

| Calculate Premium √ | 2 Enter Details | 2 2 | Review & Confirm | 4 | Pay | 5 | Issue Policy |
|------------------------|----------------------|------------------------------|------------------------------|------------|---------|----------------|-----------------|
| view & Confirr | n | | | | | | |
| Premium Calculation | | | | | | | |
| | Policy Type | Non Declaration | | | | | |
| | Band | | | | | | |
| | Customer Name | SUBRAT KUMA | R DAS | | | | |
| Mailing Add | Iress of the Insured | PLOT NO 1485, TERNARY HOS | | | | BHUVANESH | WAR NEAR VE |
| | Basis of Valuation | Reinstatement V | /alue | | | | |
| Hy | pothecation Details | Not Required | | | | | |
| | Policy Period | From : 19/02/20 |)22 To : 1 | 18/02/2027 | | | |
| Risk Location Block De | etails | | | | | | |
| Location Number | Risk Location Dis | trict/State | Occupancy | | Tot | al Sum Insured | |
| | | R,ORISSA,75100 | | | | | |
| 1 | 2 | | Dwellings | | 100 | 04500 | |
| olicy Level Add On Co | over | | | | | | |
| Description of Add On | Cover | | | | Declara | tion Sum Ins | ured |
| | Excess | Normal Excess | | | | | |
| | | | | | | | |
| Fire Premium Details | | | | | | | |
| | | Basic Premi | ium : 16997 🍊 | 2 | | | |
| | | Earthquake Premi | | | | | |
| | Ad | d On Cover Premi | ium : 0 🕜 | | | | |
| | | Terrorism Premi | ium : 4002 👔 | | | | |
| | | | ium : 23500 | | | | |
| | | Goods & Service | Tax : 4230.00 Puty : 0.50 | ? | | | |
| | Тс | otal Premium Paya | • | 2 | | | |
| | | LOAD DOCUMEN | | | | | |
| | | | | | | | |
| | | | | | | | |

| Fire Policy Summary | |
|-----------------------|------------|
| Policy Start Date | 19/02/2022 |
| Policy End Date | 18/02/2027 |
| Total Premium Payable | 27731.00 |

| Proposal Details | |
|--------------------------------------|------------------------|
| | |
| Customer Name | SUBRAT KUMAR DAS |
| Industry Type | DWELLINGS |
| Sector Type | Others |
| Mobile No. | 9726677111 |
| Email ID | SKDAS12@REDIFFMAIL.COM |
| Customer's PAN Number | |
| | |

I/We do hereby declare that I/we have read and understood the entire text, features, disclosures, benefits, terms and conditions of the policy and I/we further declare that the information furnished above are true to the best of my/our knowledge and no material information, which may be relevant, has been withheld or not disclosed. In case any of the information above is found false during verification at a later date, the company would have the right to cancel the policy and premium amount paid will be forfeited.

I/We also declare that any additions or alterations are carried out after the submission of this proposal form then the same would be conveyed to the insurers immediately.

□ I agree to the Terms and Conditions

Date: 19/02/2022

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