

Risk Assumption Letter

Ref. No. : W42850201

05-Sep-2019

Dear Customer,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred service partner.

Please find enclosed herewith your policy having policy number 4029/CONGT/179394450/00/000 which has been issued based on the details furnished to us by the insured:-

Proposer Name	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD AND ALL ITS LEGAL ENTITIES
Mailing Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, 6/7/8TH FLOOR NEW NO 165/OLD NO 110 , MENON ETERNITY , ST. MARY ROAD,ALWARPET, CHENNAI, TAMIL NADU, INDIA - 600018

Insured Name	SAMUEL MANOHAR/JACOB	Plan Type	COGNIZANT ST GOLD W500
Mailing Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, CHENNAI, TAMIL NADU, 600018	Risk Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, 6/7/8TH FLOOR NEW NO 165/OLD NO 110 , MENON ETERNITY , ST. MARY ROAD,ALWARPET, CHENNAI, TAMIL NADU, INDIA - 600018
Contact Number	9952082094	DOB	01-Dec-1982
Email Id	jacob.s@cognizant.com,cognizant.travel@icicilombard.com,GMTravelsupport@cognizant.com	Nominee Name	NA
Passport No	N4854245	Employee ID	394605
Policy No.	4029/CONGT/179394450/00/000	Period of Insurance	From : 28-Sep-2019 To : 04-Oct-2019 , Days : 7
Geographical Scope	Worldwide (Including Schengen Countries)	Alternative Policy No.	
Insured Age	36.0	UIN No.	ICITIOP03005V030203
Product Code / Product Name	4029 - Corporate Travel		

Please Note: Any claim due to or arising out of pre-existing medical condition/ailment whether declared or undeclared is not covered under the Policy.

Important: This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate cum information sheet and confirm that same are in order. In case of any discrepancy / variation, you are requested to write back to us immediately at customersupport@icicilombard.com or contact our toll free no. 1800 2666 for necessary changes / rectifications. In the absence of any communication from you with in period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal.

Confirmation of Availability of Overseas Group Travel Insurance

Certificate Policy Number : 4029/CONGT/179394450/00/000

ICICI Lombard Overseas Group Travel Insurance Master Policy No **4029/CONGT/165260009/00/000** dated **01-May-2019** has been issued at Mumbai by ICICI Lombard to the Insured, M/s **COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD AND ALL ITS LEGAL ENTITIES** and governed by the terms, conditions and exclusions therein contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified in Part I of the Schedule to the said Policy. This Confirmation, issued under the signatures of the Insured, represents the availability of benefit to the below mentioned Insured Person, who is a permanent employee of the Insured, or a dependent of a permanent employee of the Insured or customer of the Insured. Details are as specified below, subject to the terms, conditions and exclusions contained or otherwise expressed in the said Policy, but not exceeding the Sum Insured as specified in Part I of the Schedule to the said policy.

Master Policy Number	4029/CONGT/165260009/00/000	Certificate Policy Number	4029/CONGT/179394450/00/000
Period of Insurance	From : 28-Sep-2019 To : 04-Oct-2019, Days : 7	Maximum Trip Duration	360
Geographical Scope	Worldwide (Including Schengen Countries)	Alternate Policy No	-
GSTIN Number (Customer)	33AAACD3312M1Z0	Invoice number	100919101144

Insured Name	SAMUEL MANOHAR/JACOB	Gender	Male
Mailing Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, CHENNAI, TAMIL NADU, 600018	Risk Address	COGNIZANT TECHNOLOGY SOLUTIONS INDIA PVT LTD, 6/7/8TH FLOOR NEW NO 165/OLD NO 110 , MENON ETERNITY , ST. MARY ROAD,ALWARPET, CHENNAI, TAMIL NADU, INDIA - 600018
Contact Number	9952082094	Date of Birth	01-Dec-1982
Employee Id	394605	Nominee Name	NA
Passport Number	N4854245	Email ID	jacob.s@cognizant.com,cognizant.travel@icicilombard.com, GMTravelsupport@cognizant.com
Product Code-Product Name	4029 - Corporate Travel	IL ID	565582458
Family Doctor Name & Address	NA	Pre-Existing Disease	NA
Medical Treatment History	NA		
Servicing Branch	Chennai	Servicing Branch Address	Second and Third Nungambakkam High Road Chottabhai Centre Chennai Tamil Nadu 600034

The above records details given by the insured pursuant to Clause 4(4) of the IRDA (Protection of policy holder's interest) Regulations - 2002. if the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non disclosure of material information.

Reference number: COGNIZANT ST GOLD W500		
Benefits	Sum Insured	Deductibles
Bounced Booked Hotel/Airline	\$1000	USD 10
Checked-In Baggage Delay	\$150	12 Hours
Checked-In Baggage Loss	\$600	Nil
Compassionate visit	\$2000	USD 10
Daily allowance in case of Hospitalisation	USD 25 per day for max. 7 days	48 Hours

Reference number: COGNIZANT ST GOLD W500		
Benefits	Sum Insured	Deductibles
Dental Expenses	\$400	USD 10
Emergency Cash Advance	\$500	Nil
Emergency Hotel Extension	\$2000	Nil
Hijack Distress Allowance	USD 125 per day for max 7 days	12 Hours
Home Burglary	INR 200000	Nil
Loss of baggage and personal effects	\$200	USD 10
Medical Expenses(Includes Medical Evacuation Benefit)	\$500000	USD 10
Personal Accident (Includes AD & D Common carrier)	\$30000	Nil
Personal Liability	\$100000	Nil
Political Risk and Catastrophe evacuation	\$2000	Nil
Repatriation of Remains(Included in Medical Sum insured)	\$25000	Nil
Trip Cancellation & Interruption	\$500	Nil
Trip Delay	USD 100/day for Max 500	6 Hours

Premium Details (₹)					
Basic Premium	CGST		SGST		Total Premium
	%	₹	%	₹	
65	9	5.84	9	5.84	77

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹1 paid vide deface no. CSD1052019379319 dated 05-Aug-2019 .
33AAACI7904G2ZT	9971 GENERAL INSURANCE SERVICES	

Note: Sub-limits are not applicable for Schengen countries

Date of Issue : 05-Sep-2019
Place of Issuance : MUMBAI

IMPORTANT: Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non description 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 behalf of the beneficiary to obtain insurance benefit.

Please visit our website www.icicilombard.com for branch office address

Please refer to Part II and Part III of the policy schedule for detailed terms and conditions of the covers described above.

Claims Procedure:

In the event of an accident or sudden illness or any other claim (cashless or reimbursement) caused by a contingency covered under the insurance policy, immediately contact the helpline number stating the necessary details.

Contact the ICICI Lombard 24hr Help Line number for assistance and registering your claim:

From USA and Canada: +18448711200 (Toll Free)

From Rest of the World: +91 124 4498778 (Call back facility)

In India: 1800 102 5721 (Toll free and accessible in India (available from Mon-Fri between 9am- 6pm))

Fax: + 91 124 4006674

E-mail: icicilombard@falck.com

Website : www.falck.com

Failure to send immediate notice on the happening of a loss resulting in a claim may prejudice the insured's claim under the policy. The documents required in support of the claim shall be forwarded to the Company at the address mentioned below immediately upon return of the Insured to the Republic of India and in no case beyond a period of 30 days from the date of return of the Insured to the Republic of India.

CLAIMS DEPARTMENT

ICICI LOMBARD
C/O Falck India Pvt Ltd
Upper Floor
The Peach Tree, Block - C
Sushantlok-I, Sector 43, Gurgaon,
Haryana-122015 (India)

IMPORTANT NOTE: This certificate has to be read in conjunction with the Terms & Conditions, coverage and exclusions, which is available with ICICI Lombard. Kindly acknowledge receipt of this policy. In case you find any variation against your proposal or any discrepancy in the policy, kindly contact us immediately. You may email us at customersupport@icicilombard.com. In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only).

NOTE: Please refer to policy wordings which is available on our website www.icicilombard.com for terms and conditions, coverage and exclusions. In case you face any difficulty in downloading the same, you may contact our customer care for assistance.

ICICI Lombard General Insurance Company Limited

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.
IRDA Reg. No.115, CIN L67200MH2000PLC129408, Misc 29, www.icicilombard.com

KEY INFORMATION SHEET (KIS)

S.No.	Title	Description (Description is illustrative and not exhaustive)	Refer to Clause
1	Product Name	Overseas Group Travel Insurance	
2	What am I covered for	<ul style="list-style-type: none"> · Hospitalisation expenses for Injury/illness during the trip · Expenses incurred for injury/illness to natural tooth or teeth during the trip · Cost of transportation of mortal remains in the event of death during the trip · Transportation expenses for medical evacuation with prior approval · Accidental injury leading to Death/PTD during the trip · Value of Checked-In Baggage lost whilst in custody of common carrier · Allowance for the Delay of Checked-In Baggage whilst on trip · Loss of Passport whilst on Trip abroad <p>(Note: The above mentioned is an illustrative listing of the policy coverages which may be applicable under your policy. Please refer to the policy certificate for the exact coverages applicable to you. For details on coverages, please refer policy wordings).</p>	Part II of the Schedule
3	General Exclusion Conditions	<ul style="list-style-type: none"> · Pre-existing Disease or illness except in Life saving unforeseen emergency and/or acute painful conditions provided the same has been opted for under the policy. · Cosmetic treatment or Plastic surgery in any form or manner · Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics(artificial limbs)etc · Mental or psychiatric disorders; HIV/AIDS. · Self inflicted injuries; Drug or alcohol abuse · Partial loss of items in the checked in Baggage · Loss of Valuables and money · Theft of passport unless reported to police within 24 hours · Any claim arising out of sporting or adventurous activities/aircraft operation. <p>(Note: The above mentioned is a partial listing of the policy exclusions. Please refer to the policy wordings for the full listing).</p>	Part II of the Schedule Coverages and Exclusions Applicable of respective benefits
4	Limit of Covered Expenses	<ul style="list-style-type: none"> · Sublimits are not applicable for Schengen countries · For policies with sum insured over USD 100,000, the benefit of medical expenses is restricted to USD 100,000 per sickness or accident leading to one or more hospitalisations. · For persons aged 56 years and above, maximum eligible expenses are as follows <ul style="list-style-type: none"> ◦ Hospital Room and boarding: Max USD 1,600 per day up to max of 30 ◦ ICU: Max USD 3,000 per day up to 7 days ◦ Surgery: Max. upto USD 12,000 ◦ Anaesthetist service: Max. upto 25% of surgical treatment ◦ Medical Practitioners visit fees: Max. USD 75 per day per visit up to 10 visits ◦ Diagnostic and radiology services: Max. USD 750 ◦ Ambulance services: Max. upto USD 500 <p>(Note: The above mentioned is an illustrative listing of the sublimits which may be applicable under your policy. Please refer to policy wordings for the exact sublimits applicable to you.)</p>	Part II of the Schedule
5	Claims Contact and procedure	<ul style="list-style-type: none"> · Lodge your claim by calling at following numbers for Overseas Policies <ul style="list-style-type: none"> ◦ In USA & Canada +1 844 871 1200 (Toll Free) ◦ From the rest of the World +91 124 4498778(Call Back Facility) ◦ In India 1800 102 5721 (Toll Free & Accessible in India Only) ◦ Fax +91 124 4006674 	Claims Procedure in Part II of the Schedule

		<ul style="list-style-type: none"> ° E-mail - icicilombard@falck.com · Promptly give the Company any and all information and documentation concerning the claim or the Company's liability for it. · Any other document as required by the Company or Company's TPA to investigate the Claim or our obligation to make payment for it 	
6	Cancellations	<p>This policy would be cancelled in below conditions:</p> <ul style="list-style-type: none"> · We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by registered post to your last known address, and then we shall refund a pro-rata premium for the unexpired Policy Period. · You may cancel this Policy any time before date of expiry of insurance by giving us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period provided no claim has been reported on your behalf under Policy 	Cancellation Clause under Part III of the Schedule
7	Extension	<ul style="list-style-type: none"> · If applicable under your policy, kindly approach the nearest branch for extension of policy. 	General conditions under Part II of the Schedule

NOTE: The information must be read in conjunction with the product brochure and policy certificate. In case of any conflict between the KIS and the policy certificate, the terms and conditions mentioned in the policy certificate shall prevail.

Note: Description of covers provided in policy wordings (Part II of the Schedule) will be applicable only to the covers mentioned on your policy certificate.

Global Assistance E-Card

**ICICI Lombard**
Nibhaye Vaade


Name : SAMUEL MANOHAR/JACOB

Policy No. : 4029/CONGT/179394450/00/000

Date of Birth : 01-Dec-1982

Valid From : 28-Sep-2019

Valid To : 04-Oct-2019

Assistance Service Provider : Falck India Pvt. Ltd.
 **Falck**

Please read the below mentioned information carefully for hassle free claim settlement

24x7 Customer Helpline Numbers for Claim Related Inquiry

❶ Registration of claim is required prior to availing benefits under this policy.

❷ Please call the given numbers to register your claim and to confirm your coverage.

❸ Cashless benefits are applicable for Inpatient treatment only and not for Outpatient treatment.

❹ This card is only for information and does not guarantee the admissibility of claim.


USA & Canada : +1 18448711200
(Toll Free)


Rest of The World : +91 124 4498778
(Call Back Facility)

India (Toll Free) : 18001025721

Fax Number : +91 124 4006674

Email Address :
icicilombard@falck.com

**ICICI Lombard**
Nibhaye Vaade

Assistance Service Provider : Falck India Pvt. Ltd.
 **Falck**