

## Risk Assumption Letter

Ref No.: W52458312

Date: 19-Jul-2019

Dear Sir / Madam

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

Please find attached herewith Policy No. : 4080/HHF\_HL/175752246/00/000, which has been issued based on the details furnished by the applicant.

Name of the Applicant: ANKIT MAJUMDAR  
 Date of Birth: 10-Oct-1983  
 Mailing Address: H NO 108 A SAHU COLONY EKTA NAGAR RBL ROAD NEAR SGPP,  
 LUCKNOW, UTTAR PRADESH - 226002  
 Mobile No.: 8808002277  
 Product Name: GROUP SECURE MIND  
 Loan Account No: HHFLUCHOU19000002782  
 Loan Tenure: 20  
 Loan Sanction Amount: 2863050  
 Loan Sanction Date: 02-07-2019  
 Period of Insurance: From 00:00 hrs 16-Jul-2019 To 23:59 hrs 15-Jul-2024  
 Policy Duration (years): 5  
 Details of any Pre Existing  
 Disease/ Medical condition/  
 physical deformity H/o of  
 hospitalization, surgery or  
 medication

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Sum Insured	Sum Insured Basis	Nominee Name	Nominee Relationship with Applicant
ANKIT MAJUMDAR	SELF	10-Oct-1983	35	Salaried	2863050	Fixed	ARTIMAJ UMDHAR	SPOUSE

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.

## GROUP SECURE MIND

CERTIFICATE OF INSURANCE UNDER ICICI LOMBARD GROUP SECURE MIND TO Home Loan CUSTOMERS OF Hero housing finance limited

ICICI Lombard Group Secure Mind Policy no. 4080/155032801/00/000 dated 16-Jul-2019 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, Hero housing finance limited, 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, but not exceeding the sum insured as specified in Part I of the schedule to the said policy.

This certificate, issued under the signature of an authorized signatory of the Company represents the availability of benefit to the insured named below, Home Loan Customers of Hero housing finance limited subject to the terms, conditions and exclusions contained or otherwise expressed in the said Policy to the extent of sum insured mentioned as maximum liability, but not exceeding the Sum Insured as specified below.

For the purpose of this document we consider Hero housing finance limited Ltd as the policyholder and it's Home Loan Customers as the Insured.

<b>Applicant Name</b>	ANKIT MAJUMDAR	<b>Policy No.</b>	4080/HHF_HL/175752246/00/000
<b>Address</b>	H NO 108 A SAHU COLONY EKTA NAGAR RBL ROAD NEAR SGPP, LUCKNOW, UTTAR PRADESH - 226002	<b>Period of Insurance</b>	From 00:00 hrs 16-Jul-2019 To 23:59 hrs 15-Jul-2024
		<b>Policy Tenure (in Years)</b>	5
<b>Contact No.</b>	8808002277	<b>Loan Account Number</b>	HHFLUCHOU19000002782
<b>Email Address</b>	NA	<b>Policy Issuing Office</b>	Prabhadevi, Mumbai
<b>Previous Policy No.</b>	NA	<b>Policy Issued On</b>	22-Jul-2019
<b>GSTIN Number (Customer)</b>		<b>Service Branch Name</b>	Lucknow
<b>Servicing Branch Address</b>	Chamber I Fourth Eldeco Corporate Gomti Nagar Lucknow Uttar Pradesh 226024	<b>Invoice Number</b>	100719825687

### Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Gender	Pre Existing illness	Occupation	Sum Insured	Sum Insured Basis	Nominee Name	Nominee Relationship with Applicant
ANKIT MAJUMDAR	SELF	10-Oct-1983	35	Male		Salaried	2863050	Fixed	ARTIMAJ UMDHAR	SPOUSE

No. Section	Coverage Insured Event Applicable	Sum Insured (Rs)
I. Major Medical Illness & Procedures	<p>a) First Diagnosis of the below-mentioned Illnesses more specifically described below:</p> <ol style="list-style-type: none"> <li>1) Cancer of specified severity</li> <li>2) Kidney failure requiring regular Dialysis</li> <li>3) Multiple Sclerosis with persisting symptoms;</li> <li>4) Benign Brain Tumor</li> <li>5) Parkinson's Disease before the age of _50 years</li> <li>6) Alzheimer's Disease before the age of 50 Years_</li> <li>7) End Stage Liver Disease</li> </ol> <p>b) Undergoing for the first time of the following surgical procedures, more specifically described below:</p> <ol style="list-style-type: none"> <li>1) Major Organ / BoneMarrow Transplant;</li> <li>2) Open heart replacement orrepair of heart valves.</li> <li>3) Open chest CABG</li> <li>4) Surgery of Aorta;</li> </ol> <p>c) Occurrence for the first time of the following medical events more</p>	2863050

## 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: L67200MH2000PLC129408

Registered Office Address:

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

Group Secure Mind

Toll free no. : 1800 2666

Alternate No.: 86552 22666 (chargeable)

Email : customersupport@icicilombard.com

Website : www.icicilombard.com

UIN: ICICLGP03002V020203

	specifically described below:	
	1) Stroke resulting in permanent symptoms; 2) Permanent Paralysis of Limbs; 3) First Heart Attack- of specified Severity 4) Major Burns; 5) Loss of Speech; 6) Deafness 7) Coma of specified severity	
II. Personal Accident	a) Death of the Insured on account of an Accident b) Permanent Total Disablement of the Insured due to accident.	
III. Loss of Job	Loss of employment of the Insured (Only for Salaried)	NA

<b>Basic Premium</b>	59322.4	<b>Stamp Duty</b>	1
<b>CGST %</b>	9	<b>CGST Amount</b>	5339.02
<b>SGST %</b>	9	<b>SGST Amount</b>	5339.02
<b>Total Tax Payable</b>	10678.03	<b>Total Premium</b>	70000

<b>IL GSTIN Registration No.</b>	<b>Category</b>	The stamp duty of ₹1 paid vide deface no. CSD132019189819 dated 23-Apr-2019
27AAAC17904G1ZN	General Business Services 00440005	

Agent/Broker Details					
<b>Agent Name</b>	HERO HOUSING FINANCE LIMITED	<b>Agent Code</b>		<b>Agent Contact No.</b>	6643202020

**Important Notes:**

- Insurance cover will start only on receipt of complete premium 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.
- Major exclusions: Intentional self-injury, suicide or attempted suicide whilst under the influence of intoxicating liquor or drugs, Any loss arising from an act made in breach of law with or without criminal intent.
- The claimant can contact us at Toll Free Number 1800-2-666 or Email us at customersupport@icicilombard.com for lodging the claim.
- Claim Notification address: IL Health Care, Secure Mind Claims, ICICI LOMBARD HEALTHCARE ICICI BANK TOWER, PLOT NO.12 FINANCIAL DISTRICT, NANA KRAM GUDA, GACHIBOWLI, HYDERABAD


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**Premium Certificate - For the purpose of deduction under Section 80D of Income Tax (Amendment) Act, 1986**

To,  
ANKIT MAJUMDAR

This is to certify that the Company has received ₹70000 towards premium for Major Medical Illness & Procedures for the period from 16-Jul-2019 to 15-Jul-2024.

Policy Certificate No: 4080/HHF\_HL/175752246/00/000

**Premium Details**

<b>Basic Premium</b>	59322.4	<b>Stamp Duty</b>	1
<b>CGST %</b>	9	<b>CGST Amount</b>	5339.02
<b>SGST %</b>	9	<b>SGST Amount</b>	5339.02
<b>Total Tax Payable</b>	10678.03	<b>Total Premium</b>	70000

Issuing office : Lucknow  
GSTIN Reg. No : 09AAACI7904G1ZL  
HSN/SAC code : 9971/GENERAL INSURANCE SERVICES/GENERAL INSURANCE SERVICES

Note: This certificate must be surrendered to the Insurance Company in case of Cancellation of the policy or for the issuance of a fresh certificate in the case of any alteration in the policy.

To Register your claim or for any issue, please call our 24x7 toll free number (you can call on this number by mobile also): Call Centre No: - 18002666

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