

O ICICI & Lombard

Ref. No. W117420938

L M COTEX PVT LTD C/O NITIN AGRAWAL AT BIKRAMPUR GUNUPUR DIST RAYAGADA RAYAGADA ORISSA 765022 Mobile No: 8669073766

Sub: Risk Assumption Letter

Dear Sir/Madam,

Thank you for choosing ICICI Lombard General Insurance Company Limited (ICICI Lombard) as your preferred service provider.

Please find enclosed Policy No. 3008/232292779/00/000, which has been issued based on the below mentioned details:

| Insured & Vehicle Details | | | | | |
|---------------------------|--------------------------------|--|--|--|--|
| Name of Insured | L M COTEX PVT LTD | | | | |
| Period of Insurance | Nov 18, 2021 to Nov 17, 2022 | | | | |
| Vehicle Make / Model | JOHN DEERE / 5310 WHEEL LOADER | | | | |
| RTO City | ORISSA-RAYAGADA | | | | |
| Vehicle Registration No. | NEW | | | | |
| Vehicle Registration Date | Nov 18, 2021 | | | | |
| Engine No. | PY3029H167688 | | | | |
| Chassis No. | 1VY5310EKMA016926 | | | | |
| Current Year NCB(%) | 0% | | | | |

The information provided above is based on the information received from you and accordingly, the policy has been processed. Coverage of risk is subject to realisation of the full premium, post which, insurance coverage under the policy would commence. In case the premium is not received by us 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.

If you require any changes in the Certificate of Insurance cum Policy Schedule, you are requested to inform us by writing to customersupport@icicilombard.com or calling our 24 hour toll free helpline on 1800 2666. 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.

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.

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Miscellaneous Vehicles Package Policy

Product Code: 3008 UIN: IRDAN115P0015V01200203



Insured Name L M COTEX PVT LTD

C/O NITIN AGRAWAL. AT BIKRAMPUR GUNUPUR DIST Address

RAYAGADA, RAYAGADA, ORISSA 765022 8669073766

Mobile No: Telephone No **Email Address** LMCOTEXPVTLTD@GMAIL.COM

Nominee Name Named Passenger's Nominee:

Age

GSTIN Number (Customer) 21AABCL5368C1ZX

Servicing Branch Name Mumbai

Relationship

3008/232292779/00/000 Policy No

Period of Insurance Nov 18, 2021 19:02 to

Midnight of Nov 17, 2022

E-Policy No

Policy Issued On

Covernote No 232292779

ORISSA-RAYAGADA **RTO Location**

Hypothecated To Category

Invoice Number 1011211120690

Servicing Branch Address 414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

| Registration No. | Make | Vehicle SubClass | | | Мо | del | Model Build | Type of Body | CC | Mfg Yr | Carrying Capacity |
|-----------------------|-------------------|------------------------|-----------------|--------------------|----------------------|-----|--------------------------------|-----------------------------------|------|-----------------------|----------------------|
| NEW | JOHN DEERE | , | WHEEL LOADE | ER | 5310 WHEEL LOADER | | PARTIALLY BUILT | Open | 2000 | 2021 | 2 |
| Chassis No. | Engine No. | Trailer Chassis No. | Body IDV (₹) | Chassis IDV (₹) | Trailer (₹) | | ll / Electronic ssories (₹) | Non Electrical Accessories (₹) | | CNG / LPG Unit (₹) | Total IDV (₹) |
| 1VY5310EKMA01 6926 | PY3029H16768 8 | 0 | 332500 | 1029250 | 0 | | 0 0 | | 0 | 1361750 | |

| Premium Details | | | | | | | |
|-----------------------------|------|--------------------------------|---------|--|--|--|--|
| OWN DAMAGE(A) | | LIABILITY(B) | (₹) | | | | |
| Basic OD Premium | 4051 | Basic Third Party Liability | 6847 | | | | |
| IMT-23 Loading | 608 | Total | 6847 | | | | |
| Sub Total | 4659 | Add: | | | | | |
| | | PA Cover for Owner Driver | 375 | | | | |
| | | Legal Liability to Paid Driver | 50 | | | | |
| | | Sub-Total | 425 | | | | |
| Total Own Damage Premium(A) | | Total Liability Premium(B) | 7272 | | | | |
| Total Package Premium(A+B): | | | | | | | |
| IGST | | | 18 | | | | |
| | | ₹ | 2147.58 | | | | |
| | | Total Tax Payable in ₹ | 2148 | | | | |
| Total Premium Payable In ₹ | | | | | | | |

| Geographical Area: India | | | | | Applicable IMT Clauses: 23 | | | |
|--|------------|---|----------|--|----------------------------|------------|--|--|
| Compulsory Deductible: ₹ 0.5% of IDV of the vehicle subject to a minimum of Rs. 2000/- | | | | | Voluntary Deductible: ₹ 0 | | | |
| | | | | | | | | |
| D . O !! !! N! | 4404400000 | D | E 4 4070 | | D ' ' D ' | 40 44 0004 | | |

| Premium Collection No. | 1134429256 | Premium Amount | ₹ 14079 | Receipt Date | 18-11-2021 |
|------------------------|-----------------|----------------|-------------------------------------|--------------|------------|
| GSTIN Reg.No | 27AAACI7904G1ZN | HSN/SAC code | 997134 / GENERAL INSURANCE SERVICES | | |

Limits of Liability: (a) Under Section II-I(i) of the policy: Death of or bodily injury - Such amount as is necessary to meet the requirements of the Motor Vehicles Act, 1988. (b) Under Section II-I(ii) of the policy: Damage to Third Party Property ₹ 750000/-; PA Cover for Owner-Driver under Section III: CSI ₹ 1500000/-. 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. 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 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.

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 in lieu of Covernote no. 232292779. The stamp duty of ₹ 0.5 paid vide deface no. CSD17520214442 dated Nov 01, 2021.

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.

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.

CERTIFICATE OF INSURANCE CUM POLICY SCHEDULE

Miscellaneous Vehicles Package Policy

Product Code: 3008 UIN: IRDAN115P0015V01200203





Agency Code : DB33806

JAINUINE INSURANCE BROKER PVT LTD Agency Name

Agent's Contact No: 9373024780

Contact Person

Signature Not Verified Digitally signed by DS ICICI LOMBARD GENERAL INSURANCE GEMPANY LIMITED Date: 2021.11.18 19:08:20 IST