

RISK ASSUMPTION LETTER

Ref. No.: W189681855

Date: 10-01-2023

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4151/276462922/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant: RAVI KUMAR
Date of Birth: 07-May-1991
Mailing Address: KRISHNA APRA COLONY FULSUNGA KRISHNA APRA COLONY FULSUNGA
KRISHNA APRA COLONY FULSUNGA JANPAR ROAD UDHAM SINGH NAGAR,
UDHAM SINGH NAGAR,UTTARANCHAL, 263153
Mobile No.: 9599649948
Product Name: Income Protect
Loan Account No: LNH.O00121-220238669
Loan Tenure: 3
Loan Sanction Amount: 363000
Loan Sanction Date: 10/01/2023
Period of Insurance: From 00:00 hrs 10-Jan-2023 To 23:59 hrs 09-Jan-2026
Policy Duration (years): 3

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
RAVI KUMAR	SELF	07/05/1991	31		Anjali Devi	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.

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/196890597/00/000 dated 10-Jan-2023 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, LENDINGKART 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.

The certificate issued to the customers/employees/members of LENDINGKART FINANCE 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	RAVI KUMAR	Policy No.	4151/276462922/00/000
Address	KRISHNA APRA COLONY FULSUNGA KRISHNA APRA COLONY FULSUNGA KRISHNA APRA COLONY FULSUNGA JANPAR ROAD UDHAM SINGH NAGAR, UDHAM SINGH NAGAR,UTTARANCHAL, 263153	Period of Insurance	From 00:00 hrs 10-Jan-2023 To 23:59 hrs 09-Jan-2026
Contact No.	9599649948	Policy Tenure (in Years)	3
Loan Account Number	LNH.O00121-220238669	Loan Tenure	3
Loan Sanction Date	10/01/2023	Loan Sanction Amount	363000
Loan Disbursal Date	10/01/2023	Applicant PAN Number	
Nature of Assignment		Name of Assignee	
Status in the Loan		Alternate Policy No.	LNH O00121 220238669
Email Address	MRSENGINEERING2017@G MAIL.COM	Policy Issuing Office	Prabhadevi, Mumbai
Previous Policy No.		Policy Issued On	16-Jan-2023
GSTIN Number (Customer)		Service Branch Name	BANGALORE KORAMANGALA
Servicing Branch Address	2nd Floor, S V R Complex 89 Hosur Main Road Madivala, Koramangala Bangalore 560068BANGALORE KARNATAKA - 560068	Invoice Number	1001231153051

Are you or any of the proposed applicants a PEP* or a close relative of a PEP*?	No
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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
RAVI KUMAR	SELF	07/05/1991	31	Male			Anjali Devi	SPOUSE

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

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 : ICIHLP21399V032021

Cover Name	Sum Insured	Benefit Amount
Critical illness benefit	363000	100% of loan amount

Premium Details

Basic Premium	3303.3	Stamp Duty	1
IGST %	18.0	IGST Amount	594.59
Total Tax Payable	594.59	Total Premium	3898
Place of Supply	UTTARAKHAND		

IL GSTIN Registration No.	HSN/SAC Code	
29AAACI7904G1ZJ	997133 / GENERAL INSURANCE SERVICES	The stamp duty of ₹1 paid vide deface no. CSD36420222395 dated 03-Jun-2022

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.

Agent / Broker / Intermediary Details					
Name	LENDINGKART FINANCE LIMITED	Code	CA0641	Contact No.	8104669143

SPECIAL CONDITION

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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



Scan QR for Key Information Sheet and Policy-wordings

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.

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Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN : ICIHLP21399V032021

Tax Certificate

To,
RAVI KUMAR
KRISHNA APRA COLONY FULSUNGA KRISHNA APRA COLONY
FULSUNGA KRISHNA APRA COLONY FULSUNGA JANPAR
ROAD UDHAM SINGH NAGAR, UDHAM SINGH
NAGAR,UTTARANCHAL, 263153

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

Dear RAVI KUMAR,

This is to certify that the Company has received ₹3898 towards premium for the period from 10-Jan-2023 to 09-Jan-2026

Policy Certificate No: 4151/276462922/00/000

The following are the details of the premium received:

Premium Details

Basic Premium	3303.3
Total Tax Payable	594.59
Total Premium	3898
Place of Supply	UTTARAKHAND

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.