

Risk Assumption Letter

Dear Sir / Madam,

We thank you for placing this Insurance business with us.

Please find attached herewith Policy No.: **4029/CONGT/115910876/00/000**, which has been issued based on the details furnished to us by insured:

1. Name of the Insured	: Mr. Parthipan Sreepathi
2. Mailing Address	: COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, CHENNAI, TAMIL NADU, -600018
3. Risk Address	: Cognizant Technology Solutions India Pvt Ltd, 6/7/8th Floor New No 165/Old No 110, Menon Eternity, St. Mary Road, Alwarpet, Chennai, Tamil Nadu - 600018.
4. Telephone No.	: 0
5. Mobile No.	: 9940634265
6. E-mail Id	: sreepathi.parthipan@cognizant.com
7. Date of Birth	: 14-Oct-1984
8. Passport No.	: L6221393
9. Period of Insurance	: From: 18-Feb-2017 To: 19-Mar-2017 (midnight)
10. Geographical Scope	: Worldwide (Including Schengen Countries)
11. Reference Number	: COGNIZANT GOLD W 500
12. Pre-existing Diseases	: NA
13. Medical Treatment History	: NA
14. Family Doctor's Details	: Dr.NA
15. Nominee Name	: NA
16. Employee Number	: 166908

Please go through the details as furnished in the format and also as provided in the policy document and confirm that they are in order. Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at **customersupport@icicilombard.com** for necessary changes/rectification. In the absence of any communication from you within 15 days or before the risk inception date of the policy in this connection, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

It brings us pleasure in announcing that our operations function has been ISO 9001:2000 certified with effect from 7th September 2004. The certifying agency was Det Norske Veritas (DNV). This would mean that we would meet the service related promises that we make to our customers.

Thanking you,



Authorised Signatory
ICICI Lombard General Insurance Company Limited.

ICICI Lombard General Insurance Company LTD, IRDA Regn. No. 115.
ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

www.icicilombard.com



CONFIRMATION OF AVAILABILITY OF INSURANCE
Overseas Group Travel Insurance

Confirmation No.: 4029/CONGT/126971210/00/000

ICICI Lombard Overseas Group Travel Insurance Policy No. 4029/CONGT/115910876/00/000 dated 18-Feb-2017 has been issued at Mumbai by ICICI Lombard General Insurance Co.Ltd to the Insured, M/s. Cognizant Technology Solutions India Pvt Ltd And All Its Legal Entities as specified in the Policy and is governed by the terms, conditions and exclusions therein contained or otherwise expressed in the said Policy. This Confirmation, issued under the signatures of an Authorised Signatory of the Company, represents the availability of benefit to the below mentioned Insured Person, who is a permanent employee of the Insured, or a dependent of a permanent employee of the Insured or a customer of the Insured. Subject to the terms, conditions and exclusions contained or otherwise expressed in the said Policy to the extent of Sum Insured mentioned as maximum liability, but not exceeding the Sum Insured as specified in Part I of the Schedule to the said Policy.

POLICY DETAILS

Policy No.: 4029/CONGT/115910876/00/000 **Confirmation No.:** 4029/CONGT/126971210/00/000 **Agent Location:** Chennai

Agent Name.: Cognizant Technology Solutions India Private Limited **Agent code(ID):** **Contact No:** 9739012578

Period of Insurance : From: 18-Feb-2017 To: 19-Mar-2017 (midnight)
Maximum Trip Duration : Days= 30
Geographical Scope : Worldwide (Including Schengen Countries)

DETAILS OF THE INSURED		REFERENCE NUMBER : COGNIZANT GOLD W 500		
Name	Mr. Parthipan Sreepathi	Benefits	Sum Insured	Deductibles
Mailing Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, CHENNAI, TAMIL NADU	Repatriation of Remains (Included in Medical Sum insured)	\$25000	Nil
Pin Code	600018	Dental Expense	\$400	USD 10
Telephone No	0	Total Loss of Checked-In Baggage	\$600	Nil
Mobile No.	+919940634265	Delay of Checked-In Baggage	\$150	12 Hours
E-mail Id	sreepathi.parthipan@cognizant.com	Loss of baggage and personal effects	\$200	USD 10
Date Of Birth	14-Oct-1984	Trip Cancellation & Interruption	\$500	Nil
Passport No.	L6221393	Trip Delay	USD 100/day for Max 500	6 Hours
Alternate Policy No.	NA	Personal Liability	\$100000	Nil
IL ID	565281101	Emergency Hotel Extension	\$2000	Nil
		Compassionate visit	\$2000	USD 10
		Home Burglary	INR 200000	Nil
		Medical Expenses (Includes Medical Evacuation Cost)	\$500000	USD 10
		Hijack Distress Allowance	USD 125 per day for max 7 days	12 Hours
		Emergency Cash Advance	\$500	Nil
		Political Risk and Catastrophe evacuation	\$2000	Nil
		Bounced Booked Hotel/Airline	\$1000	USD 10
		Personal Accident (Includes Death, PTD, PPD)	\$30000	Nil
		Daily allowance in case of Hospitalisation	USD 25 per day for max. 7 days	48 Hours

Special Terms & Conditions : NA

Pre-existing Ailments History
NA

Hospitalisation / Medical Treatment History
NA

Family Doctor's Name, Address and Contact No.
Dr.NA

The above records the information of pre-existing illnesses / hospitalization etc. details given by the insured pursuant to Clause 4 (4) of the IRDA (Policyholder's interest) Regulations, 2002. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non disclosure of material information.

	Start Date	End Date	Premium	Service Tax (includes 0.5% Swachh Bharat Cess & 0.5% Krishi Kalyan Cess)(Rs.)	Net Premium (Rs.)
Original Details	18-Feb-2017	19-Mar-2017	405	60.75	466

Note: Sublimits are not applicable for Schengen countries.

For ICICI LOMBARD GENERAL INSURANCE CO. LTD.



Authorised Signatory

Date of issue: 08/02/2017

Place of issuance: MUMBAI

Service Tax Registration No. : GIS/MUMBAI-I/1528/2001

Service Tax Code Number : AAACI7904GST001

Category: General Insurance Business Services 00440005.

The stamp duty of Rs 1.00 paid in cash or by demand draft or by payorder, vide Receipt/challan no. 7559275 challan date. 18/01/2017

Please refer to Part II and Part III of the policy schedule for detailed terms and conditions of the covers described above. In the event of an accident or sudden illness or any other claim caused by a contingency covered under the insurance policy, immediately contact the helpline number stating the necessary details. Contact the ICICI Lombard 24hr Help Line number for assistance and registering your claim: From USA and Canada: + 18448711200 (Toll Free), From Rest of the World : +91 124 4498778 (Call back facility), In India 1800 102 5721 (Toll free and accessible in India (available from Mon-Fri between 9am- 6pm), Fax: + 91 124 4006674, E mail : icicilombard@falck.com. Failure to send immediate notice on the happening of a loss resulting in a claim may prejudice the insured's claim under the policy. The documents required in support of the claim shall be forwarded to the Company at the address mentioned below immediately upon return of the Insured to the Republic of India.

CLAIMS DEPARTMENT

ICICI LOMBARD

C/O Falck India Pvt Ltd

Upper Floor

The Peach Tree, Block - C

SushantLok - I, Sector 43, Gurgaon,

Haryana - 122015 (India)

Note: In case you find any variation between the information provided by you and the details as mentioned in the policy certificate, kindly contact us immediately.

IMPORTANT NOTE: This certificate has to be read in conjunction with the Terms & Conditions, coverages and exclusions, which is available with ICICI Lombard. You may also email us at customersupport@icicilombard.com. In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only)

Disclaimer: Insurance is subject matter of solicitation. Please refer to policy wordings for terms and conditions, coverage and exclusions.

ICICI Lombard General Insurance Company Limited **IRDA Reg.No.115, Misc 29**

Mailing Address: ICICI Lombard General Insurance Company Limited,
Interface Building No.11, 401/402, 4th Floor, New Link Road, Malad (W), Mumbai - 400064.

Corporate Office Address:
www.icicilombard.com

KEY INFORMATION SHEET (KIS)

S.No.	Title	Description(Description is illustrative and not exhaustive)	Refer to Clause
1	Product Name	Overseas Group Travel Insurance	
2	What am I covered for	<ul style="list-style-type: none"> Hospitalisation expenses for Injury/illness during the trip Expenses incurred for injury/illness to natural tooth or teeth during the trip Cost of transportation of mortal remains in the event of death during the trip Transportation expenses for medical evacuation with prior approval Accidental injury leading to Death/PTD during the trip Value of Checked-In Baggage lost whilst in custody of common carrier Allowance for the Delay of Checked-In Baggage whilst on trip Loss of Passport whilst on Trip abroad <p>(Note: The above mentioned is an illustrative listing of the policy coverages which may be applicable under your policy. Please refer to the policy certificate for the exact coverages applicable to you. For details on coverages, please refer policy wordings).</p>	Part II of the Schedule
3	General Exclusion Conditions	<ul style="list-style-type: none"> Pre-existing Disease or illness except in Life saving unforeseen emergency and/or acute painful conditions provided the same has been opted for under the policy. Cosmetic treatment or Plastic surgery in any form or manner Rehabilitation and/or physiotherapy or the costs of protheses/prosthetics(artificial limbs)etc Mental or psychiatric disorders; HIV/AIDS. Self inflicted injuries; Drug or alcohol abuse Partial loss of items in the checked in Baggage Loss of Valuables and money Theft of passport unless reported to police within 24 hours Any claim arising out of sporting or adventurous activities/aircraft operation. <p>(Note: The above mentioned is a partial listing of the policy exclusions. Please refer to the policy wordings for the full listing).</p>	Part II of the Schedule Coverages and Exclusions Applicable of respective benefits
4	Limit of Covered Expenses	<ul style="list-style-type: none"> Sublimits are not applicable for Schengen countries For policies with sum insured over USD 100,000, the benefit of medical expenses is restricted to USD 100,000 per sickness or accident leading to one or more hospitalisations. For persons aged 56 years and above, maximum eligible expenses are as follows <ul style="list-style-type: none"> Hospital Room and boarding: Max USD 1,600 per day up to max of 30 days ICU: Max USD 3,000 per day up to 7 days Surgery: Max. upto USD 12,000 Anaesthetist service: Max. upto 25% of surgical treatment Medical Practitioners visit fees: Max. USD 75 per day per visit up to 10 visits Diagnostic and radiology services: Max. USD 750 Ambulance services: Max. upto USD 500 <p>(Note:The above mentioned is an illustrative listing of the sublimits which may be applicable under your policy. Please refer to policy wordings for the exact sublimits applicable to you.)</p>	Part II of the Schedule
5	Claims Contact and procedure	<ul style="list-style-type: none"> Lodge your claim by calling at following numbers for Overseas Policies <ul style="list-style-type: none"> In USA & Canada +1 844 871 1200 (Toll Free) From the rest of the World +91 124 4498778 (Call Back Facility) In India 1800 102 5721 (Toll Free & Accessible in India Only) Fax +91 124 4006674 E-mail - icicilombard@falck.com Promptly give the Company any and all information and documentation concerning the claim or the Company's liability for it. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it 	Claims Procedure in Part II of the Schedule
6	Cancellations	<p>This policy would be cancelled in below conditions:</p> <ul style="list-style-type: none"> We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by registered post to your last known address, and then we shall refund a pro -rata premium for the unexpired Policy Period. You may cancel this Policy any time before date of expiry of insurance by giving us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period provided no claim has been reported on your behalf under the Policy 	Cancellation Clause under Part III of the Schedule

7	Extension	<ul style="list-style-type: none"> If applicable under your policy, kindly approach the nearest branch for the extension of policy. 	General Conditions under Part II of the Schedule
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(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy certificate. In case of any conflict between the KIS and the policy certificate, the terms and conditions mentioned in the policy certificate shall prevail. **Note:** Description of covers provided in policy wordings (Part II of the Schedule) will be applicable only to the covers mentioned on your policy certificate.

Please visit our website www.icicilombard.com for branch office address

Name : Parthipan Sreepathi
Policy No. : 4029/CONGT/126971210/00/000
Date Of Birth : October 14, 1984
Valid From : February 18, 2017
Valid To : March 19, 2017

For Hospitals / Doctors

To verify eligibility please call on the below numbers

USA & Canada (Toll Free) : +1 8448711200,

Rest of the World (Call Back Facility) : +91 124 4498778

Email Address : icicilombard@falck.com

Please read the below mentioned information carefully for hassle free claim settlement**24x7 Customer Helpline Numbers for Claim Related Inquiry**

1. Registration of claim is required prior to availing benefits under this policy
2. Please call the given numbers to register your claim and to confirm your coverage
3. Cashless benefits are applicable for Inpatient treatment only and not for Outpatient treatment
4. This card is only for information and does not guarantee the admissibility of claim

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(Call Back Facility)

India (Toll Free) : 18001025721

Fax Number : +91 124 4006674

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