

## RISK ASSUMPTION LETTER

Ref. No.: W82278035

Date: 14-09-2020

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4148/205556116/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

**Name of the Applicant:** SURYA KANT KUMAR  
**Date of Birth:** 12-Oct-1987  
**Mailing Address:** AMRELI-GUJARAT, BHAVNAGAR,GUJARAT, 364530  
**Mobile No.:** 9999999999  
**Product Name:** Group Safeguard Insurance  
**Loan Account No:** COI2009141634042560000449  
**Loan Tenure:**  
**Loan Sanction Amount:**  
**Loan Sanction Date:**  
**Period of Insurance:** From 00:00 hrs 14-Sep-2020 To 23:59 hrs 13-Sep-2021  
**Policy Duration (years):** 1  
**Insured Details**

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Nominee Name	Nominee Relationship with Applicant	Pre Existing illness
Surya kant kumar	SELF	12/10/1987	32				

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.

## Group Safeguard Insurance

### 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 Safeguard Insurance 4148/GSG/200392663/00/000 dated 14-Sep-2020 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, PHONEPE PRIVATE 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 PHONEPE PRIVATE 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

<b>Applicant Name</b>	SURYA KANT KUMAR	<b>Policy No.</b>	4148/205556116/00/000
<b>Address</b>	AMRELI-GUJARAT, BHAVNAGAR,GUJARAT, 364530	<b>Period of Insurance</b>	From 00:00 hrs 14-Sep-2020 To 23:59 hrs 13-Sep-2021
<b>Contact No.</b>	9999999999	<b>Policy Tenure (in Years)</b>	1
<b>Loan Account Number</b>	COI20091416340425600004 49	<b>Loan Tenure</b>	
<b>Loan Sanction Date</b>		<b>Loan Sanction Amount</b>	
<b>Loan Disbursal Date</b>		<b>Applicant PAN Number</b>	
<b>Nature of Assignment</b>		<b>Name of Assignee</b>	
<b>Status in the Loan</b>		<b>Alternate Policy No.</b>	COI2009141634042560000449
<b>Email Address</b>	SURYAKANT.KUMAR1987@ GMAIL.COM	<b>Policy Issuing Office</b>	Prabhadevi, Mumbai
<b>Previous Policy No.</b>		<b>Policy Issued On</b>	17-Sep-2020
<b>GSTIN Number (Customer)</b>		<b>Service Branch Name</b>	GURGAON
<b>Servicing Branch Address</b>	12th floor, Tower D, Global Business Park, Mehrauli Gurgaon Road,Gurgaon - 122 002GURGAON HARYANA - 122002	<b>Invoice Number</b>	100920647558

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Pre Existing illness	Occupation	Nominee Name	Nominee Relationship with Applicant
Surya kant kumar	SELF	12/10/1987	32	Female				

### 2. Details of the Insured Event along with the Benefits (as per tablebelow):

Cover Name	Sum Insured	Benefit Amount
Specific vector borne disease related Hospitalization Benefit	50000	10000 OR 20000 OR 30000 OR 50000
Malaria related Hospitalization Benefit	50000	10000 OR 20000 OR 30000 OR 50000

### 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.

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN : ICIPAGP21400V032021

## Premium Details

<b>Basic Premium</b>	211.02	<b>Stamp Duty</b>	2.5
<b>IGST %</b>	18.0	<b>IGST Amount</b>	37.98
<b>Total Tax Payable</b>	37.98	<b>Total Premium</b>	249
<b>Place of Supply</b>	GUJARAT		

<b>IL GSTIN Registration No.</b>	<b>HSN/SAC Code</b>	The stamp duty of ₹2.5 paid vide deface no. CSD5120201648 dated 23-Jul-2020
06AAACI7904G1ZR	9971 / GENERAL INSURANCE SERVICES	

Agent / Broker Details					
<b>Agent Name</b>	PHONEPE PRIVATE LIMITED	<b>Agent Code</b>	CA0656	<b>Agent contact No.</b>	9876543210

## 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](mailto: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](mailto: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

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 Website: [www.icicilombard.com](http://www.icicilombard.com)

## Tax Certificate

To,  
SURYA KANT KUMAR  
AMRELI-GUJARAT, BHAVNAGAR, GUJARAT, 364530

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

Dear SURYA KANT KUMAR,

This is to certify that the Company has received ₹249 towards premium for the period from 14-Sep-2020 to 13-Sep-2021

Policy Certificate No: 4148/205556116/00/000

The following are the details of the premium received:

### Premium Details

Basic Premium	211.02
Total Tax Payable	37.98
Total Premium	249
Place of Supply	GUJARAT

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.

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