

Ref. No.: W49067754

Policy Number: 4111/B2W/185139050/00/000

Date: 06-Nov-2019

SIDDHARTH GUPTA
D-902, SUPREME PALMS
BALEWADI
PUNE
MAHARASHTRA - 411007
Phone: 9911911680

Dear Customer,

Subject: Risk Assumption Letter

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

Please find enclosed herewith Policy No. : 4111/B2W/185139050/00/000 which has been issued based on the details furnished by the applicant.

Details are:

Name of the Insured	SIDDHARTH GUPTA	Product Name	PERSONAL PROTECT
Relationship with Applicant	SELF	LAN No	NA
Date of Birth	01/07/1986	Policy Duration (Years)	1 Years
Sum Insured	300000	Period of Insurance	From: 06-Nov-2019 00:00 To 05-Nov-2020 23:59

Please go through the details as furnished in the format and the policy document. Please confirm that same are in 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/ rectification.

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 and as per your proposal.

Thanking You,

Yours Sincerely,

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED



Authorised Signatory

Policy Certificate

PERSONAL PROTECT

PREAMBLE: ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policy holder named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policy holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit amount will be paid by the Company.

Part I of Policy Schedule

Proposer Name	SIDDHARTH GUPTA	Policy No.	4111/B2W/185139050/00/000
Address	D-902, SUPREME PALMS, BALEWADI, PUNE, MAHARASHTRA - 411007	Period of Insurance	From: 06-Nov-2019 00:00 To 05-Nov-2020 23:59
Contact No.	9911911680	Policy Tenure	1 Years
Email Address	WRITE2SIDDHARTHG@GMAIL.COM	LAN No.	NA
Nominee Name	Ruchi Gupta	Policy Issuing Office	MUMBAI - CO
Relationship With Policyholder	SELF	Policy Issued On	06-Nov-2019
Appointee Name	NOT APPLICABLE	Previous Policy No.	NA
GSTIN Number (Customer)		Nominee Age	34 years
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Servicing Branch Name	Mumbai
Date of Joining		Invoice Number	101119176599

Insured Name	Date of Birth	Age	Gender	Occupation	Risk Category	Relationship with Proposer	Beneficiary / Nominee	Relation of Nominee with the Insured
SIDDHARTH GUPTA	01/07/1986	33	M	OTHERS	I	SELF	Ruchi Gupta	WIFE

Benefit & Extension Table				
Section	Benefit	Cover	Benefit Amount	Sum Insured (Rs.)
Section A	Benefit 2	Permanent Total Disablement resulting from Accident	100% of Sum Insured	300000
	Benefit 1	Death resulting from Accident	100% of Sum Insured	

Premium Details (₹)					
Basic Premium	CGST		SGST		Total Tax Payable
	%	₹	%	₹	
325	9	29.25	9	29.25	59.00
					Total Premium
					384

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹ 15 paid vide deface no. MH007639701201920M dated 23-Oct-2019
27AAACI7904G1ZN	9971 / GENERAL INSURANCE SERVICES	
GSTIN Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE. PRABHADEVI. MUMBAI. 400025. MAHARASHTRA	

For ICICI Lombard General Insurance Company Ltd.



Authorised Signatory

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 customersupport@icicilombard.com or write to us

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. 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.