Addition		19,786	CGST(9.00%)		2803
Deductibles			SGST(9.00%)		2803
Voluntary Deductibles (0) (IMT-22A)		0	Gross Premium Paid		36,740
Anti Theft Device (IMT-10)		0	Note: 1.Policy issuance is subject to realization of cheque		
AA Membership (IMT-8)		0	2.Consolidated stamp duty paid to state exchequer		
No Claim Bonus (0%)		0	3. The policy is subject to compulsory deductible of Rs. 1000 (IMT-22)		
Sub Total (Deductibles)		0	4.Geographical Area-India		
Net Own Damage Premium (A)		19,786	*Subject to IMT Endt. Nos.& Memorandum:,16,22,28,7		

Hypothecation Details: STATE BANK OF INDIA, MAIN BRANCH - ETAWAH

MISP Details: Name: RAJENDRA AUTOWHEELS PVT LTD Code: MIBL/M&M/AACCR1218C/000 Receipt No: 18122110588 Payment Mode: ONLINE Reference code: LR010271RAW1 - Addon Cover(s) UIN: 1), , , ,

Grievance Clause: For resolution of any query or grievance you may contact us on our toll free no. 021234567456456, or visit any of our branch offices. You can also write to us at hemant.parman@icicilombard.com . For detailed grievance redressal mechanism please visit the "Grievance Redressal" section on our website www.icicilombard.com .

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

Diselaimer: Please visit www.icieilombard.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.

Iwe 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

DWe never year of the state of the state of Supply : UTTAR PRADESH(State Code : 09) Invoice Number : 18122110588

HSN : 997134 Description of Service: Motor vehicle Insurance Place of Supply : UTTAR PRADESH(State Code : 09) Invoice Number : 18122110588

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For & On Behalf of ICICI Lombard General Insurance Co. Ltd.

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