

Policy Certificate

Proposer Name	K RAJYALAXMI	Policy No.	5938/iH/139123715/00/000
Address	H.NO 5-5-200/3,SAMBHANI NAGAR,KHAMMAM, KHAMMAM DIST., TELANGANA - 507001	Period of Insurance	From 04-June-2017 To 03-June-2018
Contact No.	8096069782	Policy Tenure	1
Email Address	RAJYALAXMI593@GMAIL.COM	LAN No.	NA
Nominee Name		Policy Issuing Office	Prabhadevi
Relationship With Policyholder		Policy Issued On	16-June-2017
Appointee Name		Previous Policy No.	
GSTIN Number (Customer)		Nominee Age	NA
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Servicing Branch Name	Mumbai
		Invoice Number	101117309816

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*
K RAJYALAXMI	22-Feb-1991	27 Y 8 M	04-June-2017	Female	SELF	928326	Others -Elevated Hba1c	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide receipt/ challan no. 6524211 dated 14-April-2017
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible			
iH_Individual_Adult_1Y ear	0	None	0	27AAACI7904G1ZN	9971 GENERAL INSURANCE SERVICES	

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	₹		
21909.32	18	3863.68	3863.68	25000

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.

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: U67200MH2000PLC129408
 Registered Office:
 ICICI Lombard House, 414 Veer Savarkar Marg,
 Near Siddhi Vinayak Temple, Prabhadevi,
 Mumbai - 400 025.

ICICI Lombard Complete Health Insurance
 Toll free no.: 1800 2666
 Alternate No.: +919223622666 (chargeable)
 Email: customersupport@icicilombard.com
 Website: www.icicilombard.com

UIN - IRDAI/HLT/ICICI/P-H/V.II/63/15-16

Tax Certificate

To
 K RAJYALAXMI
 H.NO 5-5-200/3,SAMBHANI NAGAR
 KHAMMAM
 KHAMMAM DIST.
 TELANGANA - 507001

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

Dear K RAJYALAXMI,

This is to certify that the Company has received the premium dated June 04, 2017 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's Name	K RAJYALAXMI	Policy Number	5938i/iH/139123715/00/000
Policy Start Date	June 04, 2017	Policy End Date	June 03, 2018
Plan Name	iH_Individual_Adult_1Year	Total Premium Paid (₹)	25000
GSTIN Number (Customer)		GSTIN Reg.No (ICICI Lombard)	27AAACI7904G1ZN
Servicing Branch Name	Mumbai	Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA
Premium Details (₹)			
Basic Premium	IGST		Total Premium
	%	₹	
21909.32	18	3863.68	25000
		Total Tax Payable	
		3863.68	

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 : K RAJYALAXMI
Policy No. : 5938i/IH/139123715/00/000
Card No. : 106706855
Gender : Female Age : 27 Dob : 22-Feb-1991
Valid Upto : 03-June-2018



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.

014237MI

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