

Group Secure Mind Policy

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 issue 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 the Schedule 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 THE SCHEDULE

Policy No- 4080/182735368/00/000

Issued at **Mumbai**

1. **Name of the Proposer :** TVS CREDIT SERVICES LTD.
2. **Mailing Address of the Proposer:** JAYALAKSHMI ESTATES, 29 HADDOWS ROAD NUNGAMBAKKAM INDIA TAMIL NADU CHENNAI 0 PIN - 600006 0
3. **Details of the Individual(s) Insured under the policy:**

Name of the Insured	As per addendum
Address for correspondence	
Contact Details (email, phone no, etc)	
Date of Birth MM/DD/YY	
Nominee (if any)	
Sex	
Pre-existing Illness (if any)	
Details of previous CI policy(s)	
a. Insurance Company	
b. Policy No:	
c. Sum Insured	
d. Policy Period	
e. Claims (if any)	

The stamp duty of Re. 0.50 /-

ICICI LOMBARD GENERAL INSURANCE COMPANY

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6295951

ICICI Lombard General Insurance Company Limited.

IHZC

Mailing Address: Ground and 4th Floor, Interface 11, Office Number 401 and 402, New Link Road, Malad (West), Mumbai - 400 064.
Registered Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai - 400 025.

Disclaimer: "This stationary is not valid if used for any purpose other than policy printing."

4. **Policy Period:**
 a. Policy Start Date : 10/10/2019 Time 00:00 hours
 b. Policy End Date: Midnight of 09/10/2025.

5. **Financial Interest** (if any) NA

6. **Loan Account No:** NA

7. **Details of the Insured along with the Benefits (as per table below):**

No.	Coverage	Sum Insured
		Insured Event Applicable
I Major Medical Illness & Procedures	a) Diagnosis of the following Illnesses, namely: List of covered Illnesses: Cancer, End Stage Renal Failure, Multiple Sclerosis with persistent symptoms, Benign Brain Tumour, Parkinson's disease before age of 50 years, Alzheimer's disease before age of 50 years, End stage liver disease. b) Undergoing of the following surgical procedures: List of covered procedures: Major Organ Transplant, Heart Valve Replacement or Coronary Artery Bypass Graft, surgery of aorta. c) Occurrence of the following Medical Events: List of covered events: Stroke, Paralysis and Myocardial Infarction, Major Burns, loss of speech, Deafness, coma of specified severity	As per Coverages, terms and Conditions
II Personal Accident	a) Death of the Insured on account of an Accident; b) Permanent Total Disablement of the Insured on account of Accident;	As per Coverages, terms and Conditions
III. Loss of Job	C) Loss of Job	As per Coverages, terms and Conditions

6295952

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PREMIUM
DETAILS

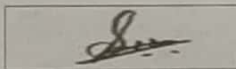
8. Premium	(Rs.) 10
ST	(Rs.) 2
9. Total Premium	(Rs.) 12

Special Conditions:

- a) Any Physical, Medical or mental condition, illness, injury or treatment or service which is specifically excluded in the under Policy for the Insured - NA
- b) *Any other conditions*

Name of the condition/treatment/illness/procedure	Name of Insured
NA	NA

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai by



Mr. Sanjay Datta
Authorized Signatory

GSTIN Reg. No. 27AAACI7904G1ZN
 HSN/SAC code GENERAL INSURANCE SERVICES 9971
 IRDA Reg No - 115 Misc Code 66
 Policy shall stand cancelled ab ipitio in the event of non-realization of the premium.

6295844

ICICI Lombard General Insurance Company Limited.

IHZC

Mailing Address: Ground and 4th Floor, Interface 11, Office Number 401 and 402, New Link Road, Malad (West), Mumbai - 400 064.
 Registered Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi, Mumbai - 400 025.

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GROUP PERSONAL ACCIDENT INSURANCE POLICY

PREAMBLE

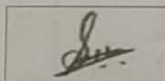
ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy 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 the Schedule 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 SCHEDULE

Policy No - 4005/M/182566137/00/000 Issued at **Mumbai**

1. **Name of the Proposer:** TVS CREDIT SERVICES LTD
2. **Mailing address of the Insured:** JAYALAKSHMI ESTATES, 29 HADDOWS ROAD,
NUNGAMBAKKAM, CHENNAI, TAMIL NADU, INDIA
PIN - 600006
3. **Period of Insurance:** From 00:00 hours 10.10.2019
to Midnight of 09.10.2025
4. **Details of Persons insured:** CUSTOMERS OF TVS CREDIT SERVICES LTD
5. **Benefits:** Accidental Death + Permanent Total Disablement (PTD)
6. **Premium:** INR 12 /- (Premium incl. of Taxes)
7. **Endorsements/Warranties/Extensions:** NA
8. **Special conditions (if any) :** NA
9. **Co-insurance (if any) :** NA

Signed for and on behalf of the **ICICI Lombard General Insurance Company Limited**, at **Mumbai** on



Mr. Sanjay Datta
Authorized Signatory

GSTIN Reg. No. 27AAACI7904G1ZN
HSN/SAC code GENERAL INSURANCE SERVICES 9971
IRDA Reg. No - 115, Misc Code - 05

Policy shall stand cancelled ab initio in the event of non-realization of the premium.

GROUP SAFEGUARD INSURANCE
Policy Schedule
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 issue 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 the Schedule 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 SCHEDULE

 Policy No. : **4148/GSG/167822676/00/000**

 Issued at *Mumbai*

- **Name of the Proposer:** TVS CREDIT SERVICES LTD
- **Address of the Proposer:** JAYALAKSHMI ESTATES, NO 29, HADDOWS ROAD, NUNGAMBAKKAM, CHENNAI - 600006
- **Period of Insurance:** From 26/03/2019 Time 00:00 hours to 23:59 hours of 25/03/2023
- **Total number of persons to be insured:** NA
- **Benefit Table:**

Section and Benefits	Sum Insured	Periodical Claim Payment (If applicable & opted)		
		Payout (Rs)	Payout Period (Months)	Periodicity
SECTION –A (Accidental Injury Benefits)				
Death Benefit	Rs. 360,000	10,000	36 months	Monthly
Permanent Total Disablement (PTD) Benefit				
SECTION - E (Hospital Daily Cash Benefit - Illness)				
Hospital Daily Cash Benefit	Rs. 500 Per day for up to 15 days	Not Applicable		

- **Premium Table:**

PREMIUM DETAILS	
Premium (in Rs. Incl. GST)	12/-

- **Special conditions (if any)**

Section A:

- The Insured Person should suffer an Injury due to an Accident that occurs during the Period of Cover and that Injury should solely and directly result in the Insured Person's death within 365 days from the date of the Accident
- The Insured Person should suffer an Injury due to an Accident that occurs during the Period of Cover and that Injury should solely and directly result in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident

Section E:

- Minimum 24 hours of hospitalization is mandatory for the Hospital Daily Cash Benefit to be triggered
- No Initial waiting period applicable
- PED and Specific Disease Exclusion clause not applicable

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at **Mumbai**



Authorized Signatory

Policy shall stand cancelled ab initio in the event of non-realization of the premium.

Ref. No: W112566946

Date: Oct 11, 2021

TVS CREDIT SERVICES LTD
THIRD FLOOR, NO.29, HADDOWS RD, THOUSAND LIGHTS WEST,
NUNGAMBAKKAM,
NUNGAMBAKKAM
CHENNAI
TAMIL NADU - 600006

Dear Customer,

Subject: Risk Assumption Letter

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

Please find attached herewith Policy No. 4001/R/228912985/00/000 which has been issued based on the details furnished by the insured.

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.

Yours Sincerely,

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED



Authorised Signatory

SYSESB001056126251

All RISK INSURANCE POLICY

PREAMBLE: ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policy holder 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 issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policy holder 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 the Schedule 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 amount will be paid by the Company.

Policy Holder Name	TVS CREDIT SERVICES LTD	Policy No.	4001/R/228912985/00/000
Mailing Address	THIRD FLOOR, NO.29, HADDOWS RD, THOUSAND LIGHTS WEST, NUNGAMBAKKAM,, NUNGAMBAKKAM , CHENNAI, TAMIL NADU - 600006, INDIA	Period of Insurance	00:00 of 01-Oct-2021 To Midnight of 30-Sep-2023
Mobile Number	9999999999	Policy Issuing Office	Mumbai
Landline Number	NA	Policy Issued On	11-Oct-2021
Name of Insured	As per Individual Certificate	Geographical Limits	Worldwide
Insured Mailing Address	As per Individual Certificate	Basis of Valuation	As per Individual Certificate
Insured Contact Number	As per Individual Certificate	Total Sum Insured	As per Individual Certificate
Insured Email Id	As per Individual Certificate		

Detail of the sum Insured

Sr. No.	Risk SI Component	Make/Manufacturer	Model	Coverage	Sum Insured (₹)	Unique Identification Number	Invoice number	Date of Purchase	Year of Manufacture
1	As per Individual Certificate								


Premium Details (₹)

Basic Premium	Service tax	Swachh Bharat Cess	Krishi Kalyan Cess	Total Premium
00.00	00.00	00.00	00.00	00.00

Service Tax Reg. No	Service Tax Code	Category	
GIS/Mumbai-I/1528/2001	AAACI7904GST001	General Business Services 00440005	The stamp duty of ₹ 0.5 paid vide receipt/ challan no. 0 dated 11-Oct-2021

Clauses / Clauses /Conditions/ warranties / Exclusions:

Subject otherwise to terms and conditions of All Risk Insurance Policy.

For ICICI Lombard General Insurance Company Ltd.  Authorised Signatory	<p>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. 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 write to us at ICICI Lombard House, 414 Veer Savarkar Marg,Near Siddhi Vinayak Temple, Prabhadevi,Mumbai - 400 025.</p>
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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. 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.

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 400025

UIN: IRDAN115P0001V01200102

Toll free no : 1800 2666

Alternate no : +918655 222 666 (chargeable)

E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com