

## **Policy Certificate**

Policyholder Name	ANITA MALLIKARJUN KULLOLI	Policy No.	4128/HPR/85378897/03/000
Address	MSR QUEENS TOWN FLAT NO-M 604 UDHYOG NAGAR CHINCHWAD NEAR	Period of Insurance	From 00:00 hrs 24-Dec-2019 To 23:59 hrs 23-Dec-2021
Auditor	LOKAMNAYA HOSPITAL 00, PUNE, MAHARASHTRA - 411033	Policy tenure	2
Telephone No.	9850820747	LAN No.	NA .
Email Address	ANITAKULLOLI@GMAIL.COM	Policy issuing office	Prabhadevi
Nominee Name		Policy issued on	11-Dec-2019
Relationship with policyholder		Previous policy No.	4128i/HPR/85378897/02/000
Appointee Name		Nominee Age	NA
GSTIN Number (Customer)	-1	Servicing Branch Name	Hyderabad
Servicing Branch Address	Second Floor, Shop No 1-7, 18-20, Lumbili Jewel mall, Road No02, Banjara Hills, Hyderabad, Telangana, 500034	Invoice Number	101219353242

Insured's Name(s)	Date of	Age		Date of joining	Gender	Relation With	Annual sum	Pre- existing	Optional Add-or
	birth	Y	M	policy		Proposer	insured (₹)	illness /injury	Cover
MALLIKARJUN B KULLOLI	05-Apr-1968	51	8	24-Dec-2009	Male	SPOUSE	500000	None	None
ANITA MALLIKARJUN KULLOLI	30-May-196 8	51	6	24-Dec-2009	Female	SELF		None	None
SAKSHI MALLIKARJUN KULLOLI	16-Mar-1999	20	9	24-Dec-2009	Female	DAUGHTER		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			
HP_2Adults_1Child_2Y ears	250000	None	0	36AAACI7904G1ZO	9971 GENERAL INSURANCE SERVICES	

	The second	Premiu	um Details (₹)	
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	*	Total Tax F dyasio	
44636.44	18	8034.56	8034.56	52671

For ICICI Lombard General Insurance Company Itd.

**Authorised Signatory** 

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@icicllombard.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.