

Ref. No.: W301395539

Date: 26-Jan-2024

Policy Number: 4111/B2W/325703407/00/00

MR RAHUL BABAN GORE
S/O BABAN GORE NEAR VITHAL MANDIR TALUKA KARJAT
DIST AHMADNAGAR
AHMADNAGAR
MAHARASHTRA - 414401
Phone: 96*****28

Dear Customer,

Subject: Risk Assumption Letter

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

Please find enclosed herewith Policy No. : 4111/B2W/325703407/00/000 which has been issued based on the details furnished by the applicant.

Details are:

Name of the Insured	MR RAHUL BABAN GORE	Product Name	PERSONAL PROTECT
Relationship with Applicant	SELF	LAN No	NA
Date of Birth	XX-XX-1989	Policy Duration (Years)	1 Years
Sum Insured	300000	Period of Insurance	From: 26-Jan-2024 00:00 To 25-Jan-2025 23:59

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.

Policy Certificate

PERSONAL PROTECT

PREAMBLE: ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policy holder named in the Schedule referred to herein below, and the said Proposal and Declaration 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 Policy holder 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 on 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 of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit amount will be paid by the Company.

Part I of Policy Schedule

Proposer Name	MR RAHUL BABAN GORE	Policy No.	4111/B2W/325703407/00/000
Address	S/O BABAN GORE NEAR VITHAL MANDIR TALUKA KARJAT DIST AHMADNAGAR, AHMADNAGAR, MAHARASHTRA - 414401	Period of Insurance	From: 26-Jan-2024 00:00 To 25-Jan-2025 23:59
Contact No.	96*****28	Policy Tenure	1 Years
Email Address	RA*****@GMAIL.COM	LAN No.	NA
Nominee Name	Sarita	Policy Issuing Office	MUMBAI - CO
Relationship With Policyholder	SELF	Policy Issued On	18-Jan-2024
Appointee Name	NOT APPLICABLE	Previous Policy No.	NA
GSTIN Number (Customer)		Nominee Age	
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Servicing Branch Name	Mumbai
Date of Joining		Invoice Number	1001241696557

Politically Exposed Person (PEP)/close relative of PEP:	No
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Insured Name	Date of Birth	Age	Gender	Occupation	Risk Category	Relationship with Proposer	Beneficiary / Nominee	Relation of Nominee with the Insured
MR RAHUL BABAN GORE	XX-XX-1989	34	M	OTHERS	I	SELF	Sarita	SPOUSE


Benefit & Extension Table

Section	Benefit	Cover	Benefit Amount	Sum Insured (Rs.)
Section A	Benefit 1	Death resulting from Accident	100% of Sum Insured	300000
	Benefit 2	Permanent Total Disablement resulting from Accident	100% of Sum Insured	

Premium Details (₹)

Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
325	9	29.25	9	29.25	59.00	384
Place of Supply		MAHARASHTRA				

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹ 15 paid vide deface no. CSD1820234850 dated 30-Nov-2023
27AAACI7904G1ZN	997133 / GENERAL INSURANCE SERVICES	
GSTIN Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	
We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.		

For ICICI Lombard General Insurance Company Ltd.	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 customersupport@icicilombard.com or write to us
 Authorised Signatory	

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. 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.



Scan QR Code for Customer Information Sheet and Policy Wordings

PERSONAL PROTECT POLICY

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document.

Sl.No.	Title	Description	Policy Clause Number	
1.	Name of Insurance Product/Policy	Personal Protect Policy		
2.	Policy Number	4111/B2W/325703407/00/000		
3.	Type of insurance Product/Policy	Both Indemnity and benefit- Indemnity (Where insured losses are covered up to the sum insured under the policy) Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event) Both Indemnity and Benefit (where policy has elements of both the above)		
4.	Sum insured (Basis) (Along with Amount)	Individual Sum Insured Individual Sum Insured -Where each member has a separate sum insured under the policy),		
5.	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	<u>BENEFITS COVERED UNDER THE POLICY SECTION A -</u>		
Cover Name		Payout	Policy Clause No.	
Benefit 1: Insured Event - Death resulting from Accident			III.A.1	
Benefit 2: Insured Event - Permanent Total Disablement (PTD) resulting from Accident			III.A.2	
Benefit 3: Insured Event - Permanent Partial Disablement (PPD) resulting from Accident			III.A.3	
Benefit 4: Insured Event - Temporary Total Disablement (TTD) resulting from Accident			III.A.4	
<u>Extensions Under Section A :</u>				
Extension 1: Carriage of Dead Body			III.A.1	
Extension 2: Medical Benefits Extension			III.A.2	
Extension 3: Hospital Daily Allowance Extension			III.A.3	
Extension 4: Permanent Total Disablement Improvement Benefit		III.A.4		

		Extension		
		Extension 5: Permanent Partial Disablement Improvement Benefit		III.A.5
		Extension 6: Children's Education Grant Extension		III.A.6
		Extension 7: Ambulance Charges Extension		III.A.7
		Extension 8: Funeral Expenses Extension		III.A.8
		Extension 9: Repatriation of Remains Extension		III.A.9
	Benefits under Section B -			
		Cover Name	Payout	Policy Clause No.
		Benefit 5: Accidental Hospital Confinement Allowance Benefit		III.B.5
		Benefit 6: Accidental Hospitalization Expenses Reimbursement		III.B.6
		Benefit 7: Convalescence Benefit		III.B.7
		Benefit 8: Double Benefit Accident resulting in such Injury.		III.B.8
6.	Exclusions (what the policy does not cover)	IV. EXCLUSIONS AND LIMITATIONS A.STANDARD EXCLUSIONS For Extension 2 & 3 of Section A following exclusions shall apply 1. Maternity (Code – Excl 18) 2. Breach of law (Code – Excl 10) 3. Change of Gender Treatments (Code – Excl 07) - 4. Cosmetic or Plastic Surgery (Code – Excl 08) - 5. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Code – Excl 13) 6. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them. 7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code – Excl 12) 8. Dental treatment, eye treatment unless necessitated as a consequence of an Injury. 9. Refractive error (Code – Excl 15) 10. Investigation & Evaluation (Code – Excl 04) - i. B. SPECIFIC EXCLUSIONS		IV.

		<p>The Company shall not be liable for: i) Any other payment to the Insured Person after a claim under Benefit 1 Section A of Part I of the Schedule to this Policy has been admitted and become payable. However, amounts relating to Extensions under Section - A viz. Carriage of Dead Body, Medical Benefits, Children's Education Grant, Ambulance Charges, Funeral Expenses and Repatriation of Remains, if applicable would be payable in addition.</p> <p>ii) Payment of compensation relating to Medical Expenses unless covered by way of appropriate extensions.</p> <p>iii) Payment of any claim for Hospitalization where such Hospitalization does not commence within 7 days of Accident, provided that the Accident occurs within the Policy Period/Policy Year</p> <p>iv) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person a. from intentional self-injury, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs; c. While in air carrier other than as passenger in common carrier d. directly or indirectly caused by venereal disease e. arising or resulting from the Insured Person committing any breach of law. v) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person a. from Participation in adventure sports/professional sports as per policy wordings vi) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person due to, or arising out of, or directly or indirectly connected with or traceable to, War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds.</p> <p>vii) Radioactivity, nuclear weapons etc as per policy wordings. c. Whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard viii) Claim due to childbirth or pregnancy or in consequence thereof as per policy wordings</p> <p>ix) Nuclear, Chemical, Biological Terrorism Exclusion as per policy wordings</p> <p>x) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person while serving in any branch of the military or armed forces of any country during War or warlike operations.</p> <p>xi) Claim beyond SI limit as per policy.</p> <p>xii) If the Company alleges that by reason of any of the above exclusions i.e. any loss, cost or expenses is not covered by this Policy, the onus of proving the contrary shall be upon the Insured Person/ or any such person acting on behalf of the Insured Person, as the case may be.</p>	
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		<p>xiii) For Extension 2 & 3 of Section A, the following exclusions shall apply. disease, Injury, death or disablement directly or indirectly due to War, invasion, act of foreign enemy hostilities or warlike operations (whether War be declared or not) or civil commotion or rebellion, military, naval or air service b. hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft. c. Circumcision or strictures, vaccination, inoculation, intentional self-injury, (which expression shall cover also general debility, 'run down' conditions), venereal disease, d. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them. e. Dental treatment, eye treatment unless necessitated as a consequence of an Injury. f. Any Injury present prior to the commencement of Policy Period. Any Injury existing before the Policy Start Date as stated in Part I of the Schedule to this Policy, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected to such Injury. g. Any Hospitalization not arising out of an Injury. h. Payment of compensation relating to Medical Expenses not incurred in a Hospital.</p> <p>The above is indicative list of exclusions, please refer policy wordings for detailed description</p>	
7	<p>Waiting period</p> <ul style="list-style-type: none"> • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage. 	Waiting period is not applicable, limits are as per the covers opted in the policy.	
8	<p>Financial limits of coverage</p> <p>Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p> <ul style="list-style-type: none"> • Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). 		

	Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)		
9	Claims / Claims procedure	<p>Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:</p> <ul style="list-style-type: none"> • Barring exceptional circumstances where a reasonable cause is shown and the Company is satisfied with such reasons, the Company should be immediately notified in writing of such event. • The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall deliver to the Company, within 30days of the date on which the event shall have come to his knowledge, a detailed statement in writing as per the claim form, and any other material particular, relevant to the making of such claim. • The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. • Customer to send documents to Company at :- ICICI Lombard General Insurance Company Limited <p>1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet, Hyderabad District Hyderabad , Pin code -500016</p> <p>Download the Claim Form here</p> <p>https://www.icicilombard.com/downloads</p> <p>Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App.</p> <p>List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf</p>	V.A.

10	Policy Servicing	<p>• You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services</p> <p>For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.</p>	
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the company through Website: www. icicilombard.com (Customer Support section). Toll Free: 1800 2666 (Senior Citizen Included) E-mail: customersupport@icicilombard.com</p> <p>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution.</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at</p> <p>Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development</p> <p>at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025</p> <p>For updated details of grievance officer, kindly refer the link https://www.icicilombard.com/grievance-redressal</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017</p> <p>The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in website of the company</p> <p>www.icicilombard.com or from any of the offices of the company.</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://ligms.irda.gov. in/</p>	Part III 21.
12	Things to remember	<p>• Free look period: You will be given a period of 15 days or 30 days (only if the Policy Tenure is 3 years or more and is sold through distance marketing) from the date of receipt of the Policy document to review its terms and conditions. Where if you disagree to any of the terms or conditions of the Policy, you have the option to return the Policy stating the reasons for your objection, when you will be entitled to a.)Refund of the premium paid, subject only to a deduction of the</p>	

13	Your Obligations	<p>expenses incurred by the Company on medical examination of the Insured</p> <p>b.) where the risk is already commenced and the option of return of the policy is exercised by the Policyholder, a deduction towards the proportionate premium for period on cover.</p> <p>c.) Where only a part of the insurance coverage has commenced, such</p> <ul style="list-style-type: none"> • Benefits payable under this policy will be paid within 30 days of the receipt of last necessary documents required for the settlement of the claim. • The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us before the Grace Period of 30 days from the expiry of the Policy. • The Policy can be renewed or migrated, wherever applicable, under the then prevailing Product or its nearest substitute (in case of withdrawal of the prevailing Product) approved by IRDAI. <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement o sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.</p> <ul style="list-style-type: none"> • Please disclose all material information (Including Pre-Existing Diseases, Annual income and other relevant details asked at the time of enrollment) before buying the policy. • Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim. 	
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Declaration by the Policy Holder:

I have read the above and confirm having noted the details.

Place:

Date:

Signature of the Policy Holder

NOTE:

In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.