

RISK ASSUMPTION LETTER

Ref. No.: W81605405

Date: 04-07-2020

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4148/202013396/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant: TUSHAR ASHOKBHAI KHENI
Date of Birth: 01-Jun-1994
Mailing Address: 56,SAI MOHAN SOCIETYMOTAVARACHHA SURAT,SURAT,GUJARAT - 394101,
 SURAT,GUJARAT, 394101
Mobile No.: 8511395427
Product Name: Group Safeguard Insurance
Loan Account No:
Loan Tenure:
Loan Sanction Amount:
Loan Sanction Date:
Period of Insurance: From 00:00 hrs 04-Jul-2020 To 23:59 hrs 03-Jul-2021
Policy Duration (years): 1
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
Tushar ashokbhai khieni	SELF	01/06/1994	26				

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 Safeguard Insurance

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, Group Safeguard Insurance 4148/GSG/179901294/00/000 dated 04-Jul-2020 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, RESILIENT INNOVATIONS PRIVATE 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.

The certificate issued to the customers/employees/members of RESILIENT INNOVATIONS PRIVATE LIMITED 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	TUSHAR ASHOKBHAI KHENI	Policy No.	4148/202013396/00/000
Address	56, SAI MOHAN SOCIETYMOTAVARACHHA SURAT, SURAT, GUJARAT - 394101, SURAT, GUJARAT, 394101	Period of Insurance	From 00:00 hrs 04-Jul-2020 To 23:59 hrs 03-Jul-2021
Contact No.	8511395427	Policy Tenure (in Years)	1
Loan Account Number		Loan Tenure	
Loan Sanction Date		Loan Sanction Amount	
Loan Disbursal Date		Applicant PAN Number	
Nature of Assignment		Name of Assignee	
Status in the Loan		Alternate Policy No.	
Email Address		Policy Issuing Office	Prabhadevi, Mumbai
Previous Policy No.		Policy Issued On	15-Jul-2020
GSTIN Number (Customer)		Service Branch Name	MUMBAI - CO
Servicing Branch Address	Zenith House, 2nd Floor, Opp Mahalakshmi Race CourseMUMBAI MAHARASHTRA - 400034	Invoice Number	100720365254

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
Tushar ashokbhai kheni	SELF	01/06/1994	26	Male				

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

Cover Name	Sum Insured	No. of Days / Events	Benefit Amount
Hospital Daily Cash Benefit	60000	30	15000 or 30000 or 45000 or 60000

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:

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

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN : ICIPAGP21400V032021

Premium Details

Basic Premium	677.97	Stamp Duty	3
IGST %	18.0	IGST Amount	122.03
Total Tax Payable	122.03	Total Premium	800
Place of Supply	GUJARAT		

IL GSTIN Registration No.	HSN/SAC Code	The stamp duty of ₹3 paid vide deface no. CSD14202013942020 dated 26-May-2020
27AAACI7904G1ZN	9971 / GENERAL INSURANCE SERVICES	

SPECIAL CONDITION

1 For Section E, Minimum 48 hours of hospitalization is mandatory for the Hospital Daily Cash benefit to be triggered. 2. Initial waiting period of 30 days applicable 3. PED and Specific Disease Exclusion clause not applicable

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 or visit our nearest branch.
- The claimant can contact us at Toll Free Number 1800-2666 or Email us at 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

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Tax Certificate

To,
TUSHAR ASHOKBHAI KHENI
56,SAI MOHAN SOCIETYMOTAVARACHHA
SURAT,SURAT,GUJARAT - 394101, SURAT,GUJARAT, 394101

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

Dear TUSHAR ASHOKBHAI KHENI,

This is to certify that the Company has received ₹800 towards premium for the period from 04-Jul-2020 to 03-Jul-2021

Policy Certificate No: 4148/202013396/00/000

The following are the details of the premium received:

Premium Details

Basic Premium	677.97
Total Tax Payable	122.03
Total Premium	800
Place of Supply	GUJARAT

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.

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