ICICI Lombard
Nibhaye Vaade

Health Care Card

HEALTH SHIELD 360

Policy Number

4177I/ICICI/353474907/00/000

Policy Holder Name

Pokala Pranav Raj Gopal

Product Name

HEALTH SHIELD 360

Valid From

19/07/24

Date of Birth

29/01/2010

Member ID

189876844

Valid To

18/07/29

www.icicilombard.com

Download
ILTakeCare App

18002666

Toll free Number

customersupport@icicilombard.com

Email us

7738282666

Chat with RIA on WhatsApp

Disclaimer

- This card is not transferable.
- Use of this card is governed by the policy's Terms & Conditions.
- Valid upto Policy Period End date or cancellation date, whichever is earlier.
- Insurance is the subject matter of solicitation.

IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

(a) Policy Schedule (Policy Certificate)

PREAMBLE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issuance of this policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts, that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of Policy to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/appropriate benefit will be paid by the Company.

Part I of Policy: Policy Schedule

ICICI Lombard Group Health Policy no. 4177i/MSTR/317101523/00/000 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder, for covering its members 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, but not exceeding the sum insured as specified forming Part I of the schedule to the said policy.

Proposer Name	POKALA LAXMAIAH	**Product name**	Health Shield 360
Address	4 1 821 B TELEPHONE EXCHANGE ROAD VIKARABAD VIKARABAD, RANGAREDDY, TELANGANA - 501101	**Plan Name**	ICICI_MOR_HS360_10L_TO_50L
		Policy No.	4177i/ICICI/353474907/00/000
Contact No.	90******68	**Period of Insurance**	From 00:00 hrs 19-Jul-2024 To 23:59 hrs 18-Jul-2029
Email Address	PL*********@GMAIL.COM	**Policy Tenure**	5
Nominee Name	GUBBA HEMALATHA	**Alternate Policy No.**	
		LAN No.	TBHYD00007058098
Relationship With Policyholder	SPOUSE	**Policy Issuing Office**	Prabhadevi
Appointee Name		**Policy Issued On**	27-Jul-2024
Nominee Age	47 Years 2 Month	**Previous Policy No.**	
GSTIN No. (Customer)		**Invoice No.**	1007242635034
Servicing Branch Address	Second Floor, Shop No 1-7, 18-20, Lumbili Jewel mall, Road No02, Banjara Hills, Hyderabad, Telangana, 500034	**Servicing Branch Name**	Hyderabad

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						
POKALA LAXMAIAH	20-Aug-1975	48	10	19-Jul-2024	Male	SELF	2500000	Diabetes < 5 Yrs	None
GUBBA HEMALATHA	19-Jun-1977	47	1	19-Jul-2024	Female	SPOUSE		None	None
POKALA BHAVANA SRILAXMI	21-Oct-2004	19	8	19-Jul-2024	Female	DAUGHTER		None	None
POKALA PRANAV RAJ GOPAL	29-Jan-2010	14	5	19-Jul-2024	Male	SON		None	None

Plan Details				GSTIN Reg. No	HSN/SAC code	
Plan Name	Additional Sum Insured (₹)	Sub-limit	Voluntary Deductible (₹)			
ICICI_MOR_HS360_10L_TO_50L_2A + 2K	0	None	0	36AAACI7904G1ZO	997133 GENERAL INSURANCE SERVICES	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024

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	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
48748.74	9	4387.39	9	4387.39	8774.77	57524

Signature Not Verified
Digitally signed by DS ICICI LOMBARD GENERAL INSURANCE CO LTD 1
Date: 2024.08.23 17:51:24 IST

Agent Details					
Agent Name	**ICICI BANK LIMITED**	**Agent Code**	**CA0112**	**Agent contact No.**	**0018002666**

GSTIN Reg. No	HSN/SAC code	
36AAACI7904G1ZO	997133 GENERAL INSURANCE SERVICES	The stamp duty of ₹ 0.5 paid vide deface no. CSD0220242018 dated 10-Apr-2024

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 pre-existing illness/ 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 ihealthcare@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 District Hyderabad,Pin code -500016 Telangana.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any discrepancy/ variation, you are requested to call us immediately at our toll free no. 1800 2666 or write to us at customersupport@icicilombard.com. In the absence of any communication from you within the period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. In case of addition of member/ increase in sum insured, fresh waiting period will be applicable to new member/ increased sum insured. This policy certificate is to be read with the policy wordings, as one contract or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning wherever it may appear.

Click or Scan QR Code for Policy Wordings

SYSESB00172313336

Tax Certificate

To
POKALA LAXMAIAH
4 1 821 B TELEPHONE EXCHANGE ROAD VIKARABAD
VIKARABAD
RANGAREDDY
TELANGANA - 501101

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

Dear POKALA LAXMAIAH,

This is to certify that the Company has received the premium dated Jul 19, 2024 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's Name	POKALA LAXMAIAH	Policy Number	4177i/ICICI/353474907/00/000
Policy Start Date	Jul 19, 2024	Policy End Date	Jul 18, 2029
Plan Name	ICICI_MOR_HS360_10L_TO_50L_2A + 2K	Total Premium Paid (₹)	57524
GSTIN Number (Customer)		GSTIN Reg.No (ICICI Lombard)	36AAACI7904G1ZO
Servicing Branch Name	Hyderabad	Servicing Branch Address	Second Floor, Shop No 1-7, 18-20, Lumbili Jewel mall, Road No02, Banjara Hills, Hyderabad, Telangana, 500034

Premium Details (₹)						
Basic Premium	CGST		SGST		Total Tax Payable	Total Premium
	%	₹	%	₹		
48748.74	9	4387.39	9	4387.39	8774.77	57524

Financial Year	Amount (₹)
2024-2025	11504.80
2025-2026	11504.80
2026-2027	11504.80
2027-2028	11504.80
2028-2029	11504.80

The product is eligible for deduction u/s 80D of the Income Tax, 1961 and any amendments made there to.

Sincerely,
For **ICICI Lombard General Insurance Company Ltd.**

Gaurav Arora

Authorised Signatory

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.

the policyholder.

In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website www.icicilombard.com Or call on our toll free no. 1800 2666

ICICI Lombard Nibhaye Vaade

ICICI Lombard Health Care Card

ICICI Lombard Health Care

Name : POKALA LAXMAIAH
Policy No. : 4177i/ICICI/353474907/00/000
Card No. : 189876841
Gender : Male Age : 48 DOB : 20-Aug-1975
Valid Upto : 18-Jul-2029

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network provider can only be obtained when accompanied with an authorization letter issued by ICICI Lombard Health Care
- In case of non photo cards, to prove your identity, please produce this card along with any photo id card issued by Government.
- Valid up to policy expiry date or cancellation date whichever is earlier.

ICICI Lombard Health Care Pays: Hospitalisation bills for admissible claim, subject to prior approval. In case of emergency, approval can be taken within 24 hours of hospitalization.
Insured Pays: All non-medical hospitalization bills and expenses not covered under the policy.
Mailing Address: ICICI Lombard Healthcare, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Pin code - 500 016. Telangana.
Registered Address: ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Fax Number: (040) 6698 9160/61
Email: ihealthcare@icicilombard.com
Toll Free Number: 1800 2666
Visit us at: www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408
*The mentioned covers are add-ons by paying additional premium and available only if opted by the policyholders.

ICICI Lombard Health Care Card

ICICI Lombard Health Care

Name : GUBBA HEMALATHA
Policy No. : 4177i/ICICI/353474907/00/000
Card No. : 189876842
Gender : Female Age : 47 DOB : 19-Jun-1977
Valid Upto : 18-Jul-2029

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
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ICICI Lombard Nibhaye Vaade

ICICI Lombard Health Care Card

ICICI Lombard Health Care

Name : POKALA BHAVANA SRILAXMI
Policy No. : 4177i/ICICI/353474907/00/000
Card No. : 189876843
Gender : Female Age : 19 DOB : 21-Oct-2004
Valid Upto : 18-Jul-2029

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
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ICICI Lombard Health Care Card

ICICI Lombard Health Care

Name : POKALA PRANAV RAJ GOPAL
Policy No. : 4177i/ICICI/353474907/00/000
Card No. : 189876844
Gender : Male Age : 14 DOB : 29-Jan-2010
Valid Upto : 18-Jul-2029

ICICI Lombard Nibhaye Vaade

Toll Free No.: 1800 2666

*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- *For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalizationc are, call our Health Assistance Helpline at 040-66274205 (8 AM to 8 PM Monday to Saturday except public holidays).
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Health Shield 360

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy** Health Shield 360	
2.	**Policy Number** 4177i/ICICI/353474907/00/000	
3.	**Type of Insurance Product/Policy** Both Indemnity and Benefit	
4.	**Sum Insured** -Floater Sum Insured- Rs. 2500000 – where all members under the policy have a single sum insured limit which maybe utilized by any or all members	
5.	**Policy Coverage (What the policy covers?)**	d) What we will pay (Scope of cover)
	Hospitalization Expenses - up to the Annual Sum Insured for admission longer than 24 consecutive hours.	A. Base cover.1
	Day Care Treatment / Surgeries – Covers Day Care medical expenses up to Annual Sum insured.	A. Base cover.2
	Pre-Hospitalization and Post Hospitalization expenses - Covers Medical expenses 60 days before 90 days post hospitalization	A. Base cover.3
	In Patient AYUSH Hospitalization - Covers AYUSH treatment expenses in Indian AYUSH facilities (hospital & day care)	A. Base cover. 4
	Unlimited Reset Benefit – Reset can be availed unlimited times within a policy year if the total sum insured, including additional sum insured, super no-claim bonus, and sum insured protector, is insufficient due to previous claims in that policy year. The reset amount, capped at the annual sum insured, can only be used for future claims within the same policy year unrelated to the previously paid claim for the same individual's illness, disease, or injury.	A. Base cover. 5
	Additional Sum Insured (Cumulative Bonus) - Upon renewal, you'll receive an extra sum insured of 10% of Annual Sum Insured, up to a maximum of 100%. This applies if there's been no claim except for Out-patient (if chosen). However, if a claim is made in a subsequent year, the accrued Additional Sum Insured decreases by 10% of the Annual Sum Insured at renewal.	A. Base cover. 6
	Donor Expenses – For an organ donated to the Insured Person up to annual sum insured.	A. Base cover. 7
	Domiciliary Hospitalization Up to the annual sum insured, requiring a minimum of 3 days' hospitalization.	A. Base cover. 8

	Domestic Road Emergency Ambulance - Cover up to a limit as mentioned under 'Sr. no. 8 of CIS, provided the in-patient claim is accepted. **Air Ambulance-** Up to the annual sum Insured. Doesn't apply for hospital-to-hospital transfers. **ASI Protector -** Additional Sum Insured ASI remains unaffected at renewal if any single or multiple claims in the prior policy year do not exceed ₹50,000. **Sum Insured Protector -** The Sum Insured will increase cumulatively at each renewal based on the previous year's inflation rate. **Claim Protector -** Excluded items listed by IRDAI become payable under this benefit. **Home Health care -** Up to the Annual Sum Insured for home treatment. This applies if a Medical Practitioner advises non-emergency hospitalization, and you choose to undergo treatment at home voluntarily. **Health Check-up -** Health check-Up will be covered only at our empaneled service provider on cashless basis as per the available medical test packages **360 Wellbeing Program -** You will be enrolled in the 360 Wellbeing program, empowering individuals to manage lifestyle and prevent health complications. Refer to the Policy Terms and Conditions for more details.	C. Extension/Optional Covers. 6 C. Extension/Optional Covers. 7 C. Extension/Optional Covers. 8 C. Extension/Optional Covers. 9 C. Extension/Optional Covers. 10 C. Extension/Optional Covers. 21 C. Extension/Optional Covers. 27 C. Extension/Optional Covers. 28
6.	**<u>Exclusions (What does the policy not cover)</u>** **Standard Exclusions** **Code- Excl04-** Investigation & Evaluation **Code- Excl05-** Rest cure, rehabilitation and respite care **Code- Excl06-** Obesity/ Weight Control **Code- Excl07-** Change-of-Gender treatments **Code- Excl08-** Cosmetic or plastic Surgery **Code- Excl09-** Hazardous or Adventure sports **Code- Excl10-** Breach of law **Code- Excl11-** Excluded providers **Code- Excl12-** Excludes treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl13-** Treatment in health hydros, nature cure clinics, spas, or similar places, and in private beds registered as a nursing home for domestic reasons. **Code- Excl14-** Dietary supplements and non-prescription substances, like vitamins and minerals, unless prescribed by a medical practitioner as part of hospitalization or day care procedure claims. **Code- Excl15-** Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters. **Code- Excl16-** Unproven Treatments- Expenses for unproven treatments, services, or supplies lacking significant medical documentation to support their effectiveness. **Code- Excl17-** Sterility and infertility related expenses **Code- Excl18-** Maternity	e) i. Standard Exclusions e)i.3.5.i e)i.3.5.ii e)i.3.5.iii e)i.3.5.iv e)i.3.5.v e)i.3.5.vi e)i.3.5.vii e)i.3.5.viii e)i.3.5.ix e)i.3.5.x e)i.3.5.xi e)i.3.5.xii e)i.3.5.xiii e)i.3.5.xiv e)i.3.5.xv

	Specific Exclusions • Any ailment / illness, injury, condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions. • Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively. • Expenses incurred on all dental treatment unless necessitated due to an accident. • Personal comfort, cosmetics, convenience, and hygiene related items and services. • Acupressure, acupuncture, magnetic and other therapies • Circumcision is covered only if necessary for the treatment of an illness or required due to an accident. Expenses related to venereal diseases or any sexually transmitted diseases. • Treatment relating to external birth defects and external congenital Illnesses or defects or anomalies such as but not limited to Cleft lip, Combination of cleft lip and cleft palate, Tongue Tie, CTEV (Club foot), Congenital Torticollis, Morphological abnormalities like congenital kyphosis, congenital scoliosis etc., and Phimosis • Any expenses arising out of Domiciliary Hospitalisation treatment • Treatment taken outside the country • Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) • Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery • Any injury or illness caused by or arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion,unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority • Any Illness or Injury caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. *some of the exclusion will be waived off if the add on cover is opted for the same.	e)ii.Specific Exclusions e)ii.a) e)ii.b) e)ii.c) e)ii.d) e)ii.e) e)ii.f) e)ii.g) e)ii.h) e)ii.i) e)ii.j) e)ii.k) e)ii.l) e)ii.m)
7.	**Waiting period** • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy **Pre-Existing Diseases:** Declared & accepted Pre-existing diseases will be covered after Initial Waiting Period. **Specific waiting period (Not applicable for claims arising due to an accident):** Specific Illness and treatments shall be covered after initial waiting period. (Please refer to the policy clauses for the full listing) In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases. **Initial waiting period:** 30 days for all illnesses (not applicable in case of continuous renewal or accidents).	e)i.3.1 e)i.3.2 e)i.3.3 e)i.3.4
8.	**Financial limits of coverage** The policy will pay only up to the limits specified hereunder for the following diseases/procedures:	

	Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit i. **Domestic Road Emergency Ambulance-** Covered as per the limits mentioned below: **Sum Insured** | **Maximum limit per event** 10L | ₹ 3,000 25L/50L | ₹ 5,000 **Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)** Not Applicable **Deductible (It is a specified amount:** **- Up to which an insurance company will not pay any claim, and** **- Which will be deducted from total claim amount (if claim amount is more than the specified amount)** Not Applicable **Any other limit (as applicable)** Not Applicable	C. Extension/Optional Covers. 6
9.	**Claims/Claims Procedure** **Step 1 –**Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission. **Step 2 –** The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.) **Step 3 –** Request will be processed as per policy terms and conditions **Step 4 –** While you avail treatment the claim payment is settled directly to the Provider/Hospital **Step 5 –** You can check and track your claim status live on IL TakeCare app or WhatsApp Find our extensive list of hospitals providing cashless services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services. Non-medical and non-payable expenses are your responsibility. **Reimbursement Procedure:**	Section g).4.1 (A) Section g).4.1 (B)

	Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents. **Step 2 –** Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy. **Step 3 –** The claim will be processed as per policy terms and conditions **Step 4 –** The approved amount in the claim would be reimbursed to you We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 10 days of hospitalisation, failing which we could deem the claim as inadmissible at our discretion. To send hard copies of claim documents, mail them to: ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016, Telangana. Insurer needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitilisation Note : To claim or check your claim status, use the IL TakeCare App or contact us on WhatsApp at +91 7738282666. For customer support during claims, call our toll-free number 18002666 or email us at customersupport@icicilombard.com. **Turn Around Time(TAT) for claim settlements-** For reimbursements claims- TAT shall be 30 days for payment of claim or communication of non-admissibility of claim For cashless claims- TAT for response to the pre authorization request will be within 2 hours of receiving the request. Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	
10.	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. • For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	
11.	**Grievances/Complaints** • In case the insured is aggrieved in any way, the insured person should do the following: • Call us on our toll free no. 1800 2666 or email us at customersupport@icicilombard.com • There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution, • If you are not satisfied with the resolution provided, you may approach	f.15 General terms and conditions

	us at the subsection "Grievance Redressal" on our website https://www.icicilombard.com/grievance-redressal. (Customer Support section). • If you are not satisfied with the resolution then You may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, P. Balu Marg, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025. • In case your complaint is not fully addressed, you may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. www.irda.gov.in. • If the issue still remains unresolved, you may approach the grievance officer and/or Insurance Ombudsman officer. kindly refer the link https://www.icicilombard.com/grievance-redressal.	
12.	**Things to remember** **Free Look cancellation:** You can cancel the insurance policy within 15 days of its start by providing a 15-day written notice via registered post. We will then refund the premium on short-term rates for the remaining policy period. For electronic policies and those sourced through distance mode, the free look period is extended to 30 days (if the policy tenure is 3 years or more). Refer to the Policy Wordings for more details. To cancel the policy, visit our website www.icicilombard.com (Customer Support section), call us at toll-free number 1800 2666, or email customersupport@icicilombard.com **Policy renewal:**Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. **Migration and Portability:** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. (Note: As per the portability guidelines) In case You are desirous of migrating or outward porting Your Policy, kindly contact us at customersupport@icicilombard.com. **Change in Sum Insured:** Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. **Moratorium Period:** After eight continuous years under the policy, there's no look back applied. This period is called the moratorium. The moratorium applies to the sums insured of the first policy, and subsequent completion of eight continuous years applies from the date of enhanced sums insured only. After the Moratorium Period, the health insurance policy is not contestable, except for proven fraud and permanent exclusions specified in the policy contract.	f.14.General terms and conditions f.10. General terms and conditions f.i.8 & 9. General terms and conditions f.ii.8 Specific terms and clauses

13.	**Your Obligations** • Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. • In the event of misrepresentation, mis-description, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy, the Policy shall stand void and all premium paid hereon shall be forfeited to the company.	f. General terms and conditions

Declaration by the Policy Holder:
I have read the above and confirm having noted the details.

Place Signature of the Policy Holder

Date: _____

NOTE: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.

भारत सरकार

आधार

భారత ప్రభుత్వం
Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0656/06132/00278

To
పోకల ప్రణవ్ రాజ్ గోపాల్
Pokala Pranav Raj Gopal
4-1-821/B,
telephone exechange road,
vikarabad,
VTC: Vicarabad,
PO: Vikarabad,
Sub District: Vicarabad,
District: K.v. Rangareddy,
State: Telangana,
PIN Code: 501101,
Mobile: 9440008605

Signature Not Verified

మీ ఆధార్ సంఖ్య / Your Aadhaar No. :
7149 2229 0411

నా ఆధార్, నా గుర్తింపు

Government of India

Government of India

AADHAAR

సమాచారము / INFORMATION

- ఆధార్ అనేది గుర్తింపు రుజువు, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. పుట్టిన తేదీ అనేది ఆధార్ నంబర్ హోల్డర్ సమర్పించిన నిబంధనలలో పేర్కొన్న పుట్టిన తేదీ పత్రం యొక్క రుజువు ఆధారం ద్వారా ఇచ్చే సమాచారంపై ఆధారపడి ఉంటుంది.
- ఈ ఆధార్ లేఖను UIDAI నియమించిన ప్రమాణీకరణ ఏజెన్సీ ద్వారా ఆన్‌లైన్ ప్రమాణీకరణ ద్వారా లేదా యాప్ స్టోర్‌లలో అందుబాటులో ఉన్న mAadhaar లేదా ఆధార్ QR స్కానర్ యాప్‌ని ఉపయోగించి లేదా www.uidai.gov.inలో అందుబాటులో ఉన్న సురక్షిత QR కోడ్ రీడర్ యాప్‌ని ఉపయోగించి QR కోడ్ స్కానింగ్ ద్వారా ధృవీకరించాలి.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- ఆధార్ నమోదు చేసిన తేదీ నుండి ప్రతి 10 సంవత్సరాల తర్వాత గుర్తింపు మరియు చిరునామాకు సంబంధించిన పత్రాలతో ఆధార్ ను నవీకరించాలి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వేతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొబైల్ నంబర్ మరియు ఈ-మెయిల్ ఐడిని ఆధార్ లో అప్‌డేట్ చేసుకోండి.
- ఆధార్ సేవలను పొందేందుకు mAadhaar యాప్‌ను డౌన్‌లోడ్ చేసుకోండి.
- ఆధార్/బయోమెట్రిక్‌లను ఉపయోగించనప్పుడు భద్రతను నిర్ధారించడానికి లాక్/అన్‌లాక్ ఆధార్/బయోమెట్రిక్స్ ఫీచర్‌ని ఉపయోగించండి.
- ఆధార్‌ను కోరే సంస్థలు తప్పనిసరిగా సమ్మతి పొందవలసి ఉంటుంది

- Aadhaar is proof of identity, not of citizenship or date of birth (DOB). DOB is based on information supported by proof of DOB document specified in regulations, submitted by Aadhaar number holder.
- This Aadhaar letter should be verified through either online authentication by UIDAI-appointed authentication agency or QR code scanning using mAadhaar or Aadhaar QR Scanner app available in app stores or using secure QR code reader app available on www.uidai.gov.in.
- Aadhaar is unique and secure.
- Documents to support identity and address should be updated in Aadhaar after every 10 years from date of enrolment for Aadhaar.
- Aadhaar helps you avail of various Government and Non-Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app to avail of Aadhaar services.
- Use the feature of Lock/Unlock Aadhaar/biometrics to ensure security when not using Aadhaar/biometrics.
- Entities seeking Aadhaar are obligated to seek consent.

భారత ప్రభుత్వం
Government of India

పోకల ప్రణవ్ రాజ్ గోపాల్
Pokala Pranav Raj Gopal
పుట్టిన తేదీ/ DOB: 29/01/2010
పురుషుడు/ MALE

ఆధార్ అనేది గుర్తింపు రుజువు మాత్రమే, పౌరసత్వం లేదా పుట్టిన తేదీ కి కాదు. ఇది ధృవీకరణలో మొత్తం ఉపయోగించాలి (ఆన్‌లైన్ ప్రమాణీకరణ లేదా QR కోడ్ / ఆఫ్‌లైన్ XML యొక్క స్కానింగ్).

Aadhaar is proof of identity, not of citizenship or date of birth. It should be used with verification (online authentication, or scanning of QR code / offline XML).

Aadhaar no. Issued: 14/02/2013

7149 2229 0411

నా ఆధార్, నా గుర్తింపు

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

చిరునామా:
4-1-821/బి, టెలిఫోన్ ఎ క్ష్చంజే రోడ్, వికారాబాద్,
వికారాబాద్, వికారాబాద్, కె.వి. రంగారెడ్డి,
తెలంగాణ - 501101

Address:
4-1-821/B, telephone exechange road, vikarabad,
Vicarabad, PO: Vikarabad, DIST: K.v. Rangareddy,
Telangana - 501101

Details as on: 06/05/2025

7149 2229 0411

1947 | help@uidai.gov.in | www.uidai.gov.in

భారత ప్రభుత్వం

GOVERNMENT OF INDIA

పోకల లక్ష్మయ్య

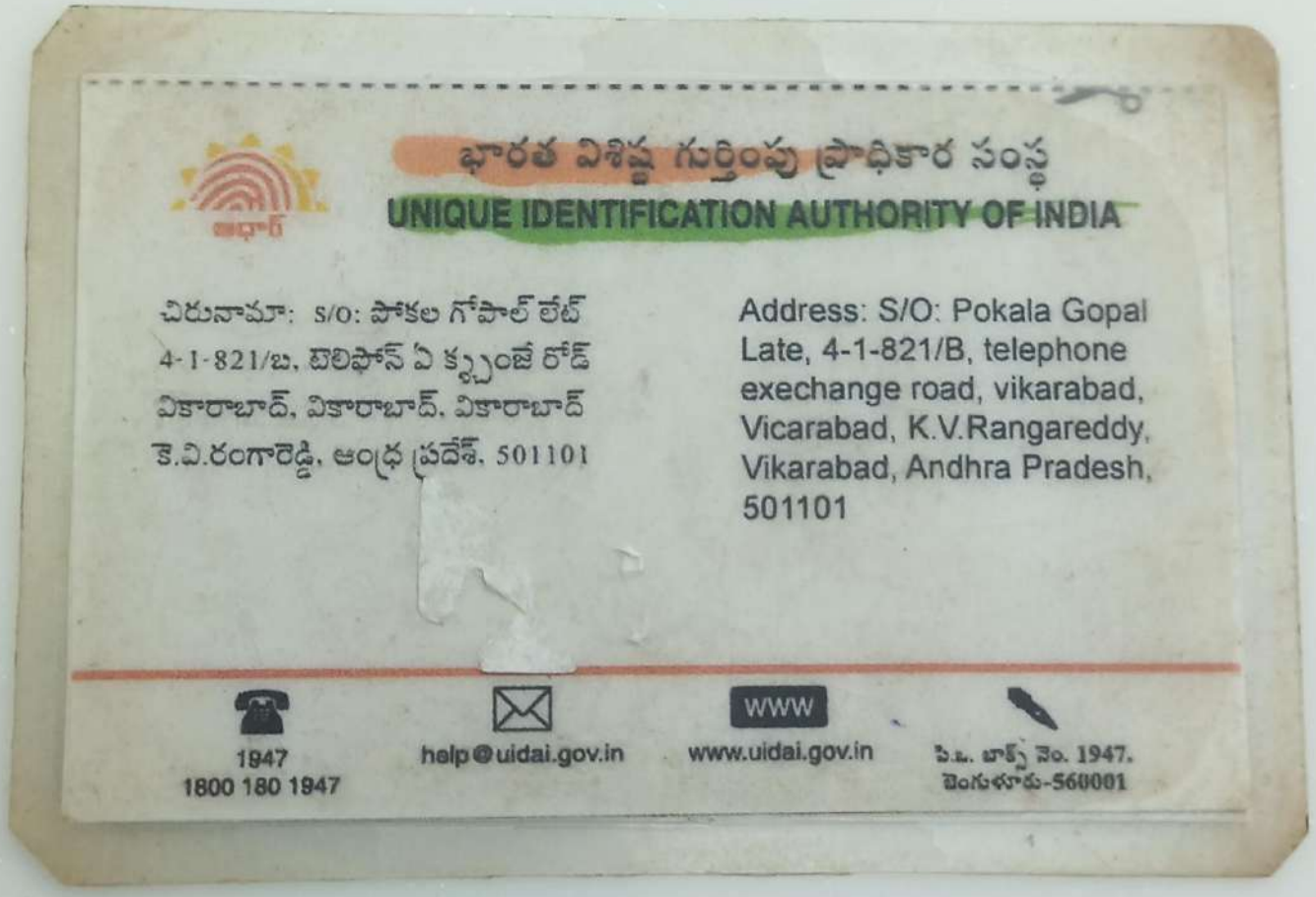
Pokala Laxmaiah

పుట్టిన సంవత్సరం/Year of Birth: 1975

పురుషుడు / Male

7271 0435 2549

ఆధార్ - సామాన్యుని హక్కు



భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా: S/O: పోకల గోపాల్ లేట్
4-1-821/బ, టెలిఫోన్ ఏ క్స్చేంజ్ రోడ్
వికారాబాద్, వికారాబాద్, వికారాబాద్
కె.వి.రంగారెడ్డి, ఆంధ్ర ప్రదేశ్, 501101

Address: S/O: Pokala Gopal Late, 4-1-821/B, telephone exechange road, vikarabad, Vicarabad, K.V.Rangareddy, Vikarabad, Andhra Pradesh, 501101

1947
1800 180 1947

help@uidai.gov.in

www.uidai.gov.in

పి.ఒ. బాక్స్ నెం. 1947,
బెంగుళూరు-560001

आयकर विभाग

INCOME TAX DEPARTMENT

भारत सरकार

GOVT. OF INDIA

POKALA LAXMAIAH

GOPAL POKALA

20/08/1975

Permanent Account Number

BVAPP5373B

Signature

14012012