

RISK ASSUMPTION LETTER

Ref. No.: W171094080

Date: 27-09-2022

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4172/260291920/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : QUALITY SOLUTIONS INDIA
Date of Birth : 01-Jan-2000
Mailing Address : X- 04 ,SEC - 76 ,BPTP , GREATER FARIDABAD , FARIDABAD, FARIDABAD,HARYANA - 121003
Mobile No. : 9868069836
Product Name : Family Shield
Nominee Name : MOHAMMAD ASLAM
Nominee Relationship with Applicant : FATHER
Period of Insurance : From 00:00 hrs 28-Sep-2022 To 23:59 hrs 27-Sep-2023
Policy Duration (years) : 1

Insured Details

| Name of the Insured | Relationship with Applicant | Date Of Birth | Age in Years | Occupation | Pre Existing illness |
|---------------------|-----------------------------|---------------|--------------|------------|----------------------|
| MOHAMMAD HASIM | EMPLOYEE | 24/05/1988 | 34 | | |

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.

Family Shield

PART I OF THE SCHEDULE

| | | | |
|---------------------------------|--|--|---|
| Applicant Name | QUALITY SOLUTIONS INDIA | Policy No. | 4172/260291920/00/000 |
| Address | X- 04 ,SEC - 76 ,BPTP , GREATER FARIDABAD , FARIDABAD, FARIDABAD,HARYANA - 121003 | Period of Insurance | From 00:00 hrs 28-Sep-2022 To 23:59 hrs 27-Sep-2023 |
| Contact No. | 9868069836 | Policy Tenure (in Years) | 1 |
| Loan Account Number | | Loan Tenure | |
| Loan Sanction Date | | Loan Sanction Amount | |
| Loan Disbursal Date | | Basis of SumInsured | |
| Applicant PAN Number | AaafQ1497k | Nature of Assignment | |
| Name of Assignee | | Status in the Loan | |
| Alternate Policy No. | | GSTIN Number (Customer) | 06AAAFQ1497K1Z0 |
| Previous Policy No. | | Previous Policy Period of Insurance | |
| Nominee Name | MOHAMMAD ASLAM | Nominee Relationship with Applicant | FATHER |
| Email Address | QSI_FBD@REDIFFMAIL.COM | Policy Issued On | 27-Sep-2022 |
| Service Branch Name | FARIDABAD | Policy Issuing Office | Prabhadevi, Mumbai |
| Servicing Branch Address | First Floor ,S.C.O 17, Sector 16 Faridabad 121002, HaryanaFARIDABAD HARYANA - 121001 | Invoice Number | 1009223378965 |

Insured Details

| Name of the Insured | Relationship with Applicant | Date Of Birth | Age in Years | Occupation | Pre Existing illness |
|---------------------|-----------------------------|---------------|--------------|------------|----------------------|
| MOHAMMAD HASIM | EMPLOYEE | 24/05/1988 | 34 | | |

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

| Cover Name | Sum Insured | Benefit Amount |
|---|-------------|--|
| Death Benefit | 1000000 | 100% of Sum Insured |
| Permanent Total Disablement PTD Benefit | 1000000 | 100% of Sum Insured |
| Permanent Partial Disablement PPD Benefit | 1000000 | As per disability table |
| Accidental Hospitalization Expenses Reimbursement Benefit | 100000 | Up to 100% of Sum Insured |
| Recovery Benefit | 55000 | Up to 100% of Sum Insured |
| Temporary Total Disablement TTD Benefit | 10000 | The amount shown is the per week Sum Insured available for this cover for duration of upto 104 weeks |
| Loss of Job Benefit | 130000 | 100% of Sum Insured |
| Diagnostic Test Benefit | 5000 | Upto 100% of Sum Insured |
| Childrens Education Grant Benefit | 200000 | 100% of Sum Insured |
| Burns Benefit | 120000 | As per disability table |
| Broken Bones Benefit | 55000 | As per disability table |
| Rabies and Tetanus related Death Benefit | 500000 | 100% of Sum Insured |
| Rabies and Tetanus related Hospitalization Benefit | 50000 | 100% of Sum Insured |

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 : ICIHLP21387V022021

Premium Details

| | | | |
|--------------------------|---------|----------------------|--------|
| Basic Premium | 2230.31 | Stamp Duty | 50 |
| CGST % | 9.0 | CGST Amount | 200.73 |
| SGST % | 9.0 | SGST Amount | 200.73 |
| Total Tax Payable | 401.46 | Total Premium | 2632 |
| Place of Supply | HARYANA | | |

| | | |
|----------------------------------|-------------------------------------|---|
| IL GSTIN Registration No. | HSN/SAC Code | The stamp duty of ₹50 paid vide deface no. CSD32520221695 dated 19-Apr-2022 |
| 06AAACI7904G1ZR | 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.

| Agent / Broker / Intermediary Details | | | | | |
|---------------------------------------|-----------------|-------------|---------|--------------------|------------|
| Name | SAURABH GULIANI | Code | 9749618 | Contact No. | 9891122732 |

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 Customer Information Sheet and Policy-wordings

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Tax Certificate

To,
QUALITY SOLUTIONS INDIA
X- 04 ,SEC - 76 ,BPTP , GREATER FARIDABAD , FARIDABAD,
FARIDABAD,HARYANA - 121003

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

Dear QUALITY SOLUTIONS INDIA,

This is to certify that the Company has received ₹3 towards premium for the period from 28-Sep-2022 to 27-Sep-2023

Policy Certificate No: 4172/260291920/00/000

The following are the details of the premium received:

Premium Details

| | |
|--------------------------|---------|
| Basic Premium | 2.80 |
| Total Tax Payable | 0.50 |
| Total Premium | 3 |
| Place of Supply | HARYANA |

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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