

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/HP/103478896/03/000 which has been issued based on the details furnished by the applicant.

Name of Proposer	B KATHIRAVAN	Policy Tenure (in Years)	1
Address	#14/11, A3 SRIRAM FLATS, 5TH STREET, RAMNAGAR, NANGANALLUR, CHENNAI, TAMIL NADU - 600061	Period of Insurance	From 00:00 hrs 19-Jun-2018 To 23:59 hrs 18-Jun-2019
Policy Issued On	01-Jun-2018	Email Address	KATHIRHERE@GMAIL.COM
GSTIN (Customer)		Mobile No.	9884551146

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							
B KATHIRAVAN	18-Oct-1978	39	8	Male	SELF	300000	None	None	0	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.

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 UIN - ICILHIP10001V020910
Toll free no.: 1800 2666
Alternate No.: +919223622666 (chargeable)
Email: customersupport@icicilombard.com
Website: www.icicilombard.com

Policy Certificate

Proposer Name	B KATHIRAVAN	Policy No.	4128i/HP/103478896/03/000
Address	#14/11, A3 SRIRAM FLATS, 5TH STREET, RAMNAGAR, NANGANALLUR, CHENNAI, TAMIL NADU - 600061	Period of Insurance	From 00:00 hrs 19-Jun-2018 To 23:59 hrs 18-Jun-2019
Contact No.	9884551146	Policy Tenure	1
Email Address	KATHIRHERE@GMAIL.COM	LAN No.	NA
Nominee Name		Policy Issuing Office	Prabhadevi
Relationship With Policyholder		Policy Issued On	01-Jun-2018
Appointee Name		Previous Policy No.	4128i/HP/103478896/02/000
GSTIN Number (Customer)		Nominee Age	NA
Servicing Branch Address	Second and Third Nungambakkam High Road Chottabhai Centre Chennai Tamil Nadu 600034	Servicing Branch Name	Chennai
		Invoice Number	1006187355

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*
B KATHIRAVAN	18-Oct-1978	39 8	19-Jun-2007	Male	SELF	300000	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide receipt/ challan no. MH001629654201819M dated 17-May-2018
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible			
HP_Individual_Adult_1Y ear	150000	None	0	33AAACI7904G2ZT	9971 GENERAL INSURANCE SERVICES	

Premium Details (₹)						
Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
5550	9	499.50	9	499.50	999.00	6549

Agent Details					
Agent Name	ICICI BANK PP TELESales CHENNAI	Agent Code	2470377	Agent contact No.	9619547992

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.

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Tax Certificate

To
 B KATHIRAVAN
 #14/11, A3 SRIRAM FLATS, 5TH STREET, RAMNAGAR, NANGANALLUR
 CHENNAI
 TAMIL NADU - 600061

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

Dear B KATHIRAVAN,

This is to certify that the Company has received the premium dated Jun 19, 2018 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's Name	B KATHIRAVAN	Policy Number	4128i/HP/103478896/03/000
Policy Start Date	Jun 19, 2018	Policy End Date	Jun 18, 2019
Plan Name	HP_Individual_Adult_1Year	Total Premium Paid (₹)	6549
GSTIN Number (Customer)		GSTIN Reg.No (ICICI Lombard)	33AAACI7904G2ZT
Servicing Branch Name	Chennai	Servicing Branch Address	Second and Third Nungambakkam High Road Chottabhai Centre Chennai Tamil Nadu 600034

Premium Details (₹)						
Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
5550	9	499.50	9	499.50	999.00	6549

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 : B KATHIRAVAN
Policy No. : 4128i/HP/103478896/03/000
Card No. : 100967702
Gender : Male Age : 39 Dob : 18-Oct-1978
Valid Upto : 18-Jun-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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