

DeepDoctation

This web app transforms images into editable HTML forms, granting complete control over images, text, and tables for a user-friendly experience.

(a) Policy Schedule (Policy Certificate)

Proposer Name		VEMURI VIJAYA KUMAR		Policy No.	4128W4H/100257428/05000
Address		PLOT NO. 23, PHASE-1, SANCHARPURI COLONY, NEW BOWENPALLY, HYDERABAD, TELANGANA-500011		Period of Insurance	From 00:00 hrs 07-Mar-2022 To 23:59 hrs 06-Mar-2023
Contact No.		800899337		Policy Tenure	1
Email Address		VEMURIVIJAY@GMAIL.COM		LAN No.	NA
Nominee Name		VEMURIVIJAY@GMAIL.COM		Policy Issuing Office	Prabhadevi
Relationship With Policyholder		NA		Policy Issued On	19-Feb-2022
Appointee Name		NA		Previous Policy No.	4128W4H/100257428/04000
GSTIN Number (Customer)		NA		Nominee Age	NA
Servicing Branch Address		414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SDOH VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA		Servicing Branch Name	Mumbai
				Invoice Number	100221329946

Insured's Name(s)	Date of Birth	Age	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Optional Add-on Cover*	Special Condition
VEMURI VIJAYA KUMAR	31-Oct-1968	53	03-Mar-2010	Male	SELF	700000	None	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide office no. dated
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
HSH_Individual_Adult_1Year	350000	None	0	27AAAC7894G12N	997133 GENERAL INSURANCE SERVICES	06-Jan-2022

Premium Details (₹)			
Basic Premium	IGST	Total Tax Payable	Total Premium
18121.19	18	3261.81	21383

Important: Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation or non-disclosure of any material particular in the proposal form, personal statement, declaration and contracted documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance benefit. Please note that any claims arising out of pre-existing illness/ injury/ symptoms is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of Mumbai High Court only. For claims, please call us at our toll free no. 1800 2666 or e-mail to us at healthcare@icicilombard.com or write to us at ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Nanakongula, Gachibowli, Hyderabad, Andhra Pradesh 500032.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any discrepancy/ variation, you are requested to call us immediately at our toll free no. 1800 2666 or write to us at customersupport@icicilombard.com. In the absence of any communication from you within the period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. In case of addition of member/ increase in sum insured, fresh waiting period will be applicable to new member/ increase in sum insured. This policy certificate is to be read with the policy wordings, as one contract or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning wherever it may appear.



[Click](#) or Scan QR Code for Customer Information Sheet and Policy Wordings

Signature Not Verified

Digitally signed by ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED
Date: 2022.03.11 11:15:29
IST

ICICI Lombard General Insurance Company Limited

ICICI Reg. No. 119
Mailing Address:
ICICI Lombard General Insurance Company Limited,
Interface Building No. - 16, 801 / 802, 6th Floor, New
Link Road, Malad (West), Mumbai - 400 064.

Registered Office:
ICICI Lombard House, 414 New
Saverkar Marg, Near Siddhi Vinayak
Temple, Prabhadevi, Mumbai - 400 065.

ICICI Lombard Complete Health Insurance
Toll free no. 1800 2666
Alternate No. +91 8888 522 688 (toll-free)
Email: customersupport@icicilombard.com
www.icicilombard.com

UIN - ICHLPD2886V962422



This is made of 3 parts

1.

Text

2.

Image

3.

Table/layout

Signature	Min	Yielded
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Density: 0.0015 YBC10
 LOMBARD COMPANY
 INSURANCE
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 Date: 2022-02-11 11:16:39

104204500429

(a) Policy Schedule (Policy Certificate)

Proposer Name	VELURI VIJAYA KUMAR	Policy No.	4128H4V1002120609000
Address	PLOT NO. 23, PHASE-1, SANCHAMPUR CLOUVER NEW BOWWALLY, HYDRABAD TELANGANA-500011	Period of Insurance	From 00:00 hrs 07-Mar-2022 To 23:59 hrs 06-Mar-2023
Contact No.	64666007	Policy Term	1
Email Address	VELURI.VIJAY@GMAIL.COM	Policy Issuing Office	Hyderabad
Relationship With Policyholder	Relationship With	Previous Policy No.	4128H4V1002120609000
Appointee Name	Appointee Name	Nominating Age	NA
USTIN Number (Customer)	USTIN Number (Customer)	Surviving Branch Name	Hyderabad
Surviving Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVADKAR MARG, NEAR SIDDA VINAYAK TEMPLE MAIN GATE, PRABHAKAR NAGAR, 430025, MAHARASHTRA.	Policy Number	10022120609

Insured's Name(s)	Date of Birth	Age	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/Injury	Optional Add-on Cover	Special Conditions
VELURI VIJAYA KUMAR	25-Oct-1980	41	03-Mar-2018	Male	SELF	700000	None	None	None

Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)	USTIN Reg. No.	HONBAC code	The stamp day of P1 paid value
VEB Individual A&M, 1 Year	20000	None	0	27AAAC7984G/01	967131 G6-N-PAL ASSURANCE SERVICES	06-Mar-2022

Premium Details (₹)				Total Premium
Basic Premium	%	₹		
1827.39	120.81	2208.60		2208.60

Important: Insurance benefit shall become available at the option of the company, in the event of any untimely or incorrect statement, misrepresentation or description of any material particular in the proposal form, personal statement, declaration and connected documents, or any material information has been withheld by the Insured or the proposer. Please note that the above statement of all pre-existing medical history information is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of the courts of law in India, places of or at law in India. 100% 200% or more than 100% of the Insured's declared sum insured as per the ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Hyderabad, Hyderabad, Andhra Pradesh 500002.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any change/variation, you are requested to call us immediately at our toll free no. 1000 2000 or write to us at customerservice@icicilombard.com. In the absence of any communication, the terms of this policy shall remain as per the policy wordings. The policy wordings shall be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. In case of addition of member/increase in sum insured, then existing period will be applicable to new member/increase in sum insured. This policy certificate is to be read with the policy wordings, as one variation or any word or expression to which a specific meaning has been obtained in any past of this policy shall bear the same meaning whenever it may appear.



Click on QR Code for Customer Information Sheet and Policy Wordings

Signature Not Valid

Digitally signed by ICICI Lombard General Insurance Company Limited
(LIMITED)
Date: 2022.03.11 11:10:29
BT

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13

This program utilizes OpenCV and Tesseract for image processing and text extraction.



The front-end is developed with HTML, CSS, and jQuery, offering an editable HTML form from an input image.

Policy	Schedule	(Policy)	Certificate
Proposer Name	VELURI VIJAYA KUMAR	Policy No.	4128H4V1002120609000
Address	PLOT NO. 23, PHASE-1, SANCHAMPUR CLOUVER NEW BOWWALLY, HYDRABAD TELANGANA, 500011	Period	From 10:00 hrs 07-Mar-2022 To 23:59 hrs 06-Mar-2023
Contact No.	64666007	Policy Status	NA
Email Address	VELURI.VIJAY@GMAIL.COM	Policy Issuing Office	Hyderabad
Relationship With Policyholder	Relationship With	Policy Issued On	19-Mar-2022
Appointee Name	Appointee Name	Previous Policy No.	4128H4V1002120609000
USTIN Number (Customer)	USTIN Number (Customer)	Surviving Branch Name	Hyderabad
Surviving Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVADKAR MARG, NEAR SIDDA VINAYAK TEMPLE MAIN GATE, PRABHAKAR NAGAR, 430025, MAHARASHTRA.	Policy Number	10022120609
Insured's Name(s)	VELURI VIJAYA KUMAR	Date of Birth	25-Oct-1980
Age	41	Date of Joining	03-Mar-2018
Gender	Male	Relation With Proposer	SELF
Annual Sum Insured (₹)	700000	Voluntary Deductible (₹)	20000
Sub-limit	None	USTIN Reg. No.	27AAAC7984G/01
HONBAC code	967131 G6-N-PAL ASSURANCE SERVICES	The stamp day of P1 paid value	06-Mar-2022
Basic Premium	1827.39	%	120.81
Total Premium	2208.60		

Important: Insurance benefit shall become available at the option of the company, in the event of any untimely or incorrect statement, misrepresentation or description of any material particular in the proposal form, personal statement, declaration and connected documents, or any material information has been withheld by the Insured or the proposer. Please note that the above statement of all pre-existing medical history information is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of the courts of law in India, places of or at law in India. 100% 200% or more than 100% of the Insured's declared sum insured as per the ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Hyderabad, Hyderabad, Andhra Pradesh 500002.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any change/variation, you are requested to call us immediately at our toll free no. 1000 2000 or write to us at customerservice@icicilombard.com. In the absence of any communication, the terms of this policy shall remain as per the policy wordings. The policy wordings shall be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. In case of addition of member/increase in sum insured, then existing period will be applicable to new member/increase in sum insured. This policy certificate is to be read with the policy wordings, as one variation or any word or expression to which a specific meaning has been obtained in any past of this policy shall bear the same meaning whenever it may appear.

Click on QR Code for Customer Information Sheet and Policy Wordings

Signature Not Valid

Digitally signed by ICICI Lombard General Insurance Company Limited
(LIMITED)
Date: 2022.03.11 11:10:29
BT

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ICICI Lombard General Insurance Company Limited

Insured's Name(s)	Date of Birth	Age Y M	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Sickness/ Injury	Optional Add-on Cover*	Special Condition
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Premium Details (₹)

Signature Not Verified
Digitally signed by ICICI
Lombard General
Insurance Company
Limited
DN: cn=ICICI, o=ICICI, ou=ICICI, email=icici@icici.co.in, c=IN, st=ST
Date: 2022.05.11 11:15:29
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02


Images

[illegible]

The code uses YOLOv5 to detect objects in an image




and generates an interactive HTML page where users can drag, resize, and delete identified objects.



Insured's Name(s)	Date of Birth	Age	Date of Joining	Gender	Relation With Proprietor	Annual Sum Insured (₹)	Pre-existing Disease/Injury	Optional Add-on Cover*	Special Condition
<div style="background-color: #f0f0f0; text-align: center; padding: 5px; margin-top: 10px;">Premium Details (₹)</div>									

Signature Not Verifiable



Issued by **ICICI Lombard Insurance Company Limited**
 Dated: **11/11/2023**
 ST

Tech stack: YOLOv5, Torch, PIL, jQuery, jQuery UI

03

Layout

Layout.py



(a) Policy Schedule (Policy Certificate)

Proposer Name	VELURU VELAJA KUMAR	Policy No.	41268194-H/10210700/55000
Address	Plot No. 23, Phase-3, SANCHARPURI COLONY NEW KOWWALEE, HYDERABAD, TELANGANA-500011	Period of Insurance	From 01-01-2021 To 31-03-2021 To 28-02-2021 01-01-2021
Contact No.	0868809307	Policy Term	1
E-mail Address	VELAJA.VELURU@gmail.com	LAN No.	NA
Noninsured Name		Policy Issued On	01-01-2021
Relationship With Policyholder		Policy Issued On	19-04-2021
Applicant Name		Previous Policy No.	41268194-H/10210700/48000
GSIN Number (Customer)		Noninsured Age	NA
Servicing Branch Address	414, 820 LOMBARD HOUSE, NEER SAVARAKI MARKET, NEAR SIDDH VINAYAK TEMPLE, MAIN ROAD, PRAGH-HABIBSABAB, 00002, MUMBAI-400002	Servicing Branch Name	Mumbai
		Invoice Number	3002021286848

Insured's Name(s)	Date of Birth	Age Y M	Date of Joining	Gender	Relation With Proposer	Annual Earn Insured (₹)	Pre-existing Illness/Injury	Optional Add-on Cover ¹	Special Condition
VEUMURI VIJAYA KUMAR	04-Oct-1966	53 4	03-Mar-2016	Male	SELF	700000	None	None	None

Plan Details				GSTIN Reg. No.	HSN/SAC code	The stamp duty of ₹ 1 paid on stamp duty release: CSD032020184
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
HSR_Individual_Adult_1Yr	350000	None	0	27AAAG7964GZIN	90113 GENERAL	06-jan-2022

Premium Details (2)			
Basic Premium	1257		Total Tax Payable
	\$	1	Total Premium
10/21/19	18	3291.81	3291.81
			21,383

Important: Insurance benefit shall become **voidable** at the option of the company, in the event of any untrue or incorrect statement, misrepresentation or degradation of any material part of the personal and personal status, declaration and connected documents, or any material information has been provided by the insured or beneficiary or another person on behalf of the insured, or if the insured or beneficiary has been convicted of a crime or if pre-existing illness or symptoms is excluded from the scope of this policy subject to applicable laws and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of Mumbai High Court only. For claims, please call us at our toll free no. 1800 2566 or e-mail us at thehealth@colicloudbank.com or write to us at ICICI Lombard GAO, ICICI Bank Tower, Plot no-12, Financial District Nanakwadi, Gachhvi, Mumbai-400045. Helpline: Andhra Pradesh 500052.

This policy has been issued based on details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in line with any associated statements you are required to file individually, all but form "1000" and/or to write us at customer.support@lindsaybuck.com. In the absence of any communication from you within the period of 15 days of receipt of this document, the policy will be deemed to be in order and issued as per your request. All refunds and claim payment will be done through NEFT only. In case of addition of member's increase in cover insured, their waiting period will be applicable to new member's increased cover insured. This policy certificate is to be read with the policy wordings, as any conflict or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning wherever it may appear.

[Click or Scan QR Code for Customer Information Sheet and Policy Wording](#)

Signature Not Verified

Digitally signed by ? S ICIC
LOWRANCE CUMMINS
INSURANCE COMPANY
LIMITED
Date: 2022.02.28 11:15:29
+08

NCCI/Lombard General Insurance Company Limited

RDA Reg. No. T-15
 Mailing Address:
 830 Lombard General Insurance Company Limited
 InterStar Building No. 18, 801-1822, 80-Floor, New
 York River Waterfront, Mumbai - 400002

E.C. 05408 KES Lombard/Complete Health Insurance
 Toll free no. 800.3686
 Address No. +1(800) 333-0666 (Chicago)
 Email: customer.support@keslombard.com
 Website: www.keslombard.com

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1000

The code takes an input image, applies morphological operations to detect rows and columns, outlines them,



converts the result to an HTML file, and enables interactive drag-and-drop movement of the outlined image within a canvas.

Tech stack: OpenCV, NumPy, Base64, HTML, JavaScript

Text

Text

Layout

Layout

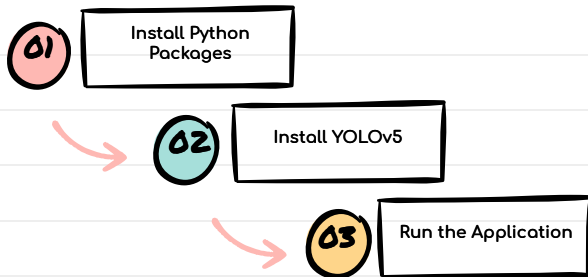
Images

Images

Editable HTML Form

Editable HTML Form

Getting Started



Python Packages

FLASK

OPENCV-
PYTHON

PYTESSERACT

PANDAS

NUMPY

PILLOW

TORCH

Install YOLOv5

```
git clone https://github.com/ultralytics/yolov5.git
```

```
cd yolov5
```

```
pip install -U -r requirements.txt
```

**save the best.pt file in the STATIC directory
inside the yolov5 folder**

Images.py



```
1 import torch
2 from PIL import Image
3 import os
4 import pandas as pd
5
6 def perform_object_detection(image_path):
7     # Load YOLOv5 model
8     model = torch.hub.load('ultralytics/yolov5', 'custom', 'Replace With Best.pt Path')
9
10    # Load the image using PIL
11    img = Image.open(image_path)
```

Replace with full path of best.pt

Run the Application

```
python App.py
```

```
http://127.0.0.1:5000/
```

←

→

↺

127.0.0.1:5000

Upload an Image

Choose file

No file chosen

Upload



(a) Policy Schedule (Policy Certificate)

Proposer Name VEMURU VIJAYA KUMAR Address PLOT NO. 23, PHASE-1, SACHARPLAZ CELCON NEW BOWENPALLI, HYDRABAD Contact No. 98868887 Email Address VEMURU.VIJAY@GMAIL.COM Relationship With Policyholder Agriculture Name OSTN Number (Customer) Servicing Branch Address 	Policy No. 41261GPHV005426C900 Period of Insurance From 03:00 hrs 24 Mar 2022 To 23:59 hrs 24 Mar 2023 Policy Term 1 Link No. NA Policy Issuing Office Published Policy Issued On 16-Feb-2022 Renewal Policy No. 41261GPHV005426C90000 Renewal Age NA Servicing Branch Name Murtal Invoice Number 16022126868
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Insured's Name(s)	Date of Birth	Age	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Medical Injury	Optional Add-on Cover	Special Certificate
VEMURU VIJAYA KUMAR	21-Oct-1980	41	03-Mar-2019	Male	SELF	750000	None	None	None

Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)	OSTN Reg. No	HMI/SAC code	The stamp duty of ₹ 1 paid vide order no. CSO202029194 dated 06-Jan-2022
HSB (Individual/AML/Type)	300000	None	0	27AAAC2704GJ2N	901133-GANGLA INSURANCE SERVICES	

Premium Details (₹)			
Basic Premium	% GST	Total Tax Payable	Total Premium
16121.19	18	2881.81	21883

Important: Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation or non-disclosure of any material particular in the proposal form, personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance benefit. Please note that any claims arising out of pre-existing illness/ injury/ condition, is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wording for the terms and conditions. All disputes are subject to the jurisdiction of Mumbai High Court only. For claims, please call us at our toll free no. 1800 2086 or e-mail us at healthcare@icicilombard.com or write to us at ICICI Lombard Co., 501 Park Tower, 2nd to 5th, Financial District, Newmarket, Cochin, Kerala, India Pin- 686002.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any discrepancies/ variations, you are requested to get in immediately at our toll free no. 1800 2086 or write to us at customerhelp@icicilombard.com. In the absence of any communication from you within the period of 15 days of receipt of this document, the policy shall be deemed to be in order and issued as per your proposal. All benefits and claims payment will be done through NEFT. In case of additional insured/insured business in same household, each insured person will be applicable to the maximum insurable sum insured. This policy is intended to be used with the policy wording, as the condition or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning whenever it may appear.

Click on QR Code for Customer Information Sheet and Policy Wording.

Signature Not Verified

Digital Signature by ICICI Lombard Co., Ltd.

16/02/2022 11:15:29

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ICICI Lombard General Insurance Company Limited
 Regd. No. 19
 Main Office
 ICICI Lombard General Insurance Company Limited
 501 Park Tower, 2nd to 5th, Financial District, Newmarket, Cochin, Kerala, India Pin- 686002.

Regional Office
 ICICI Lombard General Insurance Co., Ltd. Floor
 501 Park Tower, 2nd to 5th, Financial District, Newmarket, Cochin, Kerala, India Pin- 686002.

Toll free no. 1800 2086
 0800 hrs to 4 PM EST (EST: 03:00 (Chennai))
 Email: customerhelp@icicilombard.com
 Website: www.icicilombard.com

SR - 004/PLP/2008/00002
 19/02/2022 11:15:29

Improvement

HTML



Enhance HTML template alignment for a cohesive presentation.

JQuery



Enhance jQuery for precise text editing without unintended drag-and-drop activation

Future Development

Text



Enhancement: AI-driven font style detection for adaptive text modifications.

Table/Layout



Enhancement: Empowering table detection for dynamic transformations, enabling user-driven column and row additions/removals.

Summary

**Transform images to
editable HTML
effortlessly, providing full
control over text, layout,
and images for an
enhanced user
experience**

THANKS!

Do you have any questions?

itguykunal@gmail.com

+91 7903824329