

Reference No. W488576814

SHITAL CHINTAMAN CHAVAN
PRISTINE PROSPERIA BUILDING B WING, FLAT NO 306, NEWALE WASTI,
CHIKHALI, RUPEENAGAR PUNE. 7083746395
FLAT NO 306, NEWALE WASTI, CHIKHALI, RUPEENAGAR PUNE. 7083746395
PUNE
MAHARASHTRA 411062
Mobile No: 70*****95

Sub: Risk Assumption Letter

Dear SHITAL CHINTAMAN CHAVAN,

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. **3004/417732543/00/000**, 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	SHITAL CHINTAMAN CHAVAN
Period of Insurance	Nov 21, 2025 to Nov 20, 2026
Vehicle Make / Model	FORCE MOTORS LTD / TRAVELLER 4020
RTO City	MAHARASHTRA-PUNE-C2-C3
Vehicle Registration No.	NEW
Vehicle Registration Date	Nov 21, 2025
Engine No.	D71089414
Chassis No.	MC1E4EHAXTP017433
Current Year NCB(%)	0%
Vehicle Usage	STAFF TRANSPORT

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, 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 / cash loss 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 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, 6th 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

Nov 21, 2025

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Passenger Carrying Vehicles Package Policy

Product Code: 3004 UIN: IRDAN115RP0014V01200203



Name of the Insured : SHITAL CHINTAMAN CHAVAN	Policy No. : 3004/417732543/00/000
Address : PRISTINE PROSPERIA BUILDING B WING, FLAT NO 306, NEWALE WASTI, CHIKHALI, RUPEENAGAR PUNE. 7083746395, FLAT NO 306, NEWALE WASTI, CHIKHALI, RUPEENAGAR PUNE. 7083746395, PUNE, MAHARASHTRA 411062	Period of Insurance : Nov 21, 2025 10:48 to Midnight of Nov 20, 2026
Telephone No : - Mobile No: 70*****95	E-Policy No. :
Email Address : SP*****@GMAIL.COM	Policy Issued on :
Nominee Name : - Named Passenger's Nominee:	Covernote No. : 417732543
Relationship : -	RTO Location : MAHARASHTRA-PUNE-C2-C3
Age :	Hypothecated to : A U SMALL FINANCE BANK LTD.,
GSTIN No. (Customer) :	Category :
Servicing Branch Name : Mumbai	Invoice No. : 1011252105504
Servicing Branch Address : 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	

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	Vehicle SubClass		Model		Model Build	Type of Body	CC	Mfg Yr	Seating Capacity	
NEW	FORCE MOTORS LTD	C2(A) - 4 OR MORE WHEELED VEHICLE WITH CARRYING CAPACITY EXCEEDING 6 PASSENGERS		TRAVELLER 4020		FULLY BUILT	Closed	2596	2025	21	
Carrying Capacity	Chassis No.	Engine No.	Body IDV (₹)	Chassis IDV (₹)	Electrical / Electronic Accessories (₹)	Non Electrical Accessories (₹)		CNG / LPG Unit (₹)		Total IDV (₹)	
20	MC1E4EHAXTP 017433	D71089414	0	18,66,000.00	0.00	0.00		0.00		18,66,000.00	

Premium Details					
OWN DAMAGE(A)		(₹)	LIABILITY(B)		(₹)
Basic OD Premium		1,568.00	Basic Third Party Liability		31,883.00
IMT-23 Loading		235.00	Total		31,883.00
Sub Total		1,803.00	Add:		
			Legal Liability for Paid Driver		50.00
			Sub-Total		50.00
Total Own Damage Premium(A)		1,803.00	Total Liability Premium(B)		31,933.00
			Total Package Premium(A+B):		33,736.00
			CGST		% 9
					₹ 3,036.24
			SGST		% 9
					₹ 3,036.24
			Total Tax Payable in ₹		6,072.00
			Total Premium Payable In ₹		39,808.00

Geographical Area: India	Applicable IMT Clauses: 23 , 7 , 40 , 21	
Compulsory Deductible: ₹ 1,000.00	Voluntary Deductible: ₹ 0.00	
Premium Collection No. 1252298912	Premium Amount (₹) 39808	Receipt Date 21-11-2025
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.		

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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 when not used for the transport of passengers at the time of the accident 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 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 / cash loss 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 in lieu of Covernote No. 417732543. The stamp duty of ₹ 0.50 paid vide deface no. CSD4920251428 dated Apr 24, 2025.

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 : DB121024
Agency Name : SPARKSHIELD INSURANCE
BROKER PRIVATE LIMITED
Agent's Contact No: 8421887858
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.

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