

RISK ASSUMPTION LETTER

Date: 17-JUN-23

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4200/295184357/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : NIKHIL K
Date of Birth : XX-XX-2003
Mailing Address : 18 2 8TH STREET KASTHURI NAGAR COIMBATORE,
 COIMBATORE,
 TAMIL NADU - 641024
Mobile No. : 80*****01
Product Name : Group Hospi Shield Plus
Loan Account No : TWR009009249806
Loan Sanction Amount : 136539
Nominee Name :
Nominee Relationship :
with Applicant :
Period of Insurance : From 00:00 hrs 17-Jun-2023 To 23:59 hrs 16-Jun-2024
Policy Duration (years) : 1

Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Occupation	Pre Existing illness
NIKHIL K	SELF	24/05/2003	20	Male		

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.

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.

UIN : ICILGP22209V012122
 Toll free no.: 1800 2666
 Alternate No.: +918655 222 666 (chargeable)
 Email: customersupport@icicilombard.com
 Website: www.icicilombard.com

Group Hospi Shield Plus

Group Hospi Shield Plus

Preamble

On receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) from the Policyholder as named in this Schedule, Group Hospi Shield Plus 4200/MSTR/248921118/00/000 dated 17-Jun-2023 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, AXIS BANK LIMITED as specified in the Policy, and is governed by, and is subject to, the terms, conditions & exclusions therein contained or otherwise expressed in the said Policy.

The certificate issued to the customers/employees/members of AXIS BANK LIMITED under the signature of an authorized signatory of ICICI Lombard General Insurance Company Limited, represents the availability of the Benefits under the Policy to the Insured Person named below, subject to the terms, conditions and exclusions expressed in the said Policy, but not exceeding the Sum Insured as specified below.

PART I OF THE SCHEDULE

Applicant Name	NIKHIL K	Policy No.	4200/295184357/00/000
Address	18 2 8TH STREET KASTHURI NAGAR COIMBATORE, COIMBATORE, TAMIL NADU - 641024	Period of Insurance	From 00:00 hrs 17-Jun-2023 To 23:59 hrs 16-Jun-2024
Contact No.	80*****01	Policy Tenure (in Years)	1
Applicant PAN Number		GSTIN Number (Customer)	
Email Address	NI*****@GMAIL.COM	Alternate Policy No.	
Previous Policy No.		Previous Policy Period of Insurance	
Nominee Name		Nominee Relationship with Applicant	
Date of Birth of Nominee		Name of Appointee	
Relationship of Appointee with the Nominee		Policy Issued On	19-Jun-2023
Service Branch Name	CHENNAI	Policy Issuing Office	Prabhadevi, Mumbai
Servicing Branch Address	ICICI Lombard General Insurance Company Ltd, Seethakathi Business Centre 3rd Floor, Unit No 684-690, Anna Salai, Thousand Lights, Chennai-600006 CHENNAI, TAMIL NADU, 600034	Invoice Number	1006231439258

* Appointee details if nominee is a minor

Politically Exposed Person (PEP)/close relative of PEP:	No
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Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Occupation	Pre Existing illness
NIKHIL K	SELF	24/05/2003	20	Male		

LOAN DETAILS			
Name of Assignee	Axis Bank LTD	Nature of Assignment	Complete
Loan Account Number	TWR009009249806	Loan Tenure	
Loan Sanction Date		Loan Sanction Amount	136539
Loan Disbursal Date	17/06/2023	Basis of Sum Insured	Fixed
Status in the Loan			

2. Details of the Insured Event along with the Benefits (as per table below):

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Group Hospi Shield Plus

Cover Name	Sum Insured	Benefit Amount
Death Benefit	200000	100% of the Benefit Sum Insured in case of Accidental Death
Convalescence Benefit	36000	33% of Sum insured paid each at 5th, 7th and 10th day of continues hospitalization

Premium Details

Basic Premium	824.58	Stamp Duty	10
CGST %	9	CGST Amount	74.21
SGST %	9	SGST Amount	74.21
Total Tax Payable	148.42	Total Premium	973
Place of Supply	TAMIL NADU		

IL GSTIN Registration No.	HSN/SAC Code	
33AAACI7904G2ZT	997133	The stamp duty of ₹10 paid vide deface no. CSD52020224718 dated 04-Nov-2022

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Agent / Broker / Intermediary Details					
Name	AXIS BANK LIMITED	Code	CA0069	Contact No.	1860419555

Important Notes:

- Insurance cover will start only on receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) stated in PART I of the Policy Schedule by ICICI Lombard General Insurance Company Limited.
- Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate.
- On renewal of policy benefits and terms & conditions of policy including premium may be subject to change.
- The above covers would not be applicable for persons occupied in underground mines, explosives and electrical installations on high tension lines unless otherwise covered and stated in the Policy Schedule.
- Major exclusions: Intentional self-injury, suicide or attempted suicide whilst under the influence of intoxicating liquor or drugs, any loss arising from an act of breach of law with or without criminal intent. Please refer to the Policy wordings for a complete list of exclusions.
- For any endorsements such as name correction or change in nominee details, you can contact us at Toll Free Number 1800-2666 or Email us at customersupport@icicilombard.com or visit our nearest branch.
- The claimant can contact us at Toll Free Number 1800-2666 or Email us at customersupport@icicilombard.com for lodging the claim.
- Address for claim notification: IL Health Care, ICICI LOMBARD HEALTHCARE ICICI BANK TOWER, PLOT NO.12, FINANCIAL DISTRICT, NANAKRAM GUDA, GACHIBOWLI, HYDERABAD, ANDHRA PRADESH PIN CODE: 500032



Scan QR for Key Information Sheet and Policy-wordings

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