

Endorsement Certificate

Proposer Name	ANIKET CHHABRA	Policy No.	4128i/H/129962802/02/001
Address	FLAT NO 404 BOLLILNENI HILL SIDE BLOCK 21 NR NILGIRIS, CHENNAI, TAMIL NADU - 600126	Period of Insurance	From 00:00 hrs 20-Apr-2019 To 23:59 hrs 19-Apr-2020
Contact No.	9953906615	Policy Tenure	1
Email Address	ANIKETCHHABRA.1987@GMAIL.COM	LAN No.	NA
Nominee Name	Megha Ghai	Policy Issuing Office	Prabhadevi
Relationship With Policyholder	SPOUSE	Policy Issued On	24-Apr-2019
Appointee Name		Previous Policy No.	4128i/H/129962802/01/000
GSTIN Number (Customer)		Nominee Age	30 Years 10 Months
Servicing Branch Address	Second SVR Complex Hosur Main road Bangalore Karnataka 560068	Servicing Branch Name	Bangalore
		Invoice Number	0

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*
Aniket Chhabra	13-Dec-1987	31 Y 4 M	20-Apr-2017	Male	SELF	1500000	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide deface no. CSD3822019125719 dated 19-Mar-2019
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible			
iH_Individual_Adult_1Y ear	300000	None	0	29AAACI7904G1ZJ	9971 GENERAL INSURANCE SERVICES	

Premium Details (₹)									
Basic Premium	Service Tax	Swachh Bharat Cess	Krishi Kalyan Cess	CGST		SGST		Total Tax Payable	Total Premium
				%	₹	%	₹		
7763	1633.74	58.35	58.35	9	698.67	9	698.67	1397.34	9160

Agent Details					
Agent Name	PRINCE PR	Agent Code	8989685	Agent contact No.	9900032081

Important: Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation non-description 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/ 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 ihealthcare@icicilombard.com or write to us at ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Nanakramguda, 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/ increased 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.

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115
 Mailing Address:
 401 & 402, 4th Floor, Interface 11,
 New Linking Road, Malad (West),
 Mumbai - 400 064.

CIN: L67200MH20000PLC129408
 Registered Office:
 ICICI Lombard House, 414 Veer Savarkar Marg,
 Near Siddhi Vinayak Temple, Prabhadevi,
 Mumbai - 400 025.

ICICI Lombard Complete Health Insurance
 Toll free no.: 1800 2666
 Alternate No.: +918655 222 666 (chargeable)
 Email: customersupport@icicilombard.com
 Website: www.icicilombard.com

UIN - ICILHIP10001V020910

Endorsement in detail:

Endorsed Policy Number	Particulars to Be Modified	Insured / Customer Name	Particulars in Original Policy	Modified Particulars	Endorsement Premium (₹)	Endorsement effective date
4128i/iH/129962802/02/001	Address	ANIKET CHHABRA	B-117, SVS PLAM II, CHINNAPANHALL I MAIN ROAD CHINNAPANHALL I State-KARNATAK A City-BANGALORE PinCode-560037	FLAT NO 404 BOLLILNENI HILL SIDE BLOCK 21 NR NILGIRIS State-TAMIL NADU City-CHENNAI PinCode-600126	NA	Apr 24, 2019

These endorsement(s) have been passed on the basis of your communication received by us via telephone/ e-mail/ letter/ fax with reference number 230420191657 dated 24-APR-2019. In case any details given herein are either incorrect or incomplete the same has to be informed to us within 15 days from date of these endorsement(s) by stating endorsement number. In absence of any feedback on the endorsement from you within the stipulated time, the same shall be construed as correct and acceptable to you.

Pursuant to these endorsements, the original policy stands modified as a result of the above mentioned changes. All other terms and conditions of the policy bearing no., 4128i/iH/129962802/02/000, remain unchanged and unaltered and are binding on the applicant and the insured(s). In case if you find any discrepancy in the endorsement so made in the policy, please call us at the below mentioned numbers/address.

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