

## (a) Policy Schedule (Policy Certificate)

|                                       |  |                              |   |
|---------------------------------------|--|------------------------------|---|
| <b>Proposer Name</b>                  | GULLA RAJESH   | <b>Product name</b>          | ICICI Lombard Complete Health Insurance             |
| <b>Address</b>                        | S O GULLA KANNAN NAIDU 2 104,MAIN STREET PARVATIPURAM MANDALAM CHINABONDAPALLE, MAIN STREET PARVATIPURAM MANDALAM CHINABONDAPALLE, VIZIANAGARAM, ANDHRA PRADESH - 535522 | <b>Plan Name</b>             | Health_Shield_R                                     |
| <b>Contact No.</b>                    | 97*****31  | <b>Policy No.</b>            | 4128i/HSRN/205934566/03/000                         |
| <b>Email Address</b>                  | BA*****@GMAIL.COM  | <b>Period of Insurance</b>   | From 00:00 hrs 23-Sep-2023 To 23:59 hrs 22-Sep-2024 |
| <b>Nominee Name</b>                   | Bade Kalpana   | <b>Policy Tenure</b>         | 1   |
| <b>Relationship With Policyholder</b> | SPOUSE   | <b>Alternate Policy No.</b>  | 4128i/B-iHA/205934566/02/000                        |
| <b>Appointee Name</b>                 |  | <b>LAN No.</b>               | NA  |
| <b>Nominee Age</b>                    | 36 Years 2 Month   | <b>Policy Issuing Office</b> | Prabhadevi  |
| <b>GSTIN No. (Customer)</b>           |  | <b>Policy Issued On</b>      | 22-Sep-2023   |
| <b>Servicing Branch Address</b>       | F6 Fourth The Landmark Sampath Vinayak Temple Road,Vishakaptnam Andhra Pradesh 530003  | <b>Previous Policy No.</b>   | 4128i/B-iHA/205934566/02/000                        |
|                                       |  | <b>Invoice No.</b>           | 1009231944008                                       |
|                                       |  | <b>Servicing Branch Name</b> | Vishakaptnam  |

|   |    |
|---|----|
| Politically Exposed Person (PEP)/close relative of PEP: | No |
|---|----|

| Insured's Name(s) | Date of Birth | Age |   | Date of Joining | Gender | Relation With Proposer |
|-------------------|---------------|-----|---|-----------------|--------|------------------------|
|                   |               | Y   | M |                 |        |                        |
| Gulla Rajesh      | 01-Aug-1980   | 43  | 1 | 23-Sep-2020     | Male   | SELF                   |
| Bade Kalpana      | 15-Jul-1987   | 36  | 2 | 23-Sep-2020     | Female | SPOUSE                 |
| Gulla Tejal       | 17-May-2011   | 12  | 4 | 23-Sep-2020     | Female | DAUGHTER               |

| Insured's Name(s) | Annual Sum Insured (₹) | Pre-existing Illness/ Injury | Optional Add-on Cover* | Pneumococcal vaccine taken | Special Condition |
|-------------------|------------------------|------------------------------|------------------------|----------------------------|-------------------|
| Gulla Rajesh      | 1000000                | None                         | None                   | NO                         | None              |
| Bade Kalpana      |                        | None                         | None                   | NO                         | None              |
| Gulla Tejal       |                        | None                         | None                   | NO                         | None              |

| Plan Details             |                      |            |                                   |
|--------------------------|----------------------|------------|-----------------------------------|
| Plan Name                | Voluntary Co-payment | Zone opted | Guaranteed Cumulative Bonus [GCB] |
| HSRN_2Adult_1Child_1Year | 0%                   | Zone B     | 400000                            |

| Premium Details (₹) |      |         |      |                   |               |
|---------------------|------|---------|------|-------------------|---------------|
| Basic Premium       | CGST |         | SGST |                   | Total Premium |
|                     | %    | ₹       | %    | ₹                 |               |
| 18762.71            | 9    | 1688.64 | 9    | 1688.64           | 22140         |
|                     |      |         |      | Total Tax Payable |               |
|                     |      |         |      | 3377.29           |               |

**Table of Benefits**

| Covers  | Benefits  |
|---|---|
| In Patient Treatment  | Upto Annual Sum Insured<br>No room rent capping   |
| Daycare procedures/treatment  | All procedures covered up to Annual Sum Insured   |
| Coverage for modern treatments                                      | Upto Annual Sum Insured   |
| Pre Hospitalisation Medical Expenses                                | 30 days   |
| Post Hospitalisation Medical Expenses                               | 60 days   |
| In Patient AYUSH hospitalisation                                    | Upto Annual Sum Insured   |
| Reset Benefit   | Unlimited times for different illness and once for same illness   |
| Domestic Road Ambulance Cover                                       | Cashless: Actuals; Reimbursement: 1% of Sum Insured ; maximum up to ₹ 10,000, within annual sum insured   |
| Air Ambulance Cover   | Upto Annual Sum Insured   |
| Donor expenses  | Upto Annual Sum Insured   |
| Domiciliary hospitalisation   | Upto Annual Sum Insured   |
| Home Care Treatment   | 5% of Annual Sum Insured ; maximum upto ₹ 25,000  |
| Wellness Program  | <ul style="list-style-type: none"> <li>Includes wellness program, health assistance, ambulance assistance and discounts on services and products</li> <li>Redemption of points will be through utilisation of services on our mobile application</li> </ul> |
| Guaranteed Cumulative Bonus [GCB]                                   | 20% for every claim free year maximum up to 100% of Annual Sum Insured ; no reduction in case of claims   |
| Preventive Health check up  | As per annual sum insured package eligibility   |
| Tele consultations  | Unlimited   |
| Incentives associated with vaccination against Pneumococcal disease | 2.5% discount on premium if all adults in the policy have been vaccinated with pneumococcal vaccine   |

**Agent Details**

|                   |                    |                   |                 |                          |                   |
|-------------------|--------------------|-------------------|-----------------|--------------------------|-------------------|
| <b>Agent Name</b> | <b>DURGA KOLLU</b> | <b>Agent Code</b> | <b>ILG52177</b> | <b>Agent contact No.</b> | <b>9032831173</b> |
|-------------------|--------------------|-------------------|-----------------|--------------------------|-------------------|

|                      |                                   |  |
|----------------------|-----------------------------------|--|
| <b>GSTIN Reg. No</b> | <b>HSN/SAC code</b>               | The stamp duty of ₹ 1 paid vide deface no. CSD6142023662 dated 20-Feb-2023 |
| 37AAACI7904G1ZM      | 997133 GENERAL INSURANCE SERVICES |  |

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.

**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](mailto:ihealthcare@icicilombard.com) or write to us at ICICI Lombard GIC, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad District Hyderabad, Pin code -500016 Telangana.

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](mailto: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

**ICICI Lombard General Insurance Company Limited**

IRDA Reg. No. 115

Mailing Address:

 ICICI Lombard General Insurance Company Limited,  
 Interface Building No.: 16, 601 / 602, 6th Floor, New  
 Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

 ICICI Lombard House, 414, P Balu  
 Marg, Off Veer Savarkar Road, Near  
 Siddhi Vinayak Temple, Prabhadevi,  
 Mumbai -400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

 Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

 Website: [www.icicilombard.com](http://www.icicilombard.com)

UIN - ICIHLP23144V072223

## Tax Certificate

To  
 GULLA RAJESH  
 S O GULLA KANNAN NAIDU 2 104,MAIN STREET  
 PARVATIPURAM MANDALAM CHINABONDAPALLE  
 MAIN STREET PARVATIPURAM MANDALAM  
 CHINABONDAPALLE  
 VIZIANAGARAM  
 ANDHRA PRADESH - 535522

**Subject: Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961 and any amendments made thereafter.**

Dear GULLA RAJESH,

This is to certify that the Company has received the premium dated Sep 23, 2023 for Health insurance coverage under "Health Insurance Policy" with the following details.

|                         |                           |                              |   |
|-------------------------|---------------------------|------------------------------|---|
| Policyholder's Name     | GULLA RAJESH              | Policy Number                | 4128i/HSRN/205934566/03/000   |
| Policy Start Date       | Sep 23, 2023              | Policy End Date              | Sep 22, 2024  |
| Plan Name               | HSRN_2Adult_1Child_1Ye ar | Total Premium Paid (₹)       | 22140   |
| GSTIN Number (Customer) |                           | GSTIN Reg.No (ICICI Lombard) | 37AAACI7904G1ZM   |
| Servicing Branch Name   | Vishakaptnam              | Servicing Branch Address     | F6 Fourth The Landmark Sampath Vinayak Temple Road,Vishakaptnam Andhra Pradesh 530003 |

| Premium Details (₹) |      |         |      |         |                   |
|---------------------|------|---------|------|---------|-------------------|
| Basic Premium       | CGST |         | SGST |         | Total Tax Payable |
|                     | %    | ₹       | %    | ₹       |                   |
| 18762.71            | 9    | 1688.64 | 9    | 1688.64 | 3377.29           |
|                     |      |         |      |         | Total Premium     |
|                     |      |         |      |         | 22140             |

| Financial Year | Amount (₹) |
|----------------|------------|
| 2023-2024      | 22140.00   |

The product is eligible for deduction u/s 80D of the Income Tax, 1961 and any amendments made there to.

**Sincerely,**  
 For **ICICI Lombard General Insurance Company Ltd.**

*Gaurav Anora*

Authorised Signatory

**Note:** This certificate must be surrendered to the Insurance Company in case of Cancellation of the Policy. In the event of incorrect representation of this declaration, the liability shall be upon the policyholder.

In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website [www.icicilombard.com](http://www.icicilombard.com) Or call on our toll free no. 1800 2666

CHC/20150914/284

**ICICI Lombard General Insurance Company Limited**

IRDA Reg. No. 115

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CIN: L67200MH2000PLC129408

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Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai -400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN - ICILHIP23144V072223

**ICICI Lombard Health Care Card**

**ICICI Lombard Health Care**

Name : Gulla Rajesh  
Policy No. : 4128i/HSRN/205934566/03/000  
Card No. : 127381150  
Gender : Male Age : 43 DOB : 01-Aug-1980  
Valid Upto : 22-Sep-2024

**ICICI Lombard**  
Nibhaye Vaade

Toll Free No.: 1800 2666

\*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- \*For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalization care, call our Health Assistance Helpline at 040-6674205 (8 AM to 8 PM Monday to Saturday except public holidays).
- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network provider can only be obtained when accompanied with an authorization letter issued by ICICI Lombard Health Care
- In case of non photo cards, to prove your identity, please produce this card along with any photo id card issued by Government.
- Valid up to policy expiry date or cancellation date whichever is earlier.

**ICICI Lombard Health Care Pays:** Hospitalisation bills for admissible claim, subject to prior approval. In case of emergency, approval can be taken within 24 hours of hospitalization.

**Insured Pays:** All non-medical hospitalization bills and expenses not covered under the policy.

**Mailing Address:** ICICI Lombard Healthcare, 1<sup>st</sup>, 4<sup>th</sup> (Half), 5<sup>th</sup> and 6<sup>th</sup> floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Pin code - 500 016, Telangana.

**Registered Address:** ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

**Fax Number:** (040) 6698 9160/61  
**Email:** ihealthcare@icicilombard.com

**Toll Free Number:** 1800 2666  
**Visit us at:** www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

\*The mentioned covers are add-ons by paying additional premium and available only if opted by the policyholders.

**ICICI Lombard Health Care Card**

**ICICI Lombard Health Care**

Name : Bade Kalpana  
Policy No. : 4128i/HSRN/205934566/03/000  
Card No. : 127381151  
Gender : Female Age : 36 DOB : 15-Jul-1987  
Valid Upto : 22-Sep-2024

**ICICI Lombard**  
Nibhaye Vaade

Toll Free No.: 1800 2666

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ICICI Lombard Health Care Card



Name : Gulla Tejal  
Policy No. : 4128/HSRN/205934566/03/000  
Card No. : 127381152  
Gender : Female Age : 12 DOB : 17-May-2011  
Valid Upto : 22-Sep-2024



Toll Free No.: 1800 2666

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