	Lombard	Servicin	I (g Office: SECOND FLOOF PAN: AAACI7904G, GS	R, SVR COMI	PLEX, HOSUR, M KARNATA Propos	AIN ROA KA -5600 Sal Form		RNATAKA 56		
			· AN: AAAOI7 2040, 03							
Proposal No: HIIB4836566					Proposal Date:		28-Sep-2023 (16:08)			
Proposer Name: THE VTECH CODERS					Previous Policy No:		3001/HI-11764581/00/000			
Vehicle Class:	PRIVATE			Previous Insurer:		ICICI Lombard General Insurance Company Limited.				
Proposer Address: 0/P SUVARNA PETROL PUI DHARWAD, KARNATAKA-58					Period of Own Damage: Period of Liability Cover:		04-0CT-2023 (00:00) To 03-0CT-2024 (1 YEAR)			
			80004	-						
				Perso	Period of Compulsory Personal Accident Cover:		ΝΑΤΟΝΑ			
Proposer Details:	Proposer Type		GSTIN	Nomi	nee Details		Name	Age	Relation	
•	CORPORATE	NA	29AASFV4478R1Z0				NA	0	NA	
				vious TP Det	ails					
TP Insurance Company			eneral Insurance Compa	any Limited.		_	icy No:		764581/00/000	
TP Risk Inception Date: 04-Oct-2022			abiala Datail			sk Expiry Date: 03-Oct-2025		5		
Maka	Madal		Sub Model	ehicle Detail			Monufacturi	va Veer	Conting Conneity	
Make HYUNDAI	Model VENUE	VENI	JE 1.2 KAPPA MT S(0)		Cubic Capacity		Manufacturing Year 2022		Seating Capacity	
Invoice Date	Registration No.	VLINC	RT0	Hypo	Hypothecation/Lease*		Engine No.		VIN / Chassis No.	
04-0CT-2022	KA-25-TC-0001		DHARWAD		YES		G4LANM219314		MALFC81BLNM355366	
Invoice Value	Vehicle IDV		Elec. Accessories	Non-I	Non-Elec. Accessories		BI Fuel Kit		Total IDV	
1054130 843304							0 843304			
-	-		Schedule of F	Premium (Ar	nount in Rs.)			~	1	
Own Damage Premium	(A)			nt Liability F					Amount	
	Basic Own Damage	Premium		Basic Third Party Liability				Y.	0	
Vehicle				'3 Bi-Fuel Ki				0		
Non-Elec. Accessories (IMT-24)				0 Geographical Area Extension (IMT-1)					0	
Elec. Accessories (IMT-	24)		0 Sub Tota	(Third Party Li				0		
Bi-Fuel Kit (IMT-25)			0	7		ersonal Accident (PA	A) Cover			
Sub Total (Basic Premi			8073 Compulsory PA Cover for Owner Driver Rs.0 (IMT-15)					0		
Geographical Area Extension (IMT-1)			0 PA Cover for (0) Unnamed Pass					T-16)	0	
IMT 58 Premium				0 PA Cover for Paid Driver Rs. 2 Lac (IMT-17)					0	
Sub Total	D: • (D		807	3 Sub Tota	PA Cover				0	
Voluntary Doductible (II	Discounts/Dedu	ctibles		0 Paid Driv			Legal Liability		0	
Voluntary Deductible (IN		0 Paid Driver (IMT-28) 0 Employees (for- 0 Persons) (IMT-29) (for 0 persons)					0			
Anti-Theft Device (IMT-10) AA Membership (IMT-8)			0 Sub Total (Legal Liability)				-29) (for 0 persons)		0	
No Claim Bonus – (20%)				1615 Net liability Premium (B)					0	
Handicapped Discount			0 Total Premium (A+B)					11142		
Sub Total (Discounts/D		1615 CGST (9%)					1003			
Add-on Coverage (ZD, KP, PB)			4684 SGST (9%)						1003	
Net Own Damage Premium (A)				11142 Gross Premium Paid					13148	
Add-on Cover Opted in the Policy: NIL DEPRECIATION, KEY REPLACEMENTS, PERSONAL BELONGING.										
			ince Services, Place of S			Code: 29	9)			
*Hypothecation Details: KO							,	nt Mode:ONLIN	E	
Break in Insurance Declarati	on "I/We hereby Declare an	d Undertake	Y				·			
appropriate check box and p	rovide relevant information	against select	which it was not covered by ed entry) which it was not covered by							
DD/MM/YYYY Add more dat	e/s with time if vehicle had	met with an a	ccident more than once)							
I/we understand that all and Insurance Company Limited	or any kind of liabilities ari	sing out of acc presents will be	ident/s which had occurred completely out of ambit of	prior to risk in said Policy an	ception date and t d said Companv w	ime as me /ill not be i	entioned in the Policy Do in any manner liable or l	ocument issued held responsible	by ICICI Lombard General	
I/we further undertake that i							•			
as void ab-initio".	are that the rate of NOD	mod hum - 1		hoo erie i	the eventsing !!	ported (ony of the policy and	od) 1/Ma funt	undartaka that if this	
NCB Declaration I / We declar declaration is found to be inc	correct, all benefits under p	blicy respect o	f Section I of the policy will b	be forfeited.	the expiring policy	perioa (co	opy of the policy enclos	ea) I/we further	undertake that if this	
Declaration "I am/we are aw only the certificate and sche that the PUC certificate of th	dule of insurance upon und	ertaking of the	insurer that the complete p	olicy terms & c	conditions will be r	nade avail	lable free of cost upon	my/our request"	'. I hereby declare and confirm	
liability under this Insurance	ation shall form the basis of eing granted and that if, afte . I/We agree and undertake	of the contract er the insuranc to convey to a	between me/us and the It is e is affected, it is found that ny change / alterations carri	hereby unders any of the sta ied out in the ri	stood and agreed t tements, answers sk proposed for in	hat all sta or particu isurance a	tements, details and pa lars are incorrect or unt fter submission of this	articulars provide true in any respe proposal form.	dge and belief and I/We ed herein above are the basis cct, the company shall have no "I/We have insurable interest rorposer hereby declares and ed in the proposal form, forms be forfeited to the Company. zation.	
			reby confirm having a valid p							
I hereby confirm that I have r	mandated Hyundai India Ins	urance Brokin	g Pvt.Ltd. to place my insura	ance risk and h	ave read and agre	ed on the	terms and conditions.			
Insurance Broker Name: Hyundai India Insurance Broking Pvt. Ltd. Corporate Office: 16th Floor, Building No. 9A, DLF Cybercity, Phase III, Gurugram, Hary					01	Proposer Signature &	pposer Signature & Date:			
			MISP NAME: BELLAD AND COMPANY				Proposal Form Created by:			
CIN: U67200HR2021PT GST: 06AAGCH0310P1	C098982 ZP	MISP CODE: HIIB-MHY-0112 Designated Person NAME : ULAPPA TOTAPPA KALLUR			LUR.	MISP Authorised Signatory				
INSURANCE ACT 1938, SEC 1) No person shall allow or c India, any rebate of the wholl such rebate as may be allow which may extend to ten lak!	offer to allow, either directly e or part of the commission red in accordance with the p	or indirectly as payable or an	s an inducement to any perso y rebate of the premium sho pectuses or tables of the Ins	on to take out own on the poli surer 2) Any pe	or renew or contin icy, nor shall any p rson making defa	ue an insu erson taki ult in comp	Irance in respect of any ng out or renewing or c plying with the provision	kind of risk rela ontinuing a Polio ns of this section	ting to lives or property, in cy accept any rebate, except n shall be liable for a penalty,	

Disclaimer: This Proposal is valid for today only. Price may vary subject to Terms & Conditions of Insurance Company at the time of policy issuance.