



Life Insurance Corporation of  
India  
Policy Schedule

889

LIC OF INDIA, BOMBAY B O  
FITWELL HOUSE, 3RD FLOOR  
L B S MARG, VIKHROLI (WEST).

Policy No and Date of Commencement	Table and Term	Sum Assured(₹)	Due Date/Mode of Payment	Instalment Premium(₹)	
पॉलिसी सं. जोखिम तिथि	तालिका-अवधि	बीमाधन रुपये	देय तिथि/भुगतान का तरीका	देय प्रीमियम किस्त	
929379389 03/08/2021	936 25 Yrs	8,00,000	03/08/2022 Yearly	38,908.00	
<b>Nominee under Section 39 of the Insurance Act, 1938</b> बीमा अधिनियम की धारा 39 के तहत नामांकित व्यक्ति  RAGINI VIRENDRAKUMAR RAI				<b>Date of Maturity</b> पूर्णविधि तिथि	03/08/2046
<b>Name and Address of Proposer and Life Assured</b> प्राप्टी और जीवन बीमाकर्ता का नाम और पता  Virendrakumar Murlidhar Rai B/05, Ankita Nagari Chs Station Road Thakurli E Thane Maharashtra				<b>Date of Last Payment</b> अंतिम भुगतान की तिथि	03/07/2037
				<b>Date of Birth</b> जन्म तिथि	13/07/1992
				<b>Age</b> आयु	29 Yrs

This document is electronically generated and no signature is required.

Mr.VIRENDRAKUMAR MURLIDHAR RAI

THAKURLI EAST B/05 ANKITA NAGARI CO.OP.HOUSING  
SOCIETY LIMITED STATION ROAD TILAKNAGAR  
Thane 421201  
Maharashtra**LIFE INSURANCE PREMIUM PAID CERTIFICATE FOR THE 2021-2022**

This is to certify that the following payments have been made under life insurance policies held by

Mr.VIRENDRAKUMAR MURLIDHAR RAI

Customer ID : 664992498

Policy No.	Product Name	Sum Assured (Rs.)	Mode	Premium Due Date	Premium Allocation Date	Premium Amount (Rs.)
51718916804	Sbi Life - Smart ScholarULIP	350000	Yearly	8/18/2021	8/18/2021	35000

#Total Premium paid Under Pension plan is 0.0

&amp;Total Premium paid Under Non Pension plan is 35000.0

^Total Premium paid Under Critical Illness /Health Plan is 0

---

**Total Amount paid towards Premium is 35000.0**

#Premium paid under Pension plan is provided exemption under section 80 CCC(1) of the IT act 1961

&amp;Premium paid Under Other plan is provided exemption under Sec 80 C of the IT Act 1961

^Premium Amount for Critical Illness &amp; Health plan are exempt under 80 D of the IT Act 1961

**This is a computer generated statement and does not require any signature**SBI Life Insurance Company Limited, Registered office: "Natraj", M.V. Road & Western Express Highway Junction, Andheri (East), Mumbai -400069  
Central Processing Centre, 8th Level, Seawoods Grand Central, Tower 2, Plot No : R-1, Sector 40, Seawoods, Nerul Node, Navi Mumbai- 400706  
Tel.: (022) 6645 6000 Fax: (022) 6645 6105  
Website: www.sbilife.co.in Email: info@sbilife.co.in  
Corporate Identity Number: CIN: L99999MH2000PLC129113

## RISK ASSUMPTION LETTER

Ref. No.: W105697126

Date: 21-May-2020

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4151/IP/199556554/00/000, which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : RAGINI VIRENDRAKUMAR RAI  
 Date of Birth : 27-Feb-1996  
 Mailing Address : FLAT NO C 8 FIRST FLOOR ANKITA CO OP HOUSING SOCIETY LIMITED OPP CENTRAL RILWAY, THANE, MAHARASHTRA - 421201  
 Mobile No. : 8108347906  
 Product Name : Income Protect  
 Loan Account No : LBMUM00005247804  
 Loan Tenure : 15  
 Loan Sanction Amount: 3500000  
 Loan Sanction Date : 28-Feb-2020  
 Period of Insurance : From 00:00 hrs 08-May-2020 To 23:59 hrs 07-May-2025  
 Policy Duration (years) : 5

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Nominee Name	Nominee Relationship with Applicant	Pre Existing illness
RAGINI VIRENDRAKU MAR RAI	SELF	27-Feb-1996	24		RAGINI VIRENDRAKU MAR RAI	Partner	

Please go through the details as furnished in the format and the policy document. Please confirm that same are in 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 / rectification.

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 and as per your proposal.

## Income Protect

### Preamble

On receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) from the Policyholder as named in this Schedule, Income Protect 4151/IP/157402243/00/000 dated 22-Oct-2018 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, ICICI Bank LTD as specified in the Policy, and is governed by, and is subject to, the terms, conditions & exclusions therein contained or otherwise expressed in the said Policy.

The certificate issued to the customers/employees/members of ICICI Bank LTD under the signature of an authorized signatory of ICICI Lombard General Insurance Company Limited, represents the availability of the Benefits under the Policy to the Insured Person named below, subject to the terms, conditions and exclusions expressed in the said Policy, but not exceeding the Sum Insured as specified below.

### PART I OF THE SCHEDULE

<b>Applicant Name</b>	RAGINI VIRENDRAKUMAR RAI	<b>Policy No.</b>	4151/IP/199556554/00/000
<b>Address</b>	FLAT NO C 8 FIRST FLOOR ANKITA CO OP HOUSING SOCIETY LIMITED OPP CENTRAL RILWAY, THANE, MAHARASHTRA - 421201	<b>Period of Insurance</b>	From 00:00 hrs 08-May-2020 To 23:59 hrs 07-May-2025
<b>Contact No.</b>	8108347906	<b>Policy Tenure (in Years)</b>	5
<b>Loan Account Number</b>	LBMUM00005247804	<b>Loan Tenure</b>	15
<b>Loan Sanction Date</b>	28-Feb-2020	<b>Loan Sanction Amount</b>	3500000
<b>Loan Disbursal Date</b>	11-Mar-2020	<b>Applicant PAN Number</b>	
<b>Email Address</b>	NA	<b>Policy Issuing Office</b>	Prabhadevi, Mumbai
<b>Previous Policy No.</b>	NA	<b>Policy Issued On</b>	21-May-2020
<b>GSTIN Number (Customer)</b>		<b>Service Branch Name</b>	Mumbai
<b>Servicing Branch Address</b>	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	<b>Invoice Number</b>	100520328517

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Pre Existing illness	Occupation	Nominee Name	Nominee Relationship with Applicant
RAGINI VIRENDRAK UMAR RAI	SELF	27-Feb-1996	24	Female			RAGINI VIRENDRAK UMAR RAI	Partner

### 2. Details of the Insured Event along with the Benefits (as per tablebelow):

Cover Name	Sum Insured	Benefit Amount
Critical Illness	2940000	100% Sum Insured
Major Surgical Procedures	352800	As per Annexure 3 of policy wordings

### Premium Details

<b>Basic Premium</b>	36456	<b>Stamp Duty</b>	1
<b>CGST %</b>	9	<b>CGST Amount</b>	3281.04
<b>SGST %</b>	9	<b>SGST Amount</b>	3281.04
<b>Total Tax Payable</b>	6562.08	<b>Total Premium</b>	43018
<b>Place of Supply</b>	MAHARASHTRA		

<b>IL GSTIN Registration No.</b>	<b>HSN/SAC Code</b>	The stamp duty of ₹ 1 paid vide deface no. CSD356202011872020 dated 17-Mar-2020.
27AAACI7904G1ZN	997133/GENERAL INSURANCE SERVICES /	

Agent / Broker Details					
<b>Agent Name</b>	ICICI BANK LIMITED	<b>Agent Code</b>	2470377	<b>Agent contact No.</b>	7082900149

#### Important Notes:

- Insurance cover will start only on receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) stated in PART I of the Policy Schedule by ICICI Lombard General Insurance Company Limited.
- Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate.
- On renewal of policy benefits and terms & conditions of policy including premium may be subject to change.
- The above covers would not be applicable for persons occupied in underground mines, explosives and electrical installations on high tension lines unless otherwise covered and stated in the Policy Schedule.
- Major exclusions: Intentional self-injury, suicide or attempted suicide whilst under the influence of intoxicating liquor or drugs, any loss arising from an act of breach of law with or without criminal intent. Please refer to the Policy wordings for a complete list of exclusions.
- For any endorsements such as name correction or change in nominee details, you can contact us at Toll Free Number 1800-2666 or Email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) or visit our nearest branch.
- The claimant can contact us at Toll Free Number 1800-2666 or Email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) for lodging the claim.
- Address for claim notification: IL Health Care, ICICI LOMBARD HEALTHCARE ICICI BANK TOWER, PLOT NO.12, FINANCIAL DISTRICT, NANAKRAM GUDA, GACHIBOWLI, HYDERABAD, ANDHRA PRADESH PIN CODE: 500032



## RISK ASSUMPTION LETTER

Ref. No.: W105697297

Date: 21-May-2020

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4151/IP/199556568/00/000, which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : VIRENDRAKUMAR MURLIDHAR RAI  
 Date of Birth : 13-Jul-1992  
 Mailing Address : FLAT NO C 8 FIRST FLOOR ANKITA CO OP HOUSING SOCIETY LIMITED OPP CENTRAL RILWAY, THANE, MAHARASHTRA - 421201  
 Mobile No. : 8108347906  
 Product Name : Income Protect  
 Loan Account No : LBMUM00005247804  
 Loan Tenure : 15  
 Loan Sanction Amount: 3500000  
 Loan Sanction Date : 28-Feb-2020  
 Period of Insurance : From 00:00 hrs 08-May-2020 To 23:59 hrs 07-May-2025  
 Policy Duration (years) : 5

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Nominee Name	Nominee Relationship with Applicant	Pre Existing illness
VIRENDRAKUMAR MURLIDHAR RAI	SELF	13-Jul-1992	27		RAGINI VIRENDRAKUMAR RAI	Partner	

Please go through the details as furnished in the format and the policy document. Please confirm that same are in 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 / rectification.

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 and as per your proposal.

## Income Protect

### Preamble

On receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) from the Policyholder as named in this Schedule, Income Protect 4151/IP/157402243/00/000 dated 22-Oct-2018 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, ICICI Bank LTD as specified in the Policy, and is governed by, and is subject to, the terms, conditions & exclusions therein contained or otherwise expressed in the said Policy.

The certificate issued to the customers/employees/members of ICICI Bank LTD under the signature of an authorized signatory of ICICI Lombard General Insurance Company Limited, represents the availability of the Benefits under the Policy to the Insured Person named below, subject to the terms, conditions and exclusions expressed in the said Policy, but not exceeding the Sum Insured as specified below.

### PART I OF THE SCHEDULE

<b>Applicant Name</b>	VIRENDRAKUMAR MURLIDHAR RAI	<b>Policy No.</b>	4151/IP/199556568/00/000
<b>Address</b>	FLAT NO C 8 FIRST FLOOR ANKITA CO OP HOUSING SOCIETY LIMITED OPP CENTRAL RILWAY, THANE, MAHARASHTRA - 421201	<b>Period of Insurance</b>	From 00:00 hrs 08-May-2020 To 23:59 hrs 07-May-2025
<b>Contact No.</b>	8108347906	<b>Policy Tenure (in Years)</b>	5
<b>Loan Account Number</b>	LBMUM00005247804	<b>Loan Tenure</b>	15
<b>Loan Sanction Date</b>	28-Feb-2020	<b>Loan Sanction Amount</b>	3500000
<b>Loan Disbursal Date</b>	11-Mar-2020	<b>Applicant PAN Number</b>	
<b>Email Address</b>	NA	<b>Policy Issuing Office</b>	Prabhadevi, Mumbai
<b>Previous Policy No.</b>	NA	<b>Policy Issued On</b>	21-May-2020
<b>GSTIN Number (Customer)</b>		<b>Service Branch Name</b>	Mumbai
<b>Servicing Branch Address</b>	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	<b>Invoice Number</b>	100520328530

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Pre Existing illness	Occupation	Nominee Name	Nominee Relationship with Applicant
VIRENDRAKUMAR MURLIDHAR RAI	SELF	13-Jul-1992	27	Male			RAGINI VIRENDRAKUMAR RAI	Partner

### 2. Details of the Insured Event along with the Benefits (as per tablebelow):

Cover Name	Sum Insured	Benefit Amount
Critical Illness	2940000	100% Sum Insured
Major Surgical Procedures	352800	As per Annexure 3 of policy wordings



## Premium Details

<b>Basic Premium</b>	36456	<b>Stamp Duty</b>	1
<b>CGST %</b>	9	<b>CGST Amount</b>	3281.04
<b>SGST %</b>	9	<b>SGST Amount</b>	3281.04
<b>Total Tax Payable</b>	6562.08	<b>Total Premium</b>	43018
<b>Place of Supply</b>	MAHARASHTRA		

<b>IL GSTIN Registration No.</b>	<b>HSN/SAC Code</b>	The stamp duty of ₹ 1 paid vide deface no. CSD356202011872020 dated 17-Mar-2020.
27AAACI7904G1ZN	997133/GENERAL INSURANCE SERVICES /	

Agent / Broker Details					
<b>Agent Name</b>	ICICI BANK LIMITED	<b>Agent Code</b>	2470377	<b>Agent contact No.</b>	7082900149

## Important Notes:

- Insurance cover will start only on receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) stated in PART I of the Policy Schedule by ICICI Lombard General Insurance Company Limited.
- Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate.
- On renewal of policy benefits and terms & conditions of policy including premium may be subject to change.
- The above covers would not be applicable for persons occupied in underground mines, explosives and electrical installations on high tension lines unless otherwise covered and stated in the Policy Schedule.
- Major exclusions: Intentional self-injury, suicide or attempted suicide whilst under the influence of intoxicating liquor or drugs, any loss arising from an act of breach of law with or without criminal intent. Please refer to the Policy wordings for a complete list of exclusions.
- For any endorsements such as name correction or change in nominee details, you can contact us at Toll Free Number 1800-2666 or Email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) or visit our nearest branch.
- The claimant can contact us at Toll Free Number 1800-2666 or Email us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) for lodging the claim.
- Address for claim notification: IL Health Care, ICICI LOMBARD HEALTHCARE ICICI BANK TOWER, PLOT NO.12, FINANCIAL DISTRICT, NANAKRAM GUDA, GACHIBOWLI, HYDERABAD, ANDHRA PRADESH PIN CODE: 500032

