



# CERTIFICATE OF INSURANCE AFTER ENROLLMENT UNDER GROUP TRAVEL INSURANCE (DOMESTIC)

Policy Certificate No.: 4110/D-00053/12596/00/000

ICICI Lombard Group Travel Insurance has been issued at Mumbai by ICICI Lombard General Insurance Company Limited to the customers of Abhibus.com enrolling under the 4110/D-00053 policy as specified in the Policy and is governed by the terms, conditions and exclusions there in contained or otherwise expressed in the said policy. This cover is subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy to the extent of sum insured mentioned as maximum liability, but not exceeding the sum insured as specified below.

| Policy Details (Part I of the Policy - Schedule) |  |
|--|--|
| Period of Insurance                              | From: 06 Feb 2014 To: 12 Feb 2014 (midnight) |
| Geographical Scope                               | India  |

| Details of the Insured |                                     |               |            |
|------------------------|-------------------------------------|---------------|------------|
| Name                   | bhavya singh                        | Date Of Birth |            |
| Mailing Address        | Punjagutta,<br>Hyderabad,<br>500018 |               |            |
| Telephone No.          |                                     | Mobile No.    | 8454939404 |
| E-mail Id              | rahul.jangir@hotmail.com            |               |            |
| Passport Number        |                                     | Nominee name  |            |

| Benefits   | Sum Insured                     | Deductible |
|--|---------------------------------|------------|
| Hospitalization Expenses for Injury                              | INR 150000                      | INR 500    |
| Daily Allowance In Case of Hospitalization arising out of injury | INR 500 per day for max. 7 days | 24 Hours   |
| Personal Accident  | INR 200000                      | Nil        |

| Special Terms and Conditions:   |  |  |
|---------------------------------|--|--|
| Pre-existing Ailments History : | Hospitalisation / Medical Treatment History: | Family Doctor's Name ,Address and Contact No.: |
| NA                              | NA   | NA   |

Note: Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or nondisclosure of material particulars 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.

| Start Date  | End Date    | Premium INR | Service Tax (@12.00% on Premium) INR | Education Cess (@2.00% on S.T.) INR | Higher Edu. Cess (@1.00% on S.T.) INR | Net Premium INR |
|-------------|-------------|-------------|--------------------------------------|-------------------------------------|---------------------------------------|-----------------|
| 06 Feb 2014 | 12 Feb 2014 | 17.80       | 2.14                                 | 0.04                                | 0.02                                  | 20.00           |

For ICICI LOMBARD GENERAL INSURANCE CO. LTD.

Authorised Signatory



Date of Issue: 23 Jan 2014  
Place of Issuance: Mumbai

Service tax registration number - GIS/Mumbai-I/1528/2001

Service tax Code number - AAACI7904GST001

Category : General Insurance Business Services - 00440005

The stamp duty of Rs 1. (Rupee One only) paid in cash or by demand draft or by pay order, vide Receipt/Challan no. 1109396 dated 02 Jan 2014

This certificate has to be read in conjunction with the Terms and Conditions, coverages and exclusions mentioned in policy schedule.

Please refer to Part II and III of the policy schedule for detailed terms and conditions of the covers described above. The soft copy of the policy wordings can also be collected by emailing us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

FOR CLAIMS : Please contact our 24x7 toll free helpline for assistance and registering your claim: 1800 2666 or e-mail- [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Failure to send immediate notice on the happening of a loss resulting in a claim may prejudice the Insured's claim under the Policy. The documents required in support of the claim shall be forwarded to the Company at the address mentioned below immediately upon return of the Insured to the City of Residence or the Place of Origin of the Insured and in no case beyond a period of 30 days from the date of happening of the incident giving rise to the Claim. Customer to send documents to IL at :-

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli,  
Hyderabad, Andhra Pradesh, Pin Code-500032

In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only). In case of any grievance related to policy/claim kindly approach our grievance redressal channel available on company website.

Note: In case you find any variation between the information provided by you and the details as mentioned in the policy certificate, kindly contact us immediately.

Disclaimer: Insurance is subject matter of solicitation. Please refer to policy wordings for terms and conditions, coverage and exclusions

ICICI Lombard General Insurance Company Limited IRDA Reg.No.115, Misc 110  
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