

# (a) Policy Schedule (Policy Certificate)

Proposer Name	THYAGRAJAN ARUNACHALAM THEVAR	Product name	ICICI Lombard Complete Health Insurance
Address	PLOT NO ASA-3, SHIVSHAKTI BUNGLOW,, ASHWINNAGAR, B/H HOTEL SKY LARK INN,	Plan Name	Health Shield
	NASHIK, MAHARASHTRA - 422009	Policy No.	4128i/HSHA/200037624/02/000
Contact No.	9665266705	Period of Insurance	From 00:00 hrs 03-Jun-2022 To 23:59 hrs 02-Jun-2023
Email Address	TYAGU@LIVE.IN	Policy Tenure	1
Nominee Name	GAYATHRI THYAGRAJAN THEVAR	Alternate Policy No.	4128i/iHA/200037624/01/000
		LAN No.	NA
Relationship With	SPOUSE	Policy Issuing Office	Prabhadevi
Policyholder			
Appointee Name		Policy Issued On	02-Jun-2022
Nominee Age	26 Years 9 Month	Previous Policy No.	4128i/iHA/200037624/01/000
GSTIN No. (Customer)		Invoice No.	10062298454
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Servicing Branch Name	Mumbai

Politically Exposed Person (PEP)/close relative of PEP:

No

Insured's Name(s)	Date of	A	ge	Date of	Gender	Relation With	Annual Sum	Pre-existing	Optional	Special
	Birth	Υ	M	Joining		Proposer	Insured (₹)	Illness/ Injury	Add-on Cover*	Condition
THYAGRAJAN ARUNACHALAM THEVAR	21-Jan-199 0	32	4	03-Jun-2020	Male	SELF		None	Option 7	None
GAYATHRI THYAGRAJAN THEVAR	31-Jul-1996	25	10	03-Jun-2020	Female	SPOUSE	2000000	None	Option 7	None
RAGHAV THYAGRAJAN THEVAR	28-Aug-201 7	4	9	03-Jun-2020	Male	SON	2000000	None	None	None
RUDRAYANI THYAGRAJAN THEVAR	22-Dec-201 9	2	5	03-Jun-2020	Female	DAUGHTER		None	None	None

Option Cover Code		Cover Name		Basic Sum Insured (₹)			Cover Benefit (₹)	
Option 7		Critical illness Cover		2000000		;	50% of Policy Sum Insured	
	Plan De	tails					The stamp duty of ₹	1 paid
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)	GSTIN Reg. No	HSN/SAC co	ode	vide deface CSD232202184	no.
HSH_2Adults_2Chil d_1Year	200000	None	0	27AAACI7904G1ZN	997133 GENE INSURANO SERVICES	Œ	06-Jan-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 (₹)							
Basic Premium		CGST	CGST SGST		Total Tay Dayabla	Total Premium	
Basic Premium	%	₹	%	₹	Total Tax Payable	rotal Premium	
27038.14	9	2433.43	9	2433.43	4866.86	31905	

Agent Details							
Agent Name	ICICI BANK LIMITED	Agent Code	2470377	Agent contact No.	0018002666		

GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹1 paid vide deface no. CSD232202184 dated
27AAACI7904G1ZN	997133 GENERAL INSURANCE SERVICES	06-Jan-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.

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, 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. 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.



<u>Click</u> or Scan QR Code for Customer Information Sheet and Policy Wordings



## **Tax Certificate**

То

THYAGRAJAN ARUNACHALAM THEVAR PLOT NO ASA-3, SHIVSHAKTI BUNGLOW, ASHWINNAGAR, B/H HOTEL SKY LARK INN **NASHIK** MAHARASHTRA - 422009

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

Dear THYAGRAJAN ARUNACHALAM THEVAR,

This is to certify that the Company has received the premium dated Jun 03, 2022 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's	THYAGRAJAN	Policy Number	4128i/HSHA/200037624/0
Name	ARUNACHALAM THEVAR		2/000
Policy Start Date	Jun 03, 2022	Policy End Date	Jun 02, 2023
Plan Name	HSH_2Adults_2Child_1Ye	Total Premium Paid	31905
	ar	(₹)	
GSTIN Number		GSTIN Reg.No (ICICI	27AAACI7904G1ZN
(Customer)		Lombard)	
Servicing Branch	Mumbai	Servicing Branch	414, ICICI LOMBARD
Name		Address	HOUSE, VEER
			SAVARKAR MARG, NEAR
			SIDDHI VINAYAK
			TEMPLE MAIN GATE,
			PRABHADEVI, MUMBAI,
			400025, MAHARASHTRA

Premium Details (₹)							
Dania Dramium	CGST		SGST		Tatal Tau Davishla	Tatal Danasium	
Basic Premium	%	₹	%	₹	Total Tax Payable	Total Premium	
27038.14	9	2433.43	9	2433.43	4866.86	31905	

Financial Year	Amount (₹)
2022-2023	31905.00

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

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 Or call on our toll free no. 1800 2666



#### **ICICI Lombard Health Care Card**

ICICI Lombard Health Care

: THYAGRAJAN ARUNACHALAM THEVAR Name

Policy No.: 4128i/HSHA/200037624/02/000

Card No. : 125449437

Gender : Male Age : 32 DOB: 21-Jan-1990

Valid Upto: 02-Jun-2023



Toll Free No.: 1800 2666

- \*For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalization care, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays)
- This card is non-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 GIC Ltd.
- 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>st</sup> (Half), 5<sup>st</sup> and 6<sup>st</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 Toll Free Number: 1800 2666 Email: ihealthcare@icicilombard.com 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**



: GAYATHRI THYAGRAJAN THEVAR Name

Policy No.: 4128i/HSHA/200037624/02/000

Card No. : 125449438

Gender DOB: 31-Jul-1996 Female Age : 25

Valid Upto : 02-Jun-2023



Toll Free No.: 1800 2666

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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



#### **ICICI Lombard Health Care Card**

ICICI Lombard Health Care

: RAGHAV THYAGRAJAN THEVAR Name Policy No.: 4128i/HSHA/200037624/02/000

Card No. : 125449439

Gender : Male DOB: 28-Aug-2017 Age: 4

Valid Upto: 02-Jun-2023



Toll Free No.: 1800 2666

- \*For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalization care, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays)
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## **ICICI Lombard Health Care Card**



: RUDRAYANI THYAGRAJAN THEVAR Name

Policy No.: 4128i/HSHA/200037624/02/000

Card No. : 125449440

Gender Female DOB: 22-Dec-2019 Age: 2

Valid Upto : 02-Jun-2023



Toll Free No.: 1800 2666

- \*For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalization care, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays)
- This card is non-transferable and is valid at network hospitals only.
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ICICI Lombard Complete Health Insurance

UIN - ICIHLIP22096V062122

