

Product Code: 3004 UIN: IRDAN115RP0014V01200203

Reference No. W385703469

Date: Jan 07, 2025

RAJENDRA MAHADEO KAMBLE

H NO 119 WARD NO 2 GANESH NAGAR YERAWADA NR GANPATI MANDIR PUNE

PUNE MAHARASHTRA 411006, 9762808363

9762808363

PUNE

MAHARASHTRA 411006

Mobile No: 97\*\*\*\*\*63

**Sub: Risk Assumption Letter**

Dear RAJENDRA MAHADEO KAMBLE,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred insurance provider.

Please find enclosed Policy No. **3004/375529661/00/B00**. The same has been issued based on below mentioned details, provided by you at the time of policy purchase.

| Insured & Vehicle Details |                               |
|---------------------------|-------------------------------|
| Name of the Insured       | RAJENDRA MAHADEO KAMBLE       |
| Period of Insurance       | Jan 08, 2025 to Jan 07, 2026  |
| Vehicle Make / Model      | MARUTI / OMNI E MPI STD 8 STR |
| RTO City                  | MAHARASHTRA-PUNE-C2-C3        |
| Vehicle Registration No.  | MH12KQ2372                    |
| Vehicle Registration Date | Jun 22, 2015                  |
| Engine No.                | F8BIN4805880                  |
| Chassis No.               | A3EVB11S01603967              |
| Current Year NCB(%)       | 0%                            |
| Vehicle Usage             | SCHOOL BUS                    |

The commencement of coverage of risk under the policy is subject to realisation of payment of premium in full. In case the premium is not realised due to cheque dishonour or any other reason, the insurance cover shall be void ab-initio.

We have issued the policy basis your confirmation that you hold a valid PUC and/or Fitness certificate, as applicable.

Government of India has mandated electronic toll payments using FASTag to reduce vehicular traffic at toll plazas. Customers are advised to comply with the direction of the government and get their FASTag from Point of Sale locations at Toll Plazas or from Issuer Agency. Please visit <http://www.fastag.org/> for details.Please check the policy details for accuracy. Should you find any discrepancy / require any changes in the Certificate of Insurance cum Policy Schedule, please contact us immediately at our toll free number 1800 2666 or email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com), so that we can rectify the same. Absence of any communication within a period of 15 days of the date mentioned on this letter, would mean that the issued policy is in order and as per your proposal.**Important Points:**

- Any accidental loss, damage and/or liability caused, sustained or incurred, while vehicle not being registered permanently will not be covered.
- Any minor scratches to the vehicle, paint fading, wear and tear arising out of normal use and requiring touch-up or minor repair under routine maintenance will not be covered.
- Any liability of whatsoever nature caused by, contributed by or arising due to the vehicle being driven by a person without having valid driving license will not be covered.
- 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 the policy and admissibility of claims.

( 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)

The information provided is merely illustrative and shall not be construed to be an evidence of existence of a contract of insurance. The Risk Assumption Letter is to be read in conjunction with the policy and shall be considered null and void without the same.

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.

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

Jan 07, 2025

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Passenger Carrying Vehicles Package Policy

Product Code: 3004 UIN: IRDAN115RP0014V01200203



|                                                                                                                                                        |                                                                                                                                             |                            |                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------|
| Name of the Insured                                                                                                                                    | : RAJENDRA MAHADEO KAMBLE                                                                                                                   | Policy No.                 | : 3004/375529661/00/B00                          |
| Address                                                                                                                                                | : H NO 119 WARD NO 2 GANESH NAGAR YERAWADA NR GANPATI MANDIR PUNE PUNE MAHARASHTRA 411006, 9762808363, 9762808363, PUNE, MAHARASHTRA 411006 | Period of Insurance        | : Jan 08, 2025 00:00 to Midnight of Jan 07, 2026 |
| Telephone No                                                                                                                                           | : -                                                                                                                                         | Mobile No:                 | 97*****63                                        |
| Email Address                                                                                                                                          | : SP*****@GMAIL.COM                                                                                                                         | E-Policy No.               | :                                                |
| Nominee Name                                                                                                                                           | : -                                                                                                                                         | Policy Issued on           | : Jan 07, 2025                                   |
| Relationship                                                                                                                                           | : -                                                                                                                                         | Covernote No.              | : 375529661                                      |
| Age                                                                                                                                                    | :                                                                                                                                           | Named Passenger's Nominee: | :                                                |
|                                                                                                                                                        |                                                                                                                                             | RTO Location               | : MAHARASHTRA-PUNE-C2-C3                         |
|                                                                                                                                                        |                                                                                                                                             | Hypothecated to            | : MAHINDRA AND MAHINDRA FIN SER LTD              |
|                                                                                                                                                        |                                                                                                                                             |                            | :                                                |
| GSTIN No. (Customer)                                                                                                                                   | :                                                                                                                                           | Category                   | :                                                |
| Servicing Branch Name                                                                                                                                  | : Mumbai                                                                                                                                    | Invoice No.                | : 100125522779                                   |
| Servicing Branch Address : 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA |                                                                                                                                             |                            |                                                  |

| Politically Exposed Person (PEP)/close relative of PEP: |                  |                                                                                 |              |                      |                                         |                                | No           |                    |        |                  |
|---------------------------------------------------------|------------------|---------------------------------------------------------------------------------|--------------|----------------------|-----------------------------------------|--------------------------------|--------------|--------------------|--------|------------------|
| Vehicle Registration No.                                | Make             | Vehicle SubClass                                                                |              | Model                |                                         | Model Build                    | Type of Body | CC                 | Mfg Yr | Seating Capacity |
| MH12KQ2372                                              | MARUTI           | C2(A) - 4 OR MORE WHEELED VEHICLE WITH CARRYING CAPACITY EXCEEDING 6 PASSENGERS |              | OMNI E MPI STD 8 STR |                                         | FULLY BUILT                    | MUV          | 796                | 2015   | 8                |
| Carrying Capacity                                       | Chassis No.      | Engine No.                                                                      | Body IDV (₹) | Chassis IDV (₹)      | Electrical / Electronic Accessories (₹) | Non Electrical Accessories (₹) |              | CNG / LPG Unit (₹) |        | Total IDV (₹)    |
| 7                                                       | A3EVB11S01603967 | F8BIN4805880                                                                    | 0            | 1,25,000.00          | 0.00                                    | 0.00                           |              | 0.00               |        | 1,25,000.00      |

| Premium Details             |  |        |                                 |   |           |
|-----------------------------|--|--------|---------------------------------|---|-----------|
| OWN DAMAGE(A)               |  | (₹)    | LIABILITY(B)                    |   | (₹)       |
| Basic OD Premium            |  | 277.00 | Basic Third Party Liability     |   | 17,407.00 |
| IMT-23 Loading              |  | 19.00  | Total                           |   | 17,407.00 |
| Sub Total                   |  | 296.00 | Add:                            |   |           |
|                             |  |        | Legal Liability for Paid Driver |   | 50.00     |
|                             |  |        | Sub-Total                       |   | 50.00     |
| Total Own Damage Premium(A) |  | 296.00 | Total Liability Premium(B)      |   | 17,457.00 |
|                             |  |        | Total Package Premium(A+B):     |   | 17,753.00 |
|                             |  |        | CGST                            | % | 9         |
|                             |  |        |                                 | ₹ | 1,597.77  |
|                             |  |        | SGST                            | % | 9         |
|                             |  |        |                                 | ₹ | 1,597.77  |
|                             |  |        | Total Tax Payable in ₹          |   | 3,196.00  |
|                             |  |        | Total Premium Payable In ₹      |   | 20,949.00 |

|                                                                                                                                                                                                                                                                                  |                                          |                    |                                     |              |            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--------------------|-------------------------------------|--------------|------------|
| Geographical Area: India                                                                                                                                                                                                                                                         | Applicable IMT Clauses: 23 , 7 , 40 , 21 |                    |                                     |              |            |
| Compulsory Deductible: ₹ 500.00                                                                                                                                                                                                                                                  | Voluntary Deductible: ₹ 0.00             |                    |                                     |              |            |
| Premium Collection No.                                                                                                                                                                                                                                                           | 1225751790                               | Premium Amount (₹) | 20949                               | Receipt Date | 07-01-2025 |
| GSTIN Reg.No                                                                                                                                                                                                                                                                     | 27AAACI7904G1ZN                          | 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. |                                          |                    |                                     |              |            |

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.

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## Passenger Carrying Vehicles Package Policy

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**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 0.00/- . 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 only under a permit within the meaning of the Motor Vehicles Act, 1988 or such a carriage falling under sub section (3) of Section 66 of the Motor Vehicles Act, 1988. The policy does not cover 1) Use for organised racing, pace making, reliability trails or speed testing, 2) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle. **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](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. 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](mailto:customersupport@icicilombard.com). For detailed grievance redressal mechanism please visit the "Grievance Redressal" section on our website [www.icicilombard.com](http://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 non-cooperation by or on behalf of the Insured; the Company is not obliged to refund the premium paid under this Policy

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 the policy and admissibility of claims.

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. In witness whereof, this Policy has been signed at Mumbai on this date of Jan 07, 2025 in lieu of Covernote No. 375529661. The stamp duty of ₹ 0.50 paid vide deface no. CSD372024252885 dated Jul 15, 2024.

**Policy Issuing Office:** ICICI Lombard General Insurance Company Limited, ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Warranted that the insured named herein/owner of the vehicle holds a valid Pollution Under Control (PUC) Certificate and/or valid fitness certificate, as applicable, on the date of commencement of the Policy and undertakes to renew and maintain a valid and effective PUC and/or fitness Certificate, as applicable, during the subsistence of the Policy. Further, the Company reserves the right to take appropriate action in case of any discrepancy in the PUC or fitness certificate.



Agency Code : ILG71153  
Agency Name : SHAINAJ AMJAD SHAIKH  
Agent's Contact No: 9067887858  
Contact Person :



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.



वसुधैव कुटुम्बकम्  
ONE EARTH • ONE FAMILY • ONE FUTURE

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CORP/SUP/OPI/2014/1777