



## (a) Policy Schedule (Policy Certificate)

Proposer Name	SALAPU CHANDRASEKHAR	Product name	COMPLETE HEALTH INSURANCE
Address	VIVEKANANDA COLONY,RAYAGADA ROAD, PARVATHIPURAM, VIZIANAGARAM,	Plan Name	Health Shield
	ANDHRA PRADESH - 535501	Policy No.	4128i/B-HSHA/236848149/01/000
Contact No.	9494447447	Period of Insurance	From 00:00 hrs 13-Jan-2023 To 23:59 hrs 12-Jan-2024
Email Address	WWW.SCHANDRASEKHAR@GMAIL.COM	Policy Tenure	1
Nominee Name	SALAPU NAGAMANI	LAN No.	HACOMBO16420686929060
Relationship With	MOTHER	Policy Issuing Office	Prabhadevi
Policyholder			
Appointee Name		Policy Issued On	11-Jan-2023
Nominee Age	47 Years 1 Month	Previous Policy No.	4128i/HSHA/236848149/00/000
GSTIN Number (Customer)		Invoice Number	100123721558
Servicing Branch Address	F6 Fourth The Landmark Sampath Vinayak	Servicing Branch Name	Vishakaptnam
	Temple Road, Vishakaptnam Andhra Pradesh 530003		

Are you or any of the proposed applicants a PEP\* or a close relative of a PEP\*?

No

Insured's Name(s)	Date of Birth	A <sub>1</sub>	ge M	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Optional Add-on Cover*	Special Condition
SALAPU CHANDRASEKH AR	18-May-199 3	29	7	13-Jan-2022	Male	SELF	1000000	None	Option 8,Option 9,Option 10,Option 11	None

Option Cover Code	Cover Name	Basic Sum Insured (₹)	Cover Benefit (₹)	
Option 8	Personal Accident	1000000	Upto Policy Sum Insured	
Option 10	Claim Protector	1000000	Upto Policy Sum Insured	
Option 9	Super No Claim Bonus	1000000	0.0	
Option 11	Sum Insured Protector	1000000	0.0	

	Plan Details				The stamp duty of ₹1	
Plan Name	Additional Sum Insured	Sub-limit	Voluntary Deductible	GSTIN Reg. No	HSN/SAC code	paid vide deface no.
	(₹)		(₹)			CSD36420222395 dated
HSH_Individual_Adult_ 1Year	100000	None	0	37AAACI7904G1ZM	997133 GENERAL INSURANCE SERVICES	03-Jun-2022

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.

Premium Details (₹)								
Dania Dramium	CGST		SGST		Total Tay Dayable	Total Premium		
Basic Premium	%	₹	%	₹	Total Tax Payable	Total Flemium		
10144.92	9	913.04	9	913.04	1826.08	11971		

	Agent Details								
Agent ATCHUTA RAO Agent H. C. (799 Agent 979265									
Nan	ne MUVVALA	Code	ILG66788	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 ihealthcare@icicilombard.com or write to us at ICICI Lombard GIC, ICICI Bank Tower, Plot no-12, Financial district Nanakramguda, Gachibowli, Hyderabad, Andhra Pradesh 500032.

Mumbai -400025.

UIN - ICIHLIP22096V062122



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.



Click or Scan QR Code for Customer Information Sheet and Policy Wordings