

(a) Policy Schedule (Policy Certificate)

Proposer Name	SALAPU CHANDRASEKHAR	Policy No.	4128/ISHA/236848149/00/000
Address	PALAKONDA ROAD, KOTHAVALASA, PARVATHIPURAM, VIZIANAGARAM, ANDHRA PRADESH - 535501	Period of Insurance	From 00:00 hrs 13-Jan-2022 To 23:59 hrs 12-Jan-2023
Contact No.	9494447447	Policy Tenure	1
Email Address	WWW.SCHANDRASEKHAR@GMAIL.COM	LAN No.	HACOMBO16420686929060
Nominee Name	SALAPU NAGAMANI	Policy Issuing Office	Prabhadevi
Relationship With Policyholder	MOTHER	Policy Issued On	13-Jan-2022
Appointee Name		Previous Policy No.	
GSTIN Number (Customer)		Nominee Age	46 Years 0 Month
Servicing Branch Address	F6 Fourth The Landmark Sampath Vinayak Temple Road, Vishakaptnam Andhra Pradesh 530003	Servicing Branch Name	Vishakaptnam
		Invoice Number	100122579853

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*	Special Condition
SALAPU CHANDRASEKHAR	18-May-1993	28 7	13-Jan-2022	Male	SELF	1000000	None	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide deface no. CSD232202184 dated 06-Jan-2022
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
HSH_Individual_Adult_1Year	0	None	0	37AAACI7904G1ZM	997133 GENERAL INSURANCE SERVICES	

Premium Details (₹)						
Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
8068.64	9	726.18	9	726.18	1452.36	9521

Agent Details					
Agent Name	ATCHUTA RAO MUVVALA	Agent Code	ILG66788	Agent contact No.	9703654262

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 thehealthcare@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.



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