



Risk Assumption Letter

Dear Sir / Madam,

We thank you for placing this insurance business with us.

Please find attached herewith Policy No.: [4050/2086679/00/000](#), which has been issued based on the details furnished to us by insured:

- | | |
|-------------------------------|--|
| 1. Name of the Insured | : Mr. SUMANTH HAGALAVADI GOPALAKRISHNA |
| 2. Mailing Address | : Balaji Rao Street, Agrahara, Chickpet, Near Ashwatkatte, TUMKUR - 572101 , Karnataka |
| 3. Telephone No. | : 91- |
| 4. Mobile No. | : 9663905375 |
| 5. E-mail Id | : withsumanth@gmail.com |
| 6. Date of Birth | : 8/14/1992 |
| 7. Passport No. | : L3544897 |
| 8. Nominee Name | : Mr Gopalakrishna H A |
| 9. Visa Type | : N.A. |
| 10. Period of Insurance | : From: 24-Aug-2017 To: 23-Aug-2018 Days: 365 |
| 11. Geographical Scope | : Worldwide |
| 12. Plan Type | : Gold_W100_Plus |
| 13. Pre-existing Diseases | : NIL |
| 14. Medical Treatment History | : NIL |
| 15. Family Doctor's Details | : NA |

Please go through the details as furnished in the format and also as provided in the policy document and confirm that they are in order. Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at customersupport@icicilombard.com for necessary changes/rectification. In the absence of any communication from you with in 15 days or before the risk inception date of the policy in this connection, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

It brings us pleasure in announcing that our operations function has been ISO 9001:2000 certified with effect from 7th September 2004. The certifying agency was Det Norske Veritas (DNV). This would mean that we would meet the service related promises that we make to our customers.

Thanking you,

Authorised Signatory
ICICI Lombard General Insurance Company Limited



PART 1 OF THE SCHEDULE - Globetrotter-Overseas Individual Student Insurance*

POLICY DETAILS

Policy No.: 4050/2086679/00/000

Agent Location: NEW DELHI

Agent: CUST-15074169

Agent Name : Kiran Chopra; Agent Code(ID) : 8299658; Contact No: 0-0 , 91-9818117998.

Type of Policy : Globetrotter Overseas Individual Student Insurance Policy
 Scope of Coverage : Gold Cover
 Period of Insurance/Trip Particulars : From 24-Aug-2017 To 23-Aug-2018 Midnight(Single Trip) or Actual date of arrival whichever is earlier
 Insured No of Travel Days : 365 days
 Geographical Scope : Worldwide

DETAILS OF THE INSURED	
Name	Mr. SUMANTH HAGALAVADI GOPALAKRISHNA
Mailing Address	Balaji Rao Street, Agrahara, Chickpet, Near Ashwatkatte, TUMKUR, Karnataka
Pin Code	572101
Telephone No. (both India and while abroad)	91-
Mobile No.	9663905375
Email Id	withsumanth@gmail.com
Date of Birth	8/14/1992
Passport No.	L3544897
Mother's Name	Hemamalini H A
IL ID	154999958
Name of the servicing IL Branch	New Delhi
Address of the IL branch	Fourth Parsavnath Capital Tower Bhai Veer Singh Marg, New Delhi New Delhi 11000
Invoice Number	1207170000017270

Special Terms & Conditions :

Nominee Name :

Mr Gopalakrishna H A

PLAN NAME : Gold_W100_Plus		
Benefits	Sum Insured	Deductibles
Bail Bond	USD 5,000	Nil
Cancer Screening and Mammography Expenses	USD 2000	Nil
Childcare Benefits	USD 100	Nil
Dental Treatment	USD 250	USD 50
In Patient Medical expenses related to pregna...	USD 500	Nil
Loss of Checked-In-Baggage	USD 1,000	Nil
Loss of Passport	USD 200	Nil
Medical Expenses (Includes Medical Evacuation...	USD 100,000	USD 100
Medical expenses for Inter collegiate sports ...	Included in Medical expenses SI	Nil
Personal Accident	USD 25,000	Nil
Personal Liability	USD 100,000	Nil
Repatriation of Remains (Included under Medica...	At actuals, max upto the sum insured in Medical cover	Nil
Sponsor Protection	USD 10,000	Nil
Study Interruption	USD 7,500	Nil
Treatment for Mental and Nervous disorder	USD 1,000	Nil
Two Way Compassionate Visit	USD 7,500	Nil

Sponsor's Details	
Sponsor's Name	Mr. Gopalakrishna H A

University Details	
University Name	NORTHEASTERN UNIVERSITY
University Address	360, HUNTINGTON AVENUE, 405 ELL HALL, BOSTON, MA 02115,
Country of Study	USA

Pre-existing Ailments History:
NIL

Hospitalisation / Medical Treatment History:
NIL

Family doctor's Name ,Address and Contact No.:
NA

The above records the information of pre-existing illnesses / hospitalization etc. details given by the insured pursuant to Clause 4 (4) of the IRDA (Policyholder's interest) Regulations, 2002. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non disclosure of material information.

Premium details in Rs.								
-	Start Date	End Date	Premium	CGST	SGST	UTGST	IGST	Net Premium
Original Details	24-Aug-2017	23-Aug-2018	24630	0	0	0	4433.4316	29064

Note : There are no sublimits applicable for this policy.

**For ICICI LOMBARD GENERAL INSURANCE CO.
LTD.**



Authorised Signatory

Date of Issue: 30-Jul-2017
Place of issuance: Mumbai

GSTIN Reg. No. -07AAACI7904G1ZP

HSN/SAC Code : GENERAL INSURANCE SERVICES - 00440005

The stamp duty of Rs. (₹) paid in cash or by demand draft or by pay order, vide Receipt/Challan no. 2521691 dated 20-Jun-2017."

Contact the ICICI Lombard 24hr Help Line number for assistance and registering your claim: From USA and Canada: +18448711200 (Toll Free), From Rest of the World : +91 124 4498778 (Call back facility), In India 1800 102 5721 (Toll free and accessible in India (available from Mon-Fri between 9am- 6pm), Fax: + 91 124 4006674, E mail : icicilombard@falck.com. Please ensure that the you have received, read and understood the terms and conditions as contained in Part II and III of the Policy. Kindly acknowledge receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy, kindly contact us immediately or have not received Part II and Part III of the Policy, please email at customersupport@icicilombard.com. In the event of an accident or sudden illness or any other claim caused by a contingency covered under the insurance policy, immediately contact the Help Line number stating the necessary details.

Note: Kindly acknowledge receipt of this policy. In case you find any variations against your proposal or any discrepancy in the policy , kindly contact us immediately.

* Filed as Globetrotter-Overseas Individual Student Insurance

ICICI Lombard General Insurance Company Limited

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

SPECIAL BENEFITS OF THE ICICI LOMBARD STUDENT PLAN

The following covers have been included in the Medical Expenses cover and are not separate benefits, subject to the terms and conditions mentioned below. All mentions of these in the policy document are considered to be deleted in entirety and amended as follows:

- Treatment for mental and nervous disorders, including alcoholism and drug dependency, are covered under this policy,
1. subject to a maximum limit of US\$ 1,000. The payment for medical expenses will be limited to inpatient hospitalization of more than 24 hours provided by a hospital / nursing home.
2. In-patient medical expenses related to pregnancy are covered to a maximum limit of US\$ 500, after a waiting period of 10 months.
- Medical expenses for inter-collegiate sports injuries are covered under this policy as part of the medical cover. These
3. expenses will be treated as any other medical expenses for an accident, and will be subject to the terms of conditions mentioned in the policy.
- Cancer screening and mammographic examinations on recommendation from physician will be paid under this policy,
4. subject to a maximum limit of US\$ 2,000. Expenses would be paid for the usual and customary charges incurred for these test. Any tests done as a part of preventive health check-up is not included under this benefit.
5. Childcare benefits - If the child is above 90 days of age, and is hospitalized for more than 2 days, for any ailment, hospital cash benefit of US\$ 100 will be paid, subject to a maximum of 7 days.

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ICICI Lombard General Insurance Company Limited

ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

Service Tax Reg. No. : GIS/Mumbai - I/1528/2001

KEY INFORMATION SHEET (KIS)

S.No.	Title	Description (Description is illustrative and not exhaustive)	Refer to Clause
1	Product Name	Globetrotter-Overseas Individual Student Insurance	
2	What am I covered for	<input type="checkbox"/> Hospitalisation expenses for Injury/illness during the trip <input type="checkbox"/> Expenses incurred for injury/illness to natural tooth or teeth during the trip <input type="checkbox"/> Cost of transportation of mortal remains in the event of death during the trip <input type="checkbox"/> Transportation expenses for medical evacuation with prior approval <input type="checkbox"/> Accidental injury leading to Death/PTD during the trip <input type="checkbox"/> Value of Checked-In Baggage lost whilst in custody of common carrier <input type="checkbox"/> Loss of Passport whilst on Trip abroad (Note: The above mentioned is an illustrative listing of the policy coverages which may be applicable under your policy. Please refer to the policy certificate for the exact coverages applicable to you. For details on coverages, please refer policy wordings).	Part II of the schedule
3	General Exclusion Conditions	<input type="checkbox"/> Pre-existing Disease or illness except in Life saving unforeseen emergency and/or acute painful conditions. <input type="checkbox"/> Cosmetic treatment or Plastic surgery in any form or manner <input type="checkbox"/> Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics(artificial limbs)etc <input type="checkbox"/> Mental or psychiatric disorders; HIV/AIDS. <input type="checkbox"/> Self inflicted injuries; Drug or alcohol abuse <input type="checkbox"/> Partial loss of items in the checked in Baggage <input type="checkbox"/> Loss of Valuables and money <input type="checkbox"/> Theft of passport unless reported to police within 24 hours <input type="checkbox"/> Any claim arising out of sporting or adventurous activities/aircraft operation. (Note: The above mentioned is an illustrative listing of the policy exclusions which may be applicable under your policy. Please refer to the policy certificate and wordings for the exact and detailed listing as applicable to you).	Part II of the Schedule Coverages and Exclusions Applicable of respective benefits
4	Claims Contact and procedure	<input type="checkbox"/> Lodge your claim by calling at following numbers for Overseas Policies <ul style="list-style-type: none"> o In USA & Canada +1 844 871 1200 (Toll Free) o From the rest of the World +91 124 4498778 (Call Back Facility) o In India 1800 102 5721 (Toll Free & Accessible in India Only) o Fax +91 124 4006674 o E-mail - icicilombard@falck.com <input type="checkbox"/> Promptly give the Company any and all information and documentation concerning the claim or the Company's liability for it. <input type="checkbox"/> Any other document as required by the Company or Company's TPA to investigate the Claim or our obligation to make payment for it	Claims Procedure in Part II of the Schedule
		This policy would be cancelled in below conditions: <input type="checkbox"/> We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by	Cancellation

5	Cancellations	registered post to your last known address, and then we shall refund a pro-rata premium for the unexpired Policy Period. <input type="checkbox"/> You may cancel this Policy any time before date of expiry of insurance by giving us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period provided no claim has been reported on your behalf under the Policy	Clause under Part III of the Schedule
6	Extension	<input type="checkbox"/> If applicable under your policy, kindly approach the nearest branch for the extension of policy.	General Conditions under Part II of the Schedule

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy certificate. In case of any conflict between the KIS and the policy certificate, the terms and conditions mentioned in the policy certificate shall prevail.

Note: Description of covers provided in policy wordings (Part II of the Schedule) will be applicable only to the covers mentioned on your policy certificate.

Please visit our website www.icicilombard.com for branch office address.



Assistance Service Provider : Falck India Pvt. Ltd.



Name : SUMANTH HAGALAVADI GOPALAKRISHNA
 Policy No. : 4050/2086679/00/000
 Date of Birth : August 14, 1992
 Valid From : August 24, 2017
 Valid To : August 23, 2018

For Hospitals / Doctors

To verify eligibility please call on the below numbers

USA & Canada (Toll Free) : +1 8448711200,

Rest of the World (Call Back Facility) : +91 124 4498778

Email Address : icicilombard@falck.com

Please read the below mentioned information carefully for hassle free claim settlement

24x7 Customer Helpline Numbers for Claim Related Inquiry

- | | | |
|--|--|--------------------------|
| 1. Registration of claim is required prior to availing benefits under this policy. | USA & Canada (Toll Free) | : +1 8448711200 |
| 2. Please call the given numbers to register your claim and to confirm your coverage. | Rest of the World (Call Back Facility) | : +91 124 4498778 |
| 3. Cashless benefits are applicable for Inpatient treatment only and not for Outpatient treatment. | India (Toll Free) | : 18001025721 |
| 4. This card is only for information and does not guarantee the admissibility of claim. | Fax Number | : +91 124 4006674 |
| | Email Address | : icicilombard@falck.com |



Assistance Service Provider : Falck India Pvt. Ltd.



