

(a) Policy Schedule (Policy Certificate)

Policyholder Name	ARUN RAMCHANDRA ARADHYE	Policy No.	4128i/HA/91345341/08/000
Address	BLOCK NO-1 SHREYAS TERRACE 700/B/8 A WARD SARNAIK COLONY, KOLHAPUR, MAHARASHTRA, KOLHAPUR, MAHARASHTRA - 416012	Period of Insurance	From 00:00 hrs 25-Jun-2022 To 23:59 hrs 24-Jun-2023
		Policy tenure	1
Telephone No.	9766547802	LAN No.	NA
Email Address	ARADHYEARUN@REDIFFMAIL.COM	Policy issuing office	Prabhadevi
Nominee Name	Kaveri Arun Aradhye	Policy issued on	28-May-2022
Relationship with policyholder	SPOUSE	Previous policy No.	4128i/HA/91345341/07/000
Appointee Name		Nominee Age	64 Years 5 Months
GSTIN Number (Customer)		Servicing Branch Name	Mumbai
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Invoice Number	1005221682780


Insured's Name(s)	Date of birth	Age Y M	Date of joining policy	Gender	Relation With Proposer	Annual sum insured (₹)	Pre-existing illness /injury	Optional Add-on Cover*	Special Condition
ARUN RAMCHANDRA ARADHYE	26-Jun-1956	65 11	18-Jun-2007	Male	SELF	300000	None	Option 1	None

Option Cover Code	Cover Name	Basic Sum Insured (₹)	Cover Benefit (₹)
Option 1	Convalescence Benefit	300000	Rs. 10,000
	Hospital Daily Cash	300000	Rs. 1000 Per Day

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 (₹)			
IH_Individual_Adult_1Y ear_A	150000	None	0	27AAACI7904G1ZN	997133 GENERAL INSURANCE SERVICES	

Premium Details (₹)						Total Tax Payable	Total Premium
Basic Premium		CGST		SGST		4752.15	31153
		%	₹	%	₹		
26400.85		9	2376.08	9	2376.08		

Agent Details					
Agent Name	ICICI BANK LIMITED	Agent Code	2470377	Agent contact No.	18002666

For ICICI Lombard General Insurance Company Ltd.	<p>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.</p>
 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. 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.