

Risk Assumption Letter

Ref. No. : W196793733
 23-Feb-2023

Dear Customer,

We value your relationship with ICICI Lombard General Insurance Company Limited and thank you for choosing us as your preferred service partner.

Please find enclosed herewith your policy having policy number 4129/281496631/00/000 which has been issued based on the details furnished to us by the insured:-

Insured Name	KUMAR SRINIVASAN	Policy No.	4129/281496631/00/000
Mailing Address	S/O v srinivasan 1-20-256 road no 8 venkata Sai nagar West venkatapuram lothkunta trimulgherry HYDERABAD, HYDERABAD, TELANGA NA, INDIA - 500015	Period of Insurance / Trip Particulars	From : 23-Feb-2023 To : 21-Aug-2023 , Days : 180
Contact Number	9000707480	Geographical Scope	WORLD WIDE
DOB	13-Oct-1988	Plan Type	GOLD_W_100
Passport No	R6887849	Email Id	s.kumar@taknek.com
Nominee Name	Kala Srinivasan	Visa Type	Non Immigrant
Insured Age	34.0	Alternative Policy No.	4129/I-104256932/00/000
Product Code / Product Name	4129 - Internationaltravel	UIN No.	ICITIOP22093V032122

Are you or any of the proposed applicants a PEP* or a close relative of a PEP*?	No
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Note:

Medical expenses due to Covid-19 is covered if contracted during the travel period as per policy terms and conditions

This policy does not cover any injury/illness and complications arising out of pre-existing condition whether declared or undeclared.

Pre-existing Condition shall mean and include any condition, ailment or injury or related condition(s) for which you had signs or symptoms, and/ or were diagnosed, and/ or received medical advice/ treatment within 48 months prior to the first policy issued by the insurer.

Important: This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate cum information sheet and confirm that the same are in order. In case of any discrepancy / variation, you are requested to write back to us immediately at customersupport@icicilombard.com or contact us on our toll free no. 1800 2666 for necessary changes / rectifications. In the absence of any communication from you with in a period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal.

Part 1 of the schedule - International Travel Insurance

Policy No.	4129/281496631/00/000	Travel Days	180
Period of Insurance	From : 23-Feb-2023 To : 21-Aug-2023	Geographical Scope	WORLD WIDE
GSTIN Number (Customer)	-	Invoice number	1002232192816

Insured Name	KUMAR SRINIVASAN	Date of Birth	13-Oct-1988
Mailing Address	S/O v srinivasan 1-20-256 road no 8 venkata Sai nagar West venkatapuram lothkunta trimulgherry HYDERABAD, HYDERABAD, TEL ANGANA, INDIA - 500015	Gender	Male
		Nominee Name	Kala Srinivasan
Contact Number	9000707480	Relationship with Nominee	Mother
Email Id	s.kumar@taknek.com	Passport No	R6887849
Sum Insured (USD)	100000	IL ID	818422928
Medical Treatment History	NA	Pre-Existing Disease	None-None
Family Doctor Name & Address	9000707480		
Servicing Branch	Mumbai	Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

Please Note: Any claim due to or arising out of pre-existing disease/ailment whether declared or undeclared is not covered under the policy

The above records details given by the insured pursuant to Clause 8(2) of the IRDA (Protection of policy holder's interest) Regulations, 2017. If the information shown above is found to be either incomplete or incorrect at the time of claim, the same shall be construed as non disclosure of material information

Plan Name : GOLD_W_100		
Benefits	Sum Insured	Deductibles
Accidental Death (Common Carrier)	USD 5000	NA
Delay of Checked-In Baggage	USD 100	6 Hours
Dental Expenses	USD 300	USD 100
Emergency Cash Advance	USD 1000	NA
Hijack Distress Allowance	USD 125 per day for max 7 days	12 Hours
Loss of Passport	USD 300	USD 50
Medical Cover(Includes Medical Evacuation cost, Sublimit applicable for age 51 yrs and above. Please refer policy wordings for details)	USD 100,000	USD 100 (Total amount applicable for Medical Expenses alongwith the applicable extensions under Medical Expenses)
Missed Flight Connection	USD 500	3 Hours
Personal Accident	USD 15000	NA
Personal Liability	USD 100,000	5% of Actuals
Political Risk and Catastrophe Evacuation	USD 7500	NA
Repatriation of Remains(Included in Medical Expenses)	USD 7500	NA
Total Loss of Checked-In Baggage	USD 500	NA
Trip Cancellation and Interruption	USD 500	NA
Trip Delay	Upto USD 500	6 Hours

Agent Details					
Agent Name	Laxman Bhimsha Loni	Agent Code	9713051	Agent Contact No	9921095682

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%	₹		
10267.45	18	1848.14	1848.14	12116

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more

GSTIN Reg.No	HSN/SAC code	The stamp duty of ₹1 paid vide deface no. CSD45120223802 dated 05-Sep-2022 .
27AAACI7904G1ZN	997136 GENERAL INSURANCE SERVICES	

Date of Issue : 23-Feb-2023

Place of Issuance : MUMBAI

IMPORTANT: Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non description or non-disclosure 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 behalf of the beneficiary to obtain insurance benefit.

Please visit our website www.icicilombard.com for branch office address

Please refer to Part II and Part III of the policy schedule for detailed terms and conditions of the covers described above.

Claims Procedure:

In the event of an accident or sudden illness or any other claim (cashless or reimbursement) caused by a contingency covered under the insurance policy, immediately contact the helpline number stating the necessary details.

Contact the ICICI Lombard 24hr Help Line number for assistance and registering your claim:

From USA and Canada: +18448711200 (Toll Free)

From Rest of the World: +91 124 4498778 (Call back facility)

In India: 1800 102 5721 (Toll free and accessible in India (available from Mon-Fri between 9am- 6pm))

Fax: + 91 124 4006674

E-mail: icicilombard@falck.com

Website : www.falck.com

Failure to send immediate notice on the happening of a loss resulting in a claim may prejudice the insured's claim under the policy. The documents required in support of the claim shall be forwarded to the Company at the address mentioned below immediately upon return of the Insured to the Republic of India and in no case beyond a period of 30 days from the date of return of the Insured to the Republic of India.

CLAIMS DEPARTMENT
 ICICI LOMBARD
 C/O Falck India Pvt Ltd
 Upper Floor
 The Peach Tree, Block - C
 Sushantlok-I, Sector 43, Gurgaon,
 Haryana-122015 (India)

IMPORTANT NOTE: This certificate has to be read in conjunction with the Terms & Conditions, coverage and exclusions, which is available with ICICI Lombard. Kindly acknowledge receipt of this policy. In case you find any variation against your proposal or any discrepancy in the policy, kindly contact us immediately. You may email us at customersupport@icicilombard.com. In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only).

Disclaimer: Insurance is the subject matter of solicitation. Please refer to policy wordings for terms and conditions, coverage and exclusions.

ICICI Lombard General Insurance Company Limited

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

IRDA Reg. No.115, CIN L67200MH2000PLC129408, Misc 129, www.icicilombard.com

KEY INFORMATION SHEET (KIS)

S.No.	Title	Description(Description is illustrative and not exhaustive)	Reference to Policy
1	Product Name	International Travel Insurance	
2	What is covered under the policy	<ul style="list-style-type: none"> Hospitalisation expenses for Injury/illness during the trip Cost of transportation of mortal remains in the event of death during the trip Transportation expenses for medical evacuation with prior approval Accidental injury leading to Death/PTD during the trip Value of Checked-In Baggage lost whilst in custody of common carrier Allowance for the delay of Checked-In Baggage whilst on trip Loss of Passport whilst on Trip abroad <p>(Note: This is an indicative list. The list of benefits applicable as per your plan is mentioned in Part I of the schedule. Please refer to policy wordings for details of applicable benefits)</p>	Part II of the Schedule
3	What are the major exclusions in the policy	<ul style="list-style-type: none"> Any claim due to or arising out of pre-existing medical condition/ailment is not covered under the policy. Cosmetic treatment or Plastic surgery in any form or manner Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics(artificial limbs)etc Self inflicted injuries; Drug or alcohol abuse Partial loss of items in the checked in Baggage Loss of Valuables and money Theft of passport unless reported to police within 24 hours Any claim arising out of sporting or adventurous activities/aircraft operation unless specifically covered under the policy. 	Part II of the Schedule Exclusions to respective benefits
4	Limit of covered expenses	<ul style="list-style-type: none"> Sublimits are not applicable for Schengen countries upto 85 years For policies with sum insured over US\$ 100,000, the benefit of medical expenses is restricted to US\$ 100,000 per sickness or accident leading to one or more hospitalizations For persons aged 51 years and above, maximum eligible medical expenses are as follows: <ul style="list-style-type: none"> Hospital Room and boarding,- US\$ 1,800 per day up to max of 30 days ICU - max US\$ 3,250 per day up to max of 7 days Surgery -Max. upto US\$ 15,000 Anesthetist services -max up to 25% of surgical treatment Medical Practitioners visit fees - max US\$ 100 per day per visit up to 10 visits Diagnostic and radiology services - Max. US\$ 1000 Ambulance services - Max upto US\$ 500 Misc Expenses - Max upto US\$ 2000 	Part II of the Schedule Benefit 1- Medical Expenses - Special Conditions
5	Claims Contact	<ul style="list-style-type: none"> Register and intimate your claim by calling at following numbers for Overseas Policies <ul style="list-style-type: none"> In USA & Canada +1 844 871 1200 (Toll Free) From the rest of the World +91 124 4498778 (Call Back Facility) In India 1800 102 5721 (Toll Free & Accessible in India Only) Fax +91 124 4006674 E-mail - icicilombard@falck.com Promptly give the Company any and all information and documentation concerning the claim or the Company's liability for it. Any other document as required by the Company or Company's TPA to investigate the Claim or our obligation to make payment for it 	Part II of the Schedule Claims Information
6	Extension Condition	You can extend the policy by logging at our website www.icicilombard.com	-
7	Cancellation	This policy would be cancelled in below conditions:	Part II of the

7	Cancellation	<ul style="list-style-type: none"> We may cancel this Policy on grounds of misrepresentation, fraud, non disclosure of material facts or non cooperation of Insured/Policy Holder by sending 15 days written notice by registered post to your last known address, and then we shall refund a pro-rata premium for the unexpired Policy Period. You may cancel this Policy any time before date of expiry of insurance by giving us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period provided no claim has been reported on your behalf under the Policy 	Part II of the Schedule General Condition -7
8	Multi Trip	An annual cover valid in respect of trips undertaken subject to the duration of any one trip not exceeding 'Maximum Trip Duration'	Part I of schedule

NOTE: The information must be read in conjunction with the product brochure and policy certificate. In case of any conflict between the KIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

Global Assistance E-Card



Name : KUMAR SRINIVASAN
Policy No. : 4129/281496631/00/000
Date of Birth : 13-Oct-1988
Valid From : 23-Feb-2023
Valid To : 21-Aug-2023

Assistance Service Provider : Falck India Pvt. Ltd.



Please read the below mentioned information carefully for hassle free claim settlement

24x7 Customer Helpline Numbers for Claim Related Inquiry

- 1 Registration of claim is required prior to availing benefits under this policy.
- 2 Please call the given numbers to register your claim and to confirm your coverage.
- 3 Cashless benefits are applicable for Inpatient treatment only and not for Outpatient treatment.
- 4 This card is only for information and does not guarantee the admissibility of claim.

USA & Canada : +1 18448711200
(Toll Free)
Rest of The World : +91 124 4498778
(Call Back Facility)
India (Toll Free) : 18001025721
Fax Number : +91 124 4006674
Email Address :
icicilombard@falck.com



Assistance Service Provider : Falck India Pvt. Ltd.



