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 :**	**2/29/2024**	
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:	BHAUSAHEB GAIKWAD SINIOR COLLAGE, PETH	**Policy Start Date :**	**2/27/2024**	1 Years, 0 Month	2/26/2025
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		
Bank Name :	**BANK OF MAHARASHTRA**	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 :

Principal
Bhausaheb Gaikwad
Senior College,Peth
Tq.Chikhali Dist.Buldana

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* :	Bhausaheb Gaikwad Sinior Collage, Peth
Client Touch Point Name* :	
Client Email id 1* :	bbgaikwad2722@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