

Risk Assumption Letter

Dear Sir / Madam,

We thank you for placing your confidence with ICICI Lombard for your Health Insurance Needs.

Please find attached herewith Policy No. 4128i/H/188279613/00/000 which has been issued based on the details furnished by the applicant.

Name of Proposer	RAJ KAMAL	Policy Tenure (in Years)	1
Address	C/O CHANDRA SHEKHAR LAL GUPTA, GANDAUARI MANDIR CAMPUS, NEAR GIRLS HIGH SCHOOL, NEAR GIRLS HIGH SCHOOL, CHATRA, JHARKHAND - 825401	Period of Insurance	From 00:00 hrs 15-Dec-2019 To 23:59 hrs 14-Dec-2020
Policy Issued On	15-Dec-2019	Email Address	RAJKAMAL199228@GMAIL.COM
GSTIN (Customer)		Mobile No.	9945853586

Insured Details

Name of the insured (s)	Date of Birth	Age		Gender	Relationship with policy holder	Annual Sum Insured	Pre-existing illness / injury	Sub-limit	Voluntary Deductible	Optional add on cover
		Y	M							
Shubham Roniyar	16-Nov-1999	20	0	Male	BROTHER	500000	None	None	0	None

Please go through the details as furnished in the format and the policy document and confirm that same are order. In case there is any discrepancies / variations, you are requested to write back to us immediately at customersupport@icicilombard.com or contact at 24 hour helpline number 1800 2666 for necessary changes / rectifications.

In the absence of any communication from you in this connection within a period of 15 days of receipt of this letter, we would take it that the issued policy is in order as per your proposal.

Policy Certificate

Proposer Name	RAJ KAMAL	Policy No.	4128/iH/188279613/00/000
Address	C/O CHANDRA SHEKHAR LAL GUPTA, GANDARI MANDIR CAMPUS, NEAR GIRLS HIGH SCHOOL, NEAR GIRLS HIGH SCHOOL, CHATRA, JHARKHAND - 825401	Period of Insurance	From 00:00 hrs 15-Dec-2019 To 23:59 hrs 14-Dec-2020
Contact No.	9945853586	Policy Tenure	1
Email Address	RAJKAMAL199228@GMAIL.COM	LAN No.	NA
Nominee Name	Testing	Policy Issuing Office	Prabhadevi
Relationship With Policyholder	FATHER	Policy Issued On	15-Dec-2019
Appointee Name		Previous Policy No.	
GSTIN Number (Customer)		Nominee Age	32 Years 4 Month
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Servicing Branch Name	Mumbai
		Invoice Number	101219482485

Insured's Name(s)	Date of Birth	Age Y M	Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Optional Add-on Cover*
Shubham Roniyar	16-Nov-1999	20 0	15-Dec-2019	Male	BROTHER	500000	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 1 paid vide deface no. CSD2242019563019 dated 25-Nov-2019
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible			
iH_Individual_Child_1Y ear	0	None	0	27AAACI7904G1ZN	9971 GENERAL INSURANCE SERVICES	

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	₹		
3594.92	18	647.08	647.08	4242

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.

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.

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: L67200MH20000PLC129408

Registered Office:

ICICI Lombard House, 414 Veer Savarkar
Marg, Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai - 400 025.

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 - ICILIP10001V020910

ICICI Lombard Health Care Card



Name : Shubham Roniyar
Policy No. : 4128/IH/188279613/00/000
Card No. : 120998473
Gender : Male Age : 20 Dob : 16-Nov-1999
Valid Upto : 14-Dec-2020



Toll Free No.: 1800 2666

- 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 hospitals can be obtained when accompanied with an authorisation letter issued by ICICI Lombard Health Care
- Please provide this card along with Government issued any valid photo ID proof to prove identity (in case of non photo cards)
- 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 hospitalisation.

Insured Pays: All non-medical hospitalisation bills and expenses not covered under the policy amount in excess of limit specified in authorisation. Entire bill, if condition is not covered by policy and if authorisation is not obtained / given.

Mailing Address: ICICI Lombard Health Care, ICICI Bank Tower, Plot Number 12, Financial District, Nanakram Guda Gachibowli, Hyderabad - 500 032.

Registered Address: ICICI Lombard General Insurance Company Limited, ICICI Lombard house, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

Fax Number: (040) 6698 9160 / 61.

Email: ihhealthcare@icicilombard.com

Toll Free Number: 1800 2666

Visit us to: www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. CIN U67200MH2000PLC129408.

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