

Risk Assumption Letter

Date : 22-Nov-2015

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-39807544/00/000 , which has been issued based on the details furnished by the applicant.

Name of the applicant : PRATAP KUMAR KALE
Mailing Address : SR.NO.51,PLOT NO.114,FLAT NO.12 B.G.RESIDENCY,BHAIRAV
NGR,DHANORI ROAD , PUNE, MAHARASHTRA, 411015
Mobile No. : 91-8888480994
Telephone No. : 91-8888480994
Email ID :
Product Name : Individual Personal Protect
No. of Insured : 1
Policy Duration (years) : 1

Period of Insurance (Year 1) : From 22-Nov-2015 to midnight of 21-Nov-2016

Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Sum Insured
PRATAP KUMAR KALE	Self	15-Aug-1981	50000

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.

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-39807544/00/000

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

Policy Number : 4111/W-39807544/00/000	Issued At: Mumbai	Stamp Duty: Rs.50
1. Name of the Proposer:	PRATAP KUMAR KALE	
2. Mailing Address Of Proposer:	SR.NO.51,PLOT NO.114,FLAT NO.12 B.G.RESIDENCY,BHAIRAV NGR,DHANORI ROAD , PUNE, MAHARASHTRA, 411015	
3. Policy Period:	Policy Start Date: 22-Nov-2015 Policy End Date: 21-Nov-2016	Time: 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	50000
	Permanent Total Disablement resulting from Accident	100% of Sum Insured	
Section B	Accidental Hospitalisation Expenses Reimbursement	Reimbursement of Medical Expenses subject to minimum hospitalisation of 24 hrs.	10000

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	15-Aug-1981	F	Self	OTHERS	I	Swati	Spouse

7. Premium Details:

Basic Premium:	Rs. 263
Extension Premium:	-
Total Premium:	Rs. 263
Discount:	-
Net Premium:	Rs. 263
Service Tax(As applicable) (includes 0.5% of Swachh Bharat Cess):	Rs. 38
Stamp Duty:	Rs.50
Total Amount:	Rs. 301


Alternate Policy No.:

Signed For and Behalf Of ICICI Lombard General Insurance Company Limited at Mumbai on the date 22-Nov-2015

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: 50 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 & Mail to 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