

### Risk Assumption Letter

Date : 22-Nov-2016

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4111/W-51013823/00/000 , which has been issued based on the details furnished by the applicant.

**Name of the applicant** : PRATAP KUMAR KALE  
**Mailing Address** : Sr.No51,Plot.No114,Flat.No12,B.G. Residency Bhairav Ngr, Dhanori Road NEAR MUSJID, PUNE, MAHARASHTRA, 411015  
**Mobile No.** : 91-8888480994  
**Telephone No.** : 91-8888480994  
**Email ID** : pratapkale@gmail.com  
**Product Name** : Individual Personal Protect  
**No. of Insured** : 1  
**Policy Duration (years)** : 2  
**Period of Insurance (Year 1)** : From 22-Nov-2016 to midnight of 21-Nov-2017  
**Period of Insurance (Year 2 Annual Autorenewal)** : From 22-Nov-2017 to midnight of 21-Nov-2018

#### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Sum Insured
PRATAP KUMAR KALE	Self	01-Jan-1996	300000

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](mailto: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.

Thanking You,

Yours Sincerely,



**Authorized Signatory**  
**ICICI Lombard General Insurance Company Limited.**  
**Aapka Plan B**

**PERSONAL PROTECT POLICY**  
**CERTIFICATE CUM POLICY SCHEDULE**  
**CERTIFICATE CUM POLICY NO: 4111/W-51013823/00/000**

**PREAMBLE:**

ICICI Lombard General Insurance Company Limited (the Company), having received a proposal and the premium from the proposer named in the Schedule referred to herein below, and the said Proposal, Declaration and Annexure thereto together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the schedule with all its parts, and further, subject to the terms and conditions contained in this policy, as set out in the schedule with all its parts, that in proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the schedule to the title Policy, the Sum Insured/appropriate benefit will be paid by the Company.

**Part 1 of Schedule**

<b>Policy Number :</b> 4111/W-51013823/00/000	<b>Issued At:</b> Mumbai	<b>Stamp Duty: Rs.15</b>
<b>1. Name of the Proposer:</b>	PRATAP KUMAR KALE	
<b>2. Mailing Address Of Proposer:</b>	Sr.No51,Plot.No114,Flat.No12,B.G. Residency Bhairav Ngr, Dhanori Road NEAR MUSJID, PUNE, MAHARASHTRA, 411015	
<b>3. Policy Period:</b>	<b>Policy Start Date:</b> 22-Nov-2016 <b>Policy End Date:</b> 21-Nov-2018	<b>Time:</b> 00:00 Time:23:59

**4. Plan Name :** PERSONAL PROTECT

**5. Benefits and Extension Table :**

Section	Cover	Benefit Amount	Sum Insured (Rs.)
Section A	Death resulting from Accident	100% of Sum Insured	300000
	Permanent Total Disablement resulting from Accident	100% of Sum Insured	

**6. Details of the insured covered under the policy:**

Sr. No	Name In Full	Date Of Birth/ Age	Gender	Relationship with Proposer	Occupation	Risk Category	Beneficiary/Nominee	Relationship of Nominee with The Insured
1	PRATAP KUMAR KALE	01-Jan-1996	F	Self	OTHERS	I	Swati	Spouse

**7. Premium Details:**

Basic Premium:	Rs. 618
Extension Premium:	-
Total Premium:	Rs. 618
Discount:	-
Net Premium:	Rs. 618
Service Tax(As applicable) @ 15 %(includes 0.5% of Swachh Bharat Cess & 0.5% Krishi Kalyan Cess):	Rs. 93
Stamp Duty:	Rs.15
<b>Total Amount:</b>	<b>Rs. 711</b>

**Alternate Policy No.:**

Signed For and Behalf Of ICICI Lombard General Insurance Company Limited at Mumbai on the date 22-Nov-2016

Service Tax Registration No. GIS / MUMBAI-I /1528 /2001

Service Tax Code No: AAACI7904GST001

Category: General Insurance Business Services 00440005.

  
**Authorised Signatory**

**The Stamp Duty of Rs: 15 paid in cash or by demand draft or by payorder, vide receipt/ challan no. dated 12-Nov-2009**

**Retail Claim Address:**

ICICI Lombard General Insurance Company Limited ,ICICI Lombard Health Care, ICICI Bank Tower, Plot No. 12 Financial District, Nanakram Guda, Gachibowli, Hyderabad, Andhra Pradesh, Pin Code: 500032, India

**ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED. INSURANCE IS THE SUBJECT MATTER OF THE SOLICITATION ,IRDA Regn No.115**

Now one number for all insurance needs call us on 1800 2666 (toll free)also accessible from your mobile phone.

Visit us at [www.icicilombard.com](http://www.icicilombard.com) & Mail to [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Registered Office: ICICI Lombard General Insurance Company LTD, ICICI Lombard House, 414, Veer Savarkar Marg,Near Siddhi Vinayak Temple, Prabhadevi Mumbai- 400 025