

VOYAGER GROUP TRAVEL INSURANCE PART I OF THE POLICY SCHEDULE

(UIN: ICITGBP22095V032122)

Date: 14/05/2025

To,

SABUJ KUMAR PANDA

PLOT NO:1&2, WHITE ROSE PHASE-3, PUBA SASAN PIPILI, PURI, ORISSA, INDIA, 752104

Mobile Number : 0 Email ID : NA

Dear Mr./Ms. SABUJ KUMAR PANDA

Sub: Issuance of Policy Certificate no. 4168/O-TARMSC/392515533/00/000 under your application for Group Travel Insurance Policy dated 14/05/2025

We would like to thank you for investing your faith in us. Please find enclosed herewith your Policy Certificate, Policy wordings& Customer Information Sheet based on which your insurance Policy has been issued.

Insured Person Details:

Name of Proposer	SABUJ KUMAR PANDA				
Domestic/ Overseas/ Both	Overseas				
Geographical Scope of Policy	Excluding US & Canada (Including Schengen Countries)				
No. of Travel Days	7 days				
Countries being visited	As per Geo				
Period of Insurance	Overseas - 15/05/2025 00:00 hours To 21/05/2025 23:59 hours				
Name of Insured	SABUJ KUMAR PANDA	Date of Birth of Insured	03/02/1965		
PAN No. of Insured		Passport No. of Insured	Y9828256		
Relationship of Insured with Proposer	Self	Address of the Insured	PLOT NO:1&2, WHITE ROSE PHASE-3, PUBA SASAN PIPILI, PURI, ORISSA, INDIA, 752104		
Resident Status		Country of issue of Passport			

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

Please go through the details as furnished in the format and also as provided in the Policy document and confirm that they are in order. Should you feel that there are any discrepancies/variations, you are requested to write back to us immediately at customersupport@icicilombard.com or call at 1800 2666 for necessary changes/rectification. In the absence of any communication from you within 15 days of receipt of Policy, we would take it that you have accepted the contents and the coverage to be confirming to your proposal.

Thanking You,

Yours Sincerely



Authorized Signatory

For ICICI LOMBARD GENERAL INSURANCE CO. LTD.



CIN: L67200MH2000PLC129408
Registered Office Address:

CICI Lombard House, 414 Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025

UIN : ICITGBP22095V032122 Toll Free No : 1800 2666

Alternate No.: +918655 222 666 (chargeable)
E-mail : customersupport@icicilombard.com

Website : www.icicilombard.com



ICICI Lombard General Insurance Company Limited (IRDAI Regn. No. : 115)

Master Policy Number - 4168/O-TARMSC/306741915/00/005

CIN No. L67200MH2000PLC129408 UIN: ICITGBP22095V032122

Group Travel Insurance Policy Certificate

On receipt of full premium from the Policy holder as named in this Schedule, Group Travel Insurance master policy number 4168/O-TARMSC/306741915/00/005 dated 14/05/2025 has been issued at Mumbai, by ICICI Lombard General Insurance Company Limited to the Policyholder: TRAVEL ARMOUR 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.

The certificate issued to the customers/employees/members of Client Name under the signature of an authorized signatory of ICICI Lombard General Insurance Company Limited, represents the availability of the Benefits under the Policy to the Insured Person named below, subject to the terms, conditions and exclusions expressed in the said Policy, but not exceeding the Sum Insured as specified below.

(PART I OF THE POLICY SCHEDULE)

POLICY CERTIFICATE NUMBER	4168/O-TARMSC/392515533/00/000					
Master Policy Number	4168/O-TARMSC/306741915/00/005					
Issued At	Mumbai					
Domestic/ Overseas/ Both	Overseas					
Geographical Scope	Excluding US & Canada (Including Schengen Countries)					
Trip Details						
Type of Trip	For Overseas–Round Trip					
Details of Trip*	From 1	15/05/2025		21/05/2025	No. of Days	7
	Place of Origin	NA	Destination	NA		Ш
Common Carrier/Public Carrier Opted						
Adventure sports Activities to be undertaken while on trip						
Detailed Itinerary of the Trip*	Overseas					
Proposer/Policy holder Details						
Name of the Proposer		SABUJ KUMAR PANDA				
Insured Details						
Name of the Insured		SABUJ KUMAR PANDA				
Gender of the Insured		MALE				
Age as on Policy Start Date			60 years			
Mailing address/Residential Address of the Insured		PLOT NO:1&2, WHITE ROSE PHASE-3, PUBA SASAN PIPILI, PURI, ORISSA, INDIA, 752104				
Occupation		Others				
Mobile Number		0				
Email ID		NA				
Passport Number		Y9828256				
Country of Issue of Passport						
Resident Status						
PAN Number / National ID No						
Pre-Existing Disease (if any)						
Debit/Credit Card Number (if any):						

ICICI Lombard General Insurance Company Limited

IRDA Ref No.115 Mailing Address 601 & 602, 6th Floor, Interface 16, New Linking Road, Malad (West) Mumbai - 400 064 CIN: L67200MH2000PLC129408
Registered Office Address:
ICICI Lombard House, 414 Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.

UIN : ICITGBP22095V032122

Toll Free No : 1800 2666

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Website : www.icicilombard.com



Name of Nominee	RASMITA PANDA
Relationship of Nominee with Insured	SPOUSE
Policy Details	
Period of Insurance	Overseas - From 15/05/2025 to 21/05/2025
Journey Start Date, if different from Policy Start Date	
No. of Travel Days	Overseas – 7 days
Name of Nominee	RASMITA PANDA
If Nominee is minor, name of guardian	
Relationship of Nominee with Insured Person	SPOUSE
Name of Assignee	

COVERAGE TABLE - FOR OVERSEAS POLICY

(Coverage Table to be customized in accordance to the Covers & Extensions opted)

Coverage	Sum Insured	Indemnity/ Benefit	Deductibles, if any	Franchise, if any	Co-Pay, if any	Cover-specific Condition, if any			
Medical Expenses for Illness & Accidental Injury									
Hospitalization Expenses for Illness & Injury	USD 50000	Indemnity	USD 100 NA		NA	NA			
Outpatient Treatment for Illness & Injury	USD 25000	Indemnity	USD 100 NA		NA	NA			
Pre-existing Diseases Cover	USD 1500	Indemnity	USD 100	NA	NA	NA			
Non Medical Covers									
Loss of Checked-In Baggage	USD 500	Benefit	Nil	NA	NA	NA			
Delay of Checked-In Baggage	USD 100	Benefit	12 HRS	NA	NA	NA			
Loss of Baggage and Personal effects	USD 200	Indemnity	USD 100	NA	NA	NA			
Trip Cancellation	USD 300	Indemnity	Nil	Nil	Nil	Nil			
Trip Interruption or Curtailment	USD 300	Indemnity	Nil NA		NA	NA			
Personal Liability	USD 1,00,000	Indemnity	Nil	Nil	5% of actual	Nil			
Personal Accident	USD 10000	Benefit	Nil	Nil	Nil	Nil			
Common Carrier/Public Carrier delay	USD 100	Benefit	720 Min	NA	NA	NA			
Missed Connection (All Common Carrier/Public Carrier)	USD 100	Indemnity	6 HRS	NA	NA	NA			
Loss of Passport / International Driving License	USD 100	Benefit	Nil	NA	NA	NA			
Other Medical Covers									
Repatriation of Remains	USD 7000	Indemnity	Nil	Nil	Nil	Nil			
Medical Evacuation	USD 10000	Indemnity	USD 100	NA	NA	NA			
Dental Treatment	USD 250	Indemnity	USD 100	NA	NA	NA			
Α									
Sub limit A	Not applicable	Indemnity	Not applicable	NA	NA	NA			
Sub limit B	Applicable	Indemnity	Applicable	NA	NA	NA			

NOTE: Sub-limits shall not be applicable for Schengen Countries or any other country where respective government bodies/embassies have similar requirements.

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IRDA Ref No.115

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