

VOYAGER GROUP TRAVEL INSURANCE PART I OF THE POLICY SCHEDULE

(UIN: ICITGBP22095V032122)

Date: 14/05/2025

To,
AMULYA KUMAR PANDA
PLOT NO-12, UNIT-3, STATION SQUARE BHUBANEWAR, BHUBANESWAR, ORISSA, INDIA, 751001
Mobile Number : 0
Email ID : NA

Dear Mr./Ms. AMULYA KUMAR PANDA ,

Sub: Issuance of Policy Certificate no. 4168/O-TARMSC/392515016/00/000 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	AMULYA 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	AMULYA KUMAR PANDA	Date of Birth of Insured	20/08/1960
PAN No. of Insured		Passport No. of Insured	R1879761
Relationship of Insured with Proposer	Self	Address of the Insured	PLOT NO-12, UNIT-3, STATION SQUARE BHUBANEWAR, BHUBANESWAR, ORISSA, INDIA, 751001
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.



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

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)

CIN No. L67200MH2000PLC129408

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

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/392515016/00/000						
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*	1	From	15/05/2025	To	21/05/2025	No. of Days	7
		Place of Origin	NA	Destination	NA		
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	AMULYA KUMAR PANDA						
Insured Details							
Name of the Insured	AMULYA KUMAR PANDA						
Gender of the Insured	MALE						
Age as on Policy Start Date	64 years						
Mailing address/Residential Address of the Insured	PLOT NO-12, UNIT-3, STATION SQUARE BHUBANEWAR, BHUBANESWAR, ORISSA, INDIA, 751001						
Occupation	Others						
Mobile Number	0						
Email ID	NA						
Passport Number	R1879761						
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

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Name of Nominee	SUJATA 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	SUJATA 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
A						
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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