



CERTIFICATE OF INSURANCE AFTER ENROLLMENT UNDER
Globetrotter - Overseas Group Travel Insurance

Policy Certificate No.: 4110/D-000203/11173970/00/000

Invoice No. : 2103190000391717

ICICI Lombard Globetrotter - Overseas Group Travel Insurance has been issued at Mumbai by ICICI Lombard General Insurance Company Limited to the customers of IBIBO GROUP PVT LTD enrolling under the 4110/D-000203 policy as specified in the Policy and is governed by the terms, conditions and exclusions there in contained or otherwise expressed in the said policy. This cover is subject to the terms, conditions and exclusions contained or otherwise expressed in the said policy to the extent of sum insured mentioned as maximum liability, but not exceeding the sum insured as specified below.

Policy Details (Part I of the Policy - Schedule)

Period of Insurance	From: 15 Mar 2019 To: 21 Mar 2019(midnight)
Geographical Scope	India

Details of the Insured			
Name	Munthaz	Date Of Birth	
Mailing Address	/	/	/
Telephone No.		Mobile No.	918019668387
E-mail Id	munthaz.shaik@catchway.in		
Passport Number		Nominee name	
GSTIN Number of Insured		GSTIN Number of [Group Admin]	
Insured Age			

Reference No: RED BUS DOM 100

Benefits	Sum Insured	Deductible
Hospitalization Expenses for Injury	INR 1,00,000	INR 500
Daily allowance in case Hospitalization arising out of Injury	INR 500 per day max of 7 days	24 hours
Loss of Checked-In-Baggage	INR 3,000	INR 500
Personal Accident	INR 600,000	NIL
Trip Cancellation and Interruption	INR 1500	INR 500

Special Terms and Conditions:		
Pre-existing Ailments History :	Hospitalisation / Medical Treatment History:	Family Doctor's Name ,Address and Contact No.:
NA	NA	NA
Agent Details		
Agent Name	Agent Code	Contact No.
Marsh India Insurance Brokers Pvt.Ltd	CB02302	+917045922440

Note: Insurance benefit shall become voidable at the option of the Company, in the event of any untrue or incorrect statement, misrepresentation, non- description or nondisclosure of material particulars 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.

Start Date	End Date	Premium (INR)	IGST (@18.00% on Premium) (INR)	UTGST (@0.00% on Premium) (INR)	CGST (@0.00% on Premium) (INR)	SGST (@0.00% on Premium) (INR)	Total Premium including GST (INR)
15 Mar 2019	21 Mar 2019	12.71	2.2900	0.0000	0.0000	0.0000	15.00

GST IN Number of ICICI LOMBARD GIC	HSN / SAC CODE	SERVICING BRANCH	SERVICING BRANCH ADDRESS
27AAACI7904G1ZN	00440005 GENERAL INSURANCE SERVICES	Mumbai	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

For ICICI LOMBARD GENERAL INSURANCE CO. LTD.  Authorised Signatory	Date of Issue: 14 Mar 2019 Place of Issuance: Mumbai
---	---

The stamp duty of Rs 1.(Rupee One only) paid vide deface no. CSD2602018523718 dated 04 Dec 2018
This certificate has to be read in conjunction with the Terms and Conditions, coverages and exclusions mentioned in policy schedule. Please refer to Part II and III of the policy schedule for detailed terms and conditions of the covers described above. The soft copy of the policy wordings can also be collected by emailing us at customersupport@icicilombard.com
FOR CLAIMS : Please contact our 24x7 toll free helpline for assistance and registering your claim(For cashless or reimbursement):1800 2666 or e-mail-ihealthcare@icicilombard.com Website:www.icicilombard.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 City of Residence or the Place of Origin of the Insured and in no case beyond a period of 30 days from the date of happening of the incident giving rise to the Claim. **Customer to send documents to IL at :-**
ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED
ICICI Bank Tower, Plot No. 12,
Financial District, Nanakram Guda, Gachibowli,
Hyderabad, Andhra Pradesh, Pin Code-500032

In cases of any product related query, please call us at 1800 2666 (Toll Free and accessible in India only). In case of any grievance related to policy/claim kindly approach our grievance redressal channel available on company website.

Note: In case you find any variation between the information provided by you and the details as mentioned in the policy certificate, kindly contact us immediately.

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

ICICI Lombard General Insurance Company Limited IRDA Reg.No.115, Misc 110

ICICI LOMBARD HOUSE, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025

UIN No.: ICITIDP08003V030708 Product Code/Product Name: 4110D/Group Travel Domestic CIN no.: L67200MH2000PLC129408 www.icicilombard.com

KEY INFORMATION SHEET (KIS)

S.No.	Title	Description (Description is illustrative and not exhaustive)	Refer to Clause
1	Product Name	Globetrotter- Overseas Group Travel Insurance	
2	What am I covered for	<ul style="list-style-type: none"> ● Hospitalisation expenses for Injury/illness during the trip ● Expenses incurred for injury/illness to natural tooth or teeth 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 ● Sub limits are not applicable for this policy <p>(Note: The above mentioned is an illustrative listing of the policy coverages which may be applicable under your policy. Please refer to the policy certificate for the exact coverages applicable to you. For details on coverages, please refer policy wordings).</p>	Part II of the Schedule
3	General Exclusion Conditions	<ul style="list-style-type: none"> ● Pre-existing Disease or illness except in Life saving unforeseen emergency and/or acute painful conditions provided the same has been opted for under the master policy. ● Cosmetic treatment or Plastic surgery in any form or manner ● Rehabilitation and/or physiotherapy or the costs of prostheses/prosthetics(artificial limbs)etc ● Mental or psychiatric disorders; HIV/AIDS. ● 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. <p>(Note: The above mentioned is a partial listing of the policy exclusions. Please refer to the policy wordings for the full listing).</p>	Part II of the Schedule Coverages and Exclusions Applicable of respective benefits
4	Claims Contact and procedure	<ul style="list-style-type: none"> ● Lodge 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 ● For Domestic policies, please call 1800 2666 or e-mail ihealthcare@icicilombard.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 	Claims Procedure in Part II of the Schedule
5	Cancellations	<p>This policy would be cancelled in below conditions</p> <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 	Cancellation Clause under Part III of the Schedule
6	Extension	<ul style="list-style-type: none"> ● If applicable under your policy, kindly approach the nearest branch for the extension of policy. 	General Conditions under Part II of the Schedule

(LEGAL DISCLAIMER) 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 certificate, the terms and conditions mentioned in the policy certificate shall prevail.

Note: Description of covers provided in policy wordings (Part II of the Schedule) will be applicable only to the covers mentioned on your policy certificate. Insurance is the subject matter of the solicitation. IRDA Reg. No. 115. Misc 110