

### (a) Policy Schedule (Policy Certificate)

<b>Proposer Name</b>	RUSHIKESH ASHOK HIWALE	<b>Product name</b>	Health Shield 360
<b>Address</b>	C/O ASHOK RAOSAHEB, HIWALE, HIWALE BAZARGALLI, BIRKIN, AURAGABAD MAHARASHTRA, AURANGABAD, MAHARASHTRA - 431105	<b>Plan Name</b>	ISECHS360_NCA_5L_to_50L
<b>Contact No.</b>	88*****65	<b>Policy No.</b>	4177/ISECA/355272170/00/000
<b>Email Address</b>	RU*****@GMAIL.COM	<b>Period of Insurance</b>	From 00:00 hrs 08-Aug-2024 To 23:59 hrs 07-Aug-2025
<b>Nominee Name</b>	ASHOK RAOSAHEB HIWALE	<b>Policy Tenure</b>	1
<b>Relationship With Policyholder</b>	FATHER	<b>Alternate Policy No.</b>	
<b>Appointee Name</b>		<b>LAN No.</b>	NA
<b>Nominee Age</b>	53 Years 6 Month	<b>Policy Issuing Office</b>	Prabhadevi
<b>GSTIN No. (Customer)</b>		<b>Policy Issued On</b>	08-Aug-2024
<b>Servicing Branch Address</b>	Plot no.29, Third Anuj Building Satya Nagar, Bhubaneswar Orissa 751007	<b>Previous Policy No.</b>	
		<b>Invoice No.</b>	100824511261
		<b>Servicing Branch Name</b>	Bhubaneswar

Politically Exposed Person (PEP)/close relative of PEP: No

Insured's Name(s)	Date of Birth	Age		Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Special Condition
		Y	M						
RUSHIKESH ASHOK HIWALE	10-Jan-2001	23	6	08-Aug-2024	Male	SELF	500000	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
ISECHS360_NCA_5L_to_50L_1A	0	None	0	21AAACI7904G1ZZ	997133 GENERAL INSURANCE SERVICES	

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Premium Details (₹)			
Basic Premium	IGST		Total Premium
	%	₹	
4555.93	18	820.07	5376
		Total Tax Payable	820.07

Agent Details					
<b>Agent Name</b>	<b>ICICI SECURITIES LIMITED</b>	<b>Agent Code</b>	<b>CA0113</b>	<b>Agent contact No.</b>	<b>2240701000</b>

GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
21AAACI7904G1ZZ	997133 GENERAL INSURANCE SERVICES	

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

**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 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 [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com) or write to us at ICICI Lombard GIC, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, Pin code -500016 Telangana.

**Signature valid**  
Digitally signed by ICICI Lombard General Insurance Company Limited  
Date: 2024.08.08 19:05:38 IST

#### 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, P Balu  
Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai -400025.

Health Shield 360

Toll free no. 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Website: [www.icicilombard.com](http://www.icicilombard.com)

UIN - ICIHLGP22083V022122

### (a) Policy Schedule (Policy Certificate)

<b>Proposer Name</b>	GAJANAN PRAKASH CHAUDHARY	<b>Product name</b>	Health Shield 360
<b>Address</b>	PLOT NO 17, SUREWADI, JADHAVWADI, HARSHUL, AURAGABAD MAHARASHTRA, ,, AURANGABAD, MAHARASHTRA - 431001	<b>Plan Name</b>	ISECHS360_NCA_5L_to_50L
<b>Contact No.</b>	93*****60	<b>Policy No.</b>	4177/ISECA/355273273/00/000
<b>Email Address</b>	GA*****@GMAIL.COM	<b>Period of Insurance</b>	From 00:00 hrs 08-Aug-2024 To 23:59 hrs 07-Aug-2025
<b>Nominee Name</b>	PRAKASH RAMBHAU CHAUDHARY	<b>Policy Tenure</b>	1
<b>Relationship With Policyholder</b>	FATHER	<b>Alternate Policy No.</b>	
<b>Appointee Name</b>		<b>LAN No.</b>	NA
<b>Nominee Age</b>	42 Years 3 Month	<b>Policy Issuing Office</b>	Prabhadevi
<b>GSTIN No. (Customer)</b>		<b>Policy Issued On</b>	08-Aug-2024
<b>Servicing Branch Address</b>	Plot no.29, Third Anuj Building Satya Nagar, Bhubaneswar Orissa 751007	<b>Previous Policy No.</b>	
		<b>Invoice No.</b>	100824512384
		<b>Servicing Branch Name</b>	Bhubaneswar

Politically Exposed Person (PEP)/close relative of PEP: No

Insured's Name(s)	Date of Birth	Age		Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Special Condition
		Y	M						
GAJANAN PRAKASH CHAUDHARY	05-Feb-2002	22	6	08-Aug-2024	Male	SELF	500000	None	None

Plan Details						GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)					
ISECHS360_NCA_5L_to_50L_1A	0	None	0			21AAACI7904G1ZZ	997133 GENERAL INSURANCE SERVICES	

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Premium Details (₹)			
Basic Premium	IGST		Total Tax Payable
	%	₹	
4555.93	18	820.07	820.07
			<b>Total Premium</b>
			5376

Agent Details					
<b>Agent Name</b>	<b>ICICI SECURITIES LIMITED</b>	<b>Agent Code</b>	<b>CA0113</b>	<b>Agent contact No.</b>	<b>2240701000</b>

GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
21AAACI7904G1ZZ	997133 GENERAL INSURANCE SERVICES	

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#### ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

ICICI Lombard General Insurance Company Limited,  
Interfacs Building No., 16, 601 / 602, 6th Floor, New  
Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

ICICI Lombard House, 414, P Balu  
Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai -400025.

Health Shield 360

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Website: [www.icicilombard.com](http://www.icicilombard.com)

UIN - ICIHLGP22083V022122

### (a) Policy Schedule (Policy Certificate)

<b>Proposer Name</b>	KIRAN DIGAMBER SANKH	<b>Product name</b>	Health Shield 360
<b>Address</b>	GALI NO 8 PLOT NO 13 SUREWADI AURAGABAD MAHARASHTRA, ,, AURANGABAD, MAHARASHTRA - 431001	<b>Plan Name</b>	ISECHS360_NCA_5L_to_50L
<b>Contact No.</b>	80*****40	<b>Policy No.</b>	4177/ISECA/355276517/00/000
<b>Email Address</b>	KI*****@GMAIL.COM	<b>Period of Insurance</b>	From 00:00 hrs 08-Aug-2024 To 23:59 hrs 07-Aug-2025
<b>Nominee Name</b>	BHARATI KIRAN SANKH	<b>Policy Tenure</b>	1
<b>Relationship With Policyholder</b>	SPOUSE	<b>Alternate Policy No.</b>	
<b>Appointee Name</b>		<b>LAN No.</b>	NA
<b>Nominee Age</b>	29 Years 2 Month	<b>Policy Issuing Office</b>	Prabhadevi
<b>GSTIN No. (Customer)</b>		<b>Policy Issued On</b>	08-Aug-2024
<b>Servicing Branch Address</b>	Plot no.29, Third Anuj Building Satya Nagar, Bhubaneswar Orissa 751007	<b>Previous Policy No.</b>	
		<b>Invoice No.</b>	100824515650
		<b>Servicing Branch Name</b>	Bhubaneswar

Politically Exposed Person (PEP)/close relative of PEP: No

Insured's Name(s)	Date of Birth	Age		Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Special Condition
		Y	M						
KIRAN DIGAMBER SANKH	29-May-1991	33	2	08-Aug-2024	Male	SELF	500000	None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
ISECHS360_NCA_5L_to_50L_1A	0	None	0	21AAACI7904G1ZZ	997133 GENERAL INSURANCE SERVICES	

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Premium Details (₹)			
Basic Premium	IGST		Total Premium
	%	₹	
6076.27	18	1093.73	7170
		Total Tax Payable	1093.73

Agent Details					
<b>Agent Name</b>	<b>ICICI SECURITIES LIMITED</b>	<b>Agent Code</b>	<b>CA0113</b>	<b>Agent contact No.</b>	<b>2240701000</b>

GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024
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