

Risk Assumption Letter

Dear Sir / Madam,

We thank you for placing your confidence with ICICI Lombard for your Health Insurance Needs.

Please find attached herewith Policy No. 4128i/H/129962802/01/000 which has been issued based on the details furnished by the applicant.

Name of Proposer	ANIKET CHHABRA	Policy Tenure (in Years)	1
Address	FLAT NO 404 BOLLILNENI HILL SIDE BLOCK 21 NR NILGIRIS, CHENNAI, TAMIL NADU - 600126	Period of Insurance	From 00:00 hrs 20-Apr-2018 To 23:59 hrs 19-Apr-2019
Policy Issued On	18-Apr-2018	Email Address	ANIKETCHHABRA.1987@GMAIL.COM
GSTIN (Customer)		Mobile No.	9953906615

Insured Details

Name of the insured (s)	Date of Birth	Age		Gender	Relationship with policy holder	Annual Sum Insured	Pre-existing illness / injury	Sub-limit	Voluntary Deductible	Optional add on cover
		Y	M							
Aniket Chhabra	13-Dec-1987	30	4	Male	SELF	1500000	None	None	0	None
Megha Ghai	08-Jun-1988	29	10	Female	SPOUSE		None			None

Please go through the details as furnished in the format and the policy document and confirm that same are order. In case there is any discrepancies / variations, you are requested to write back to us immediately at customersupport@icicilombard.com or contact at 24 hour helpline number 1800 2666 for necessary changes / rectifications.

In the absence of any communication from you in this connection within a period of 15 days of receipt of this letter, we would take it that the issued policy is in order as per your proposal.

Policy Certificate

Proposer Name	ANIKET CHHABRA	Policy No.	4128/IH/129962802/01/000
Address	FLAT NO 404 BOLLILNENI HILL SIDE BLOCK 21 NR NILGIRIS, CHENNAI, TAMIL NADU - 600126	Period of Insurance	From 00:00 hrs 20-Apr-2018 To 23:59 hrs 19-Apr-2019
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	18-Apr-2018
Appointee Name		Previous Policy No.	4128/IH/129962802/00/000
GSTIN Number (Customer)		Nominee Age	31 Years 6 Month
Servicing Branch Address	Second SVR Complex Hosur Main road Bangalore Kamataka 560068	Servicing Branch Name	Bangalore
		Invoice Number	100418412902

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*
		Y	M						
Aniket Chhabra	13-Dec-1987	30	4	20-Apr-2017	Male	SELF	1500000	None	None
Megha Ghai	08-Jun-1988	29	10	20-Apr-2017	Female	SPOUSE		None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide deface no. 0006777117201718 dated 27-Mar-2018
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible			
iH_2Adults_1Year	150000	None	0	29AAACI7904G1ZJ	9971 GENERAL INSURANCE SERVICES	

Premium Details (₹)						
Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
11670.34	9	1050.33	9	1050.33	2100.66	13771

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.

Tax Certificate

To

ANIKET CHHABRA

FLAT NO 404 BOLLILNENI HILL SIDE BLOCK 21 NR NILGIRIS

CHENNAI

TAMIL NADU - 600126

LUMP SUM

Subject: Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961 and any amendments made thereafter.

Dear ANIKET CHHABRA,

This is to certify that the Company has received the premium dated Apr 20, 2018 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's Name	ANIKET CHHABRA	Policy Number	4128i/iH/129962802/01/000
Policy Start Date	Apr 20, 2018	Policy End Date	Apr 19, 2019
Plan Name	iH_2Adults_1Year	Total Premium Paid	13771
GSTIN Number (Customer)		GSTIN Reg.No (ICICI Lombard)	29AAACI7904G1ZJ
Servicing Branch Name	Bangalore	Servicing Branch Address	Second SVR Complex Hosur Main road Bangalore Karnataka 560068

Premium Details (₹)					
Basic Premium	CGST		SGST		Total Premium
	%	₹	%	₹	
11670.34	9	1050.33	9	1050.33	13771
				Total Tax Payable	2100.66

The product is eligible for deduction u/s 80D of the Income Tax, 1961 and any amendments made there to.

Note: This certificate must be surrendered to the Insurance Company in case of Cancellation of the Policy. In the event of incorrect representation of this declaration, the liability shall be upon the policyholder.

ICICI Lombard Health Care Card



Name : Aniket Chhabra
Policy No. : 4128/iH/129962802/01/000
Card No. : 104901328
Gender : Male Age : 30 Dob : 13-Dec-1987
Valid Upto : 19-Apr-2019



Toll Free No.: 1800 2666

- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network hospitals can be obtained when accompanied with an authorisation letter issued by ICICI Lombard Health Care
- Please provide this card along with Government issued any valid photo ID proof to prove identity (in case of non photo cards)
- Valid up to policy expiry date or cancellation date whichever is earlier

ICICI Lombard Health Care Pays: Hospitalisation bills for admissible claim, subject to prior approval. In case of emergency, approval can be taken within 24 hours of hospitalisation.

Insured Pays: All non-medical hospitalisation bills and expenses not covered under the policy amount in excess of limit specified in authorisation. Entire bill, if condition is not covered by policy and if authorisation is not obtained / given.

Mailing Address: ICICI Lombard Health Care, ICICI Bank Tower, Plot Number 12, Financial District, Nanakram Guda Gachibowli, Hyderabad - 500 032.

Registered Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard house, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

Fax Number: (040) 6698 9160 / 61.

Email: ihealthcare@icicilombard.com

Toll Free Number: 1800 2666

Visit us to: www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. CIN U67200MH2000PLC129408.

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ICICI Lombard Health Care Card



Name : Megha Ghai
Policy No. : 4128/iH/129962802/01/000
Card No. : 104901329
Gender : Female Age : 29 Dob : 08-Jun-1988
Valid Upto : 19-Apr-2019



Toll Free No.: 1800 2666

- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network hospitals can be obtained when accompanied with an authorisation letter issued by ICICI Lombard Health Care
- Please provide this card along with Government issued any valid photo ID proof to prove identity (in case of non photo cards)
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ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

ICICI Lombard General Insurance Company Limited,
Interface Building No.: 16, 601 / 602, 6th Floor, New
Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408

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