

**Risk Assumption Letter**

Date : 21/01/2017

NEHA JOSHI

173, Siremal Bafna Marg, Sadar Bazar Main Road,

Indore

INDORE, MADHYA PRADESH 452001

Mobile No.: 9826941147

Tel No.:

Dear Sir/Madam,

We welcome you to the ICICI Lombard Insurance family.

Please find enclosed Policy No. :3005/I-53712676/00/000 which has been issued based on the details furnished to us as below:

1. Name of the Insured : NEHA JOSHI
2. Vehicle Make/Model : TVS/JUPITER
3. RTO City : INDORE
4. Vehicle Registration Number : MP09SZ9854
5. Engine Number : BG4PF1788727
6. Chassis Number : MD626BG49F1P89515
7. Previous policy details provided: Yes
8. Previous Policy period : From 22/01/2016 to 21/01/2017
9. Period of Insurance : From: 00:00 22/01/2017 To: 21/01/2018 midnight
10. Previous Year NCB : 0
11. Date of registration : 29/01/2016
12. Claims made in previous policy : NO
13. Previous Insurer Name : ORIENTAL INSURANCE COMPANY LTD.
14. Previous Policy Number : 151401/31/2016/12982
15. Previous policy type : Comprehensive Package

The information provided herein above is based on the information received from you and accordingly, the policy has been issued. Coverage of risk is subject to realisation of the premium by us. Insurance coverage under the policy would commence only on realization of full premium. In case the premium is not received by us due to dishonour or whatsoever reason, the insurance cover shall be void ab-initio.

Should you feel that there are any changes required, you are requested to inform us immediately by either emailing us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) or calling our 24 hour toll free helpline on 1800 2 666. 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.

The information provided are merely illustrative and shall not be construed to be an evidence of existence of contract of insurance. The Risk Assumption Letter shall be considered as null and void without the policy document issued by the Company. This Risk Assumption Letter is to be read in conjunction with the policy copy attached herewith.

Thanking You,  
Yours Sincerely,



Authorised Signatory  
ICICI Lombard General Insurance Co.Ltd



**TWO WHEELER VEHICLE PACKAGE POLICY**  
**Certificate cum Policy Schedule**

Certificate cum Policy No: 3005/I-53712676/00/000

For CLAIMS : Call 1800 2666 (Toll free from all phones)

For RENEWALS : Visit [www.icicilombard.com](http://www.icicilombard.com) or call 1800 2666

DETAILS OF POLICY HOLDER		POLICY DETAILS	
Insured Name	NEHA JOSHI	ICICI Lombard General Insurance Company	
Insured Address	173, Siremal Bafna Marg Sadar Bazar Main Road Indore, INDORE, MADHYA PRADESH, 452001	<b>Policy Issuing Office</b>	Ltd.ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025
Contact No.	9826941147	<b>Period of Insurance</b>	From 00:00:00 hrs of 22-Jan-2017 to Midnight of 21-Jan-2018
Email Address	r@gmail.com	<b>Policy Issuing on</b>	21/01/2017
		<b>Cover Note No</b>	I-53712676
		<b>RTO Location</b>	INDORE
		<b>Hypothecated to</b>	N/A
		<b>Type of Agreement</b>	None

VEHICLE DETAILS										
Registration Number & RTO Location	Make & Model	Type of body	CC	GVW	Mfg. Year	Carrying Capacity	Sub Class	Chassis Number	Engine Number	
MP09SZ9854	TVS & JUPITER	Solo	109	1	2016	2		MD626BG49F1P89515	BG4PF1788727	

INSURED DECLARED VALUE					
Vehicle IDV (In Rs.)	Side Car	Non-Electrical Acc (in Rs.)	Elec/Electronic Acc (in Rs.)	CNG / LPG Unit (in Rs.)	Total Value (In Rs.)
48837	0	0	0	0	48837

SCHEDULE OF PREMIUM(IN RS.)			
Own Damage(A)		Liability(B)	
Basic Premium	819	Basic Premium including premium for TPPD vehicle	619
<b>Total :</b>	<b>819</b>	<b>Total :</b>	<b>619</b>
<b>Add</b>		<b>Add</b>	
Zero Depreciation ( Silver )	293	PA cover for Owner Driver	50
<b>Sub Total(Additions) :</b>	<b>293</b>	<b>Sub Total(Additions) :</b>	<b>50</b>
<b>Less</b>		<b>Less</b>	
Deduct 20 % for NCB	164	<b>Sub Total(Deductions) :</b>	<b>0</b>
<b>Total :</b>	<b>-164</b>		
<b>Total Own Damage Premium</b>	<b>948</b>	<b>Total Liability Premium</b>	<b>669</b>

<b>Total Package Premium ( A + B )</b>	<b>1617</b>
<b>Service Tax @ 15 % (includes 0.5% of Swachh Bharat Cess &amp; 0.5% Krishi Kalyan Cess)</b>	<b>243</b>
<b>Total Premium Payable(in Rs.)</b>	<b>1860</b>

**Compulsory deductibles : Rs. 100/-**

**Geographical Area : India**

**LIMITS OF LIABILITY:** (a) Under Section II - 1 (i) of the policy -> Death of or bodily injury : Such amount as is necessary to meet there requirements of the motor vehicles Act.1988.  
(b) Under Section II - 1 (ii) of the policy -> Damage to Third Party Property Rs 1,00,000 ; PA Cover for Owner-Driver under section III-CSI Rs 1,00,000

**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 or personal luggage), Organized racing, Pace making, Speed testing, Reliability trials, Any purpose in connection with Motor Trade.

**DRIVER'S CLAUSES :** 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'. For legal interpretation, English version will hold good.

**Subject to IMT Endorsement Nos. & Memorandum printed herein / attached hereto : 22**

**Premium Collection Details :-** [Collection No./Amount/ReceiptDate] NA/RS. 1860 / 21/01/2017

**Agent Code** 8644435  
**Agent Mobile No** 91-9425066215  
**Email Id** sanjaywithsjain@yahoo.com

**Agent Name** SONAL JAIN  
**Agent Telephone No**

**DISCLAIMER:** Please visit [www.icicilombard.com](http://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.

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. In case of any discrepancy kindly let us know within 15 days from the date of receipt of this letter.


**Policy is valid subject to realization of cheque. We accept premium only via legally recognized modes.**

**Grievance Clause**

For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section "Grievance Redressal" on our website [www.icicilombard.com](http://www.icicilombard.com) (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre (IGCC) at their toll free no.155255. You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: [www.irdaindia.org](http://www.irdaindia.org), or on the Company's website at [www.icicilombard.com](http://www.icicilombard.com).

I/We here by certify that the policy to which the certificate relates as well as the certificate of insurance are issued in accordance with the provision of chapter X, XI of M.V Act 1988  
**Service Tax Registration No. :GIS/ MUMBAI-I /1528 /2001**  
**Service Tax Code Number :AAACI7904GST001**  
**Category: - General Insurance Business Services 00440005.**  
**IRDA Registration No.115**  
In Witness whereof this policy has been signed at Mumbai this in lieu of covernote No The stamp duty of Rs. paid in cash or by demand draft or by pay order, vide Receipt/Challan no. dated

For ICICI Lombard General Insurance Company Ltd

  
Duly Constituted Attorney(s)

ICICI Lombard General Insurance Company Ltd.

Mailing Add. Office:  
ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, Veer Savarkar Marg,  
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

Corporate Office:  
ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, Veer Savarkar Marg,  
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025