ICICI Lombard
GENERAL INSURANCE

CPI:
PF :

BUSINESS SOURCE DETAILS

Name of RM :	MANOJ CHANGO TAYADE		Employee ID :	1021642	RM Location: JALGAON
Second MO Name:			Inward Date :		
Primary Vertical :	AXIS BBG		Secondary Vertical :		
Primary Sub Vertical:	KRG AXIS		Secondary Sub Vertical:		
IL Location :	JALGAON	BSG Location: JALGAON	Additional CST RM Name:		
Type of Policy :	New		NEFT Details Change (Renewal-GHI):	-	
If GHI (NFE) :			Moral Hazard No :		

PAYOUT DETAILS

Intermediary Name:	AXIS BBG	IL Co-Ins Leader :	Payout 100%
Intermediary Code:	IM-1266855	Commission in % :	7.50%

POLICY ISSUANCE DETAILS

Insured Name:	LATE SUSHILABAI JAISWAL MAHAVIDYALAY PANHERA		Policy Start Date :	24-10-2024	1 Years, 0 Month — 24-10-2025
Product Name:	Group Health Insurance		Product Code :	4016	
Customer ID :			DCI (REG ID (GHI) :		SI
QMS/Samadhan(Q)	13818968	(DV)	Alternate Policy No :		
Booking Type :	Final		Product Type :	OTC	
Co-Insurance Type:			All Co-Insurer Details with Share%:		
URN (Co-Insurance):			(Applicable for Leader & Follower)		
RI Inward :			RI Inward Type :	-	
Network Partner (NP):		NP Name:	RM Name for SPG / IBG :		

ENDORSEMENT ISSUANCE DETAILS

Insured Name:		Proposal/Policy No:	
Endorsement No.		Policy Number :	
Endorsement Effective Date:		Policy Start Date :	
Customer ID:		PID (Product Cancel Cases)	
Endorsement Type:		Refund Type :	Adjustment
GSTIN Details Provided earlier:	No	URN (Endorsements):	

PAYMENT DETAILS

Mode of Payment:	CHEQUE	CD BG A/C No:	
Instrument No :	319229	& Amt ₹ 6,601.00	
Bank Name :	SBI	Premium `: IL Share (Co-insurance)	
Underwriter Name:		Total Premium:	
GSTIN Registered:	Yes (If YES Selected Single Invoice)	**PID No:**	

INTERMEDIARY DETAILS-Mandatory If Primary Vertical BA & Sub Primary Vertical: BBG & KRG

1) Source Name: RLG SMEAG CRFG I-SEC Non Bank

2) Channel Name:

For Source Name RLG: SAG BLG-NCA BLG-ERV ETRG TASC Corp I&S Non Bank

For Source Name SMEAG: SME-Relation SME-Sales Agri-Relation Non Bank

For Source Name CRFG/I-Sec: CRFG: I Sec

3) Branch Name: Sold ID: (For search purpose only)

For Source Name SMEAG/CRFT/I-Sec: SMEAG CRFG I Sec

5) SP Name:SAKSHI GUNDO..... SP Code:SP0069510036 .....

6) Channel Employee Name:SAKSHI GUNOD..... 7) C hannel Employee ID: 341947.....

8) CIF No:.....

HYPOTHECATION

NA

PAN : AAAGS3950E

GSTIN :

SSJaiswal
प्राचार्य(प्र.)
स्व.सुशिलाबाई जैस्वाल महाविद्यालय
पान्हेरा, ता.मोताळा, जि.बुलडाणा

CLIENT REGISTRATION FORM FOR DCM	
Registration Number	
Product Name* :	GPA
Product Type :	NON_OTC
Policy Number :	
Type of Business* :	Fresh
Customer Id* :	
Policy Start Date* :	
Policy End Date* :	
Client Name* :	Late Sushilabai Jaiswal mahavidyalay Pathersa
Client Touch Point Name* :	
Client Email Id 1* :	ambikabahu9999@gmail.com
Client Email id 2 :	
Client Email id 3 :	
Client Email id 4 :	
Client Email id 5 :	
RM Emp Id* :	
RM Name :	
CST RM Emp Id* :	
CST RM Name :	
IL Location* :	
Zone* :	West
Payment Mode* :	Cheque
CD Account Number :	
Primary Vertical* :	COB
Primary Sub Vertical* :	COB
Endorsement No :	
Business Type* :	Intermediary
Broker/Agent PF Code* :	
Broker/Agent Name* :	
Document Type (Deviation if any):	Quote

SSJaiswal

प्राचार्य(प्र.)
स्व.सुशिलाबाई जैस्वाल महाविद्यालय
पाथर्सा, ता.मोताळा, जि.बुल.

DCM