

Risk Assumption Letter

Date : 13-Jun-2014

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4111/W-27815553/00/000 , which has been issued based on the details furnished by the applicant.

Name of the applicant : VARSHA MAHAJAN
Mailing Address : Novartis Healthcare Pvt. Ltd., Building No. 6, Raheja Mindspace, Hitech City, Madhapur , HYDERABAD, ANDHRA PRADESH, 500080
Mobile No. : 91-9966999523
Telephone No. : 91-9966999523
Email ID : mahajvi@yahoo.co.in
Product Name : Individual Personal Protect
No. of Insured : 1
Policy Duration (years) : 1

Period of Insurance (Year 1) : From 13-Jun-2014 to midnight of 12-Jun-2015

Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Sum Insured
MRS VARSHA MAHAJAN	Self	01-Jan-1979	1000000

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,



Authorized Signatory
ICICI Lombard General Insurance Company Limited.
Aapka Plan B

**PERSONAL PROTECT POLICY
CERTIFICATE CUM POLICY SCHEDULE
CERTIFICATE CUM POLICY NO: 4111/W-27815553/00/000**

PREAMBLE:

ICICI Lombard General Insurance Company Limited (the Company), having received a proposal and the premium from the proposer named in the Schedule referred to herein below, and the said Proposal, Declaration and Annexure thereto 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 Proposer 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 in 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 Policy, the Sum Insured/appropriate benefit will be paid by the Company.

Part 1 of Schedule

Policy Number : 4111/W-27815553/00/000	Issued At: Mumbai	Stamp Duty: Rs.50
1. Name of the Proposer:	VARSHA MAHAJAN	
2. Mailing Address Of Proposer:	Novartis Healthcare Pvt. Ltd., Building No. 6, Raheja Mindspace, Hitech City, Madhapur , HYDERABAD, ANDHRA PRADESH, 500080	
3. Policy Period:	Policy Start Date: 13-Jun-2014 Policy End Date: 12-Jun-2015	Time: 00:00 Time:23:59

4. Plan Name : PERSONAL PROTECT

5. Benefits and Extension Table :

Section	Cover	Benefit Amount	Sum Insured (Rs.)
Section A	Death resulting from Accident	100% of Sum Insured	1000000
	Permanent Total Disablement resulting from Accident	100% of Sum Insured	
Section B	Accidental Hospitalisation Expenses Reimbursement	Reimbursement of Medical Expenses subject to minimum hospitalisation of 24 hrs.	100000

6. Details of the insured covered under the policy:

Sr. No	Name In Full	Date Of Birth/ Age	Gender	Relationship with Proposer	Occupation	Risk Category	Beneficiary/Nominee	Relationship of Nominee with The Insured
1	MRS VARSHA MAHAJAN	01-Jan-1979	M	Self	OTHERS	I	VINAY MAHAJAN	Spouse

7. Premium Details:

Basic Premium:	Rs. 1904
Extension Premium:	-
Total Premium:	Rs. 1904
Discount:	-
Net Premium:	Rs. 1904
Service Tax(As applicable):	Rs. 228.44
Stamp Duty:	Rs.50
Total Amount:	Rs. 2139


Alternate Policy No.:

Signed For and Behalf Of ICICI Lombard General Insurance Company Limited at Mumbai on the date 13-Jun-2014

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

Service Tax Code No: AAACI7904GST001

Category: General Insurance Business Services 00440005.


Authorised Signatory

The Stamp Duty of Rs: 50 paid in cash or by demand draft or by payorder, vide receipt/ challan no. dated 12-Nov-2009

Retail Claim Address:

ICICI Lombard General Insurance Company Limited ,ICICI Lombard Health Care, ICICI Bank Tower, Plot No. 12 Financial District, Nanakram Guda, Gachibowli, Hyderabad, Andhra Pradesh, Pin Code: 500032, India

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED. INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION

Now one number for all insurance needs call us on 1800 2666 (toll free)also accessible from your mobile phone.

Visit us at www.icicilombard.com & Mail to customersupport@icicilombard.com

Registered Office: ICICI Bank Towers, Bandra-Kurla Complex, Mumbai – 400051, India

Tel (+91-22)26531414 Fax (+91-22)26531657

Corporate Office: ICICI Lombard General Insurance Company LTD, ICICI Lombard House, 414, Veer Savarkar Marg,Near Siddhi Vinayak Temple, Prabhadevi Mumbai- 400 025