

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

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

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

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

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

Important Notes:

1. 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.
2. Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate.
3. On renewal of policy benefits and terms & conditions of policy including premium may be subject to change.
4. 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.
5. 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.
6. 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 or visit our nearest branch.
7. The claimant can contact us at Toll Free Number 1800-2666 or Email us at customersupport@icicilombard.com for lodging the claim.
8. 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

Tax Certificate

To
RAGINI VIRENDRAKUMAR RAI
FLAT NO C 8 FIRST FLOOR ANKITA CO OP HOUSING
SOCIETY LIMITED OPP CENTRAL RILWAY
THANE
MAHARASHTRA - 421201

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

Dear RAGINI VIRENDRAKUMAR RAI,

This is to certify that the Company has received ₹ 43018 towards premium for the period from 08-May-2020 to 07-May-2025.

Policy Certificate No: 4151/IP/199556554/00/000

The following are the details of the premium received:

Premium Details

Basic Premium	36456
Total Tax Payable	6562
Total Premium	43018
Place of Supply	MAHARASHTRA

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.