

(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/383912525/00/000 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	GANDHE PRANAHEETHA DEVI	Product name	Health Shield 360
Address	4-93,AND 94 CHILVAKODOOR,JAGITIAL,,DISTRICT GOLLAPALLY,MANDAL,CHILWAKODUR,KAR IMNAGAR,INDIA,ANDHRA PRADESH, KARIMNAGAR, TELANGANA - 505532	Plan Name	ICICIBankLtd_10LacTo2CR
Contact No.	98*****75	Policy No.	4177i/ICICI/297943201/02/000
Email Address	PR*****@GMAIL.COM	Period of Insurance	From 00:00 hrs 09-Jul-2025 To 23:59 hrs 08-Jul-2026
Nominee Name	POTLURI PRAVEEN KUMAR	Policy Tenure	1
Relationship With Policyholder	SPOUSE	Alternate Policy No.	4177i/ICICI/297943201/02/000
Appointee Name		LAN No.	NA
Nominee Age	42 Years 0 Month	Policy Issuing Office	Prabhadevi
GSTIN No. (Customer)		Policy Issued On	09-Jul-2025
Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	Previous Policy No.	4177i/ICICI/297943201/01/000
		Invoice No.	100725595894
		Servicing Branch Name	Mumbai

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?	No
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Insured's Name(s)	Date of Birth	Age		Date of Joining	Gender	Relation With Proposer	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Special Condition	ABHA No
		Y	M							
GANDHE PRANAHEETHA DEVI	16-Aug-1983	41	10	08-Jul-2023	Female	SELF	15,00,000	None	None	
POTLURI PRAVEEN KUMAR	27-May-1984	41	1	08-Jul-2023	Male	SPOUSE		None	None	
POTLURI PRRAHAAS CHOWDARY	26-Jul-2014	10	11	08-Jul-2023	Male	SON		None	None	
POTLURI PRAGNAN CHOWDARY	20-May-2016	9	1	08-Jul-2023	Male	SON		None	None	

Plan Details					GSTIN Reg. No	HSN/SAC code	The stamp duty of ₹ 0.50 paid vide no. 99708025537/2025-26/Jan-2025 Digitally signed by BS-ICICI LOMBARD GENERAL INSURANCE CO LTD 1 Date: 2026.06.24 13:50:59 SERVICES
Plan Name	Loyalty bonus (₹)	Sub-limit	Voluntary Deductible (₹)	SI protector			
ICICIBankLtd_10LacTo2CR_2A + 2K	300000	None	0.00	1,80,000.00	27AAACI7904G1ZN	99708025537/2025-26/Jan-2025 Digitally signed by BS-ICICI LOMBARD GENERAL INSURANCE CO LTD 1 Date: 2026.06.24 13:50:59 SERVICES	

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.

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 address:

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

Health Shield 360

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN - ICIHLGP25049V042425

Premium Details (₹)											
Basic Premium	CGST		SGST		UTGST		IGST		Total Tax Payable	Stamp Duty (₹)	Total Premium
	%	₹	%	₹	%	₹	%	₹			
12,153.39	0	0	0	0	0	0	18	2187.61	2,187.61	0.50	14,341.00

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

GSTIN Reg. No	HSN/SAC code	
27AAACI7904G1ZN	997133 GENERAL INSURANCE SERVICES	The stamp duty of ₹0.50 paid vide deface no. CSD112025527 dated 30-Jan-2025

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

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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.	<u>Name of Insurance Product/Policy</u> Health Shield 360	
2.	<u>Policy Number</u> 4177i/ICICI/297943201/02/000	
3.	<u>Type of Insurance Product/Policy</u> Both Indemnity and Benefit	
4.	<u>Sum Insured Basis:</u> -Floater Sum Insured- Rs. 15,00,000 – where all members under the policy have a single sum insured limit which maybe utilized by any or all members	
5.	<u>Policy Coverage (What the policy covers?)</u> Hospitalization Expenses - up to the Annual Sum Insured for admission longer than 24 consecutive hours. Day Care Treatment / Surgeries – Covers Day Care medical expenses up to Annual Sum insured. Pre-Hospitalization and Post Hospitalization expenses - Covers Medical expenses 60 days before 90 days' post hospitalization In Patient AYUSH Hospitalization - Covers AYUSH treatment expenses in Indian AYUSH facilities (hospital & day care) Unlimited Reset Benefit – Reset can be availed unlimited times within a policy year if the total sum insured, including loyalty bonus, super loyalty 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. Loyalty Bonus - Upon renewal, you'll receive an extra sum insured of 10% of Annual Sum Insured, up to a maximum of 100%. Donor Expenses – For an organ donated to the Insured Person up to annual sum insured. Domiciliary Hospitalization Up to the annual sum insured, requiring a minimum of 3 days' hospitalization. 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.	d) What we will pay (Scope of cover) A. Base cover.1 A. Base cover.2 A. Base cover.3 A. Base cover.4 A. Base cover. 5 A. Base cover. 6 A. Base cover. 7 A. Base cover. 8 C. Extension/Optional Covers. 6 C. Extension/Optional Covers. 7

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	<p>Sum Insured Protector - The Sum Insured will increase cumulatively at each renewal based on the previous year's inflation rate.</p> <p>Claim Protector - Excluded items listed by IRDAI become payable under this benefit.</p> <p>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.</p> <p>Health Check-up - Health check-Up will be covered only at out empaneled service provider on cashless basis as per the available medical test packages</p> <p>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.</p>	<p>C. Extension/Optional Covers. 9</p> <p>C. Extension/Optional Covers. 10</p> <p>C. Extension/Optional Covers. 21</p> <p>C. Extension/Optional Covers. 27</p> <p>C. Extension/Optional Covers. 28</p>
6.	<p><u>Exclusions (What does the policy not cover)</u></p> <p>Standard Exclusions</p> <p>Code- Excl04- Investigation & Evaluation</p> <p>Code- Excl05- Rest cure, rehabilitation and respite care</p> <p>Code- Excl06: Obesity/ Weight Control</p> <p>Code- Excl07- Change-of-Gender treatments</p> <p>Code- Excl08- Cosmetic or plastic Surgery</p> <p>Code- Excl09- Hazardous or Adventure sports</p> <p>Code- Excl10- Breach of law</p> <p>Code- Excl11- Excluded providers</p> <p>Code-Excl12 - Excludes treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof.</p> <p>Code- Excl13- Treatment in health hydros, nature cure clinics, spas, places, and in private beds registered as a nursing home for or similar domestic reasons.</p> <p>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.</p> <p>Code- Excl15- Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.</p> <p>Code- Excl16- Unproven Treatments- Expenses for unproven treatments, services, or supplies lacking significant medical documentation to support their effectiveness.</p> <p>Code- Excl17- Sterility and infertility related expenses</p> <p>Code- Excl18- Maternity</p> <p>Specific Exclusions</p> <ul style="list-style-type: none"> • 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 	<p>e) i. Standard Exclusions</p> <p>e)i.3.5.i</p> <p>e)i.3.5.ii</p> <p>e)i.3.5.iii</p> <p>e)i.3.5.iv</p> <p>e)i.3.5.v</p> <p>e)i.3.5.vi</p> <p>e)i.3.5.vii</p> <p>e)i.3.5.viii</p> <p>e)i.3.5.ix</p> <p>e)i.3.5.x</p> <p>e)i.3.5.xi</p> <p>e)i.3.5.xii</p> <p>e)i.3.5.xiii</p> <p>e)i.3.5.xiv</p> <p>e)i.3.5.xv</p> <p>e)ii. Specific Exclusions</p> <p>e)ii.a)</p> <p>e)ii.b)</p> <p>e)ii.c)</p> <p>e)ii.d)</p> <p>e)ii.e)</p> <p>e)ii.f)</p> <p>e)ii.g)</p>

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	<p>and cleft palate, Tongue Tie, CTEV (Club foot), Congenital Torticollis, Morphological abnormalities like congenital kyphosis, congenital scoliosis etc., and Phimosis</p> <ul style="list-style-type: none"> 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. <p>*some of the exclusion will be waived off if the add on cover is opted for the same.</p>	<p>e)ii.h) e)ii.i) e)ii.j) e)ii.k) e)ii.l) e)ii.m)</p>								
7.	<p><u>Waiting period</u></p> <ul style="list-style-type: none"> <u>Time period during which specified diseases/treatments are not covered</u> <u>It is counted from the beginning of the policy</u> <p>Pre-Existing Diseases: Declared & accepted Pre-existing diseases will be covered after Initial Waiting Period.</p> <p>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)</p> <p>In case of hypertension, diabetes and cardiac conditions, the waiting period will be 90 days unless disclosed as pre-existing diseases.</p> <p>Initial waiting period: 30 days for all illnesses (not applicable in case of continuous renewal and accidents).</p>	<p>e)i.3.1 e)i.3.2 e)i.3.3 e)i.3.4</p>								
8.	<p><u>Financial limits of coverage</u></p> <p>The policy will pay only up to the limits specified hereunder for the following diseases/procedures:</p> <p><u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit</u></p> <p>i. Domestic Road Emergency Ambulance - Covered as per the limits mentioned below:</p> <table border="1" data-bbox="571 2151 1270 2389"> <thead> <tr> <th>Sum Insured</th> <th>Maximum limit per event</th> </tr> </thead> <tbody> <tr> <td>10L/15L</td> <td>₹3,000</td> </tr> <tr> <td>20L/25L/50L</td> <td>₹5,000</td> </tr> <tr> <td>75L/100L/200L</td> <td>₹10,000</td> </tr> </tbody> </table> <p><u>Co-payment(It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u></p>	Sum Insured	Maximum limit per event	10L/15L	₹3,000	20L/25L/50L	₹5,000	75L/100L/200L	₹10,000	<p>C. Extension/ Optional Covers. 6</p>
Sum Insured	Maximum limit per event									
10L/15L	₹3,000									
20L/25L/50L	₹5,000									
75L/100L/200L	₹10,000									

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	<p>Not Applicable</p> <p><u>Deductible (It is a specified amount:</u></p> <ul style="list-style-type: none"> - <u>Up to which an insurance company will not pay any claim,</u> <u>and</u> - <u>Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u> <p>Not Applicable</p> <p><u>Any other limit (as applicable)</u></p> <p>Not Applicable</p>	
9.	<p><u>Claims/Claims Procedure</u></p> <p>Step 1 – Get your treatment at our network hospital and during admission submit copy of health card and photo ID proof at Hospital Insurance desk during admission.</p> <p>Step 2 – The hospital sends 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.)</p> <p>Step 3 – Request will be processed as per policy terms and conditions</p> <p>Step 4 – While you avail treatment the claim payment is settled directly to the Provider/Hospital</p> <p>Step 5 – You can check and track your claim status live on IL TakeCare app or WhatsApp</p> <p>If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital.</p> <p>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.</p> <p>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</p> <p>Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.</p> <p>Non-medical and non-payable expenses are your responsibility.</p> <p>Reimbursement Procedure;</p> <p>Step 1 – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents.</p>	<p>Section g).4.1 (A)</p> <p>Section g).4.1 (B)</p> <p>Section g).4.1 (B)</p>

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	<p>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 IL Takecare 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.</p> <p>Step 3 – The claim will be processed as per policy terms and conditions</p> <p>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 30 days from the date of discharge from the Hospital, failing which we have the right to treat the claim as inadmissible. The claim will be processed within 15 days of receipt of claim along with claim form.</p> <p>You shall be required to furnish the following documents for or in support of a Claim:</p> <ol style="list-style-type: none"> 1. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com 2. Original bills, receipts and discharge certificate/ card from the Hospital/ Medical Practitioner 3. Original bills from chemists supported by proper prescription. 4. Original investigation test reports and payment receipts. 5. Indoor case papers 6. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases. 7. Any other document as required by Us or to investigate the Claim or Our obligation to make payment for it <p>The relevant documents to be sent to</p> <p>ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016</p> <p>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 hospitalisation</p> <p>Download Claim Form- https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf</p>	
10.	<p>Policy Servicing</p> <ul style="list-style-type: none"> • 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.	<p>Grievances/Complaints In case of any grievance the insured person may contact the Company through</p> <p>Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com Address: ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 , Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064</p>	f.15 General terms and conditions

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	<p>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution</p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.</p> <p>For branch details, please https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.</p> <p>If the Insured person is not satisfied with the redressal of grievance, insured person may contact the Grievance Redressal Officer of the Company at the details provided in the below link:</p> <p>https://www.icicilombard.com/grievanceredressal.com</p> <p>If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDAI Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255</p> <p>Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website:www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman</p>	
12.	<p><u>Things to remember</u></p> <p>Multiple Policy: In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be treated as the primary Insurer and shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.</p> <p>Free Look cancellation: Every Insured of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of policy document, whether received electronically or otherwise, to review the terms and conditions of such policy. If the insured cancels the policy within free look period then the insured shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the insured and stamp duty charges. 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</p> <p>Cancellation:</p> <ul style="list-style-type: none"> • The insured may cancel the policy at any time during the term, by giving 7 days' notice in writing. The Company shall <ol style="list-style-type: none"> a. Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. 	<p>f.4.General terms and conditions</p> <p>f.14.General terms and conditions</p> <p>f.6. General terms and conditions</p>

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 address:

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

Health Shield 360

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN - ICIHLGP25049V042425

<p>• Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.</p> <p>The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud.</p> <p>Policy renewal: We shall ordinarily renew the Policy except on grounds of misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy.</p> <p>Migration and Portability:</p> <ol style="list-style-type: none"> The insured has the choice to port his / her policies from one Insurer to another. An Insured desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. This benefit is not applicable for enhanced sum insured. The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company. <p>The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</p> <p>In case you are keen on migrating or outward porting your Policy, kindly contact us at customersupport@icicilombard.com</p> <p>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.</p> <p>Moratorium Period: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.</p>	<p>f.9. General terms and conditions</p> <p>f.i.7 & 8. General terms and conditions</p> <p>f.ii.8 Specific terms and clauses</p> <p>f.11. General terms and conditions</p>
--	--

13.	<p><u>Your Obligations</u></p> <ul style="list-style-type: none"> • 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. Insurer shall provide web-link where the product related documents including the Customer Information sheet are available on the website of the insurer.

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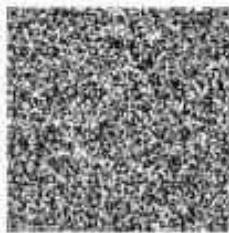


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Government of India

భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India

రిజిస్ట్రేషన్/ Enrolment No.: 0005/50016/17809

To
గంధే ప్రానాఘేతా దేవి
Gandhe Pranaheetha Devi
C/O Udaya Bhaskara Rao
4-93 AND 94
Chilvakodoor
Jagtial district
Gollapally mandal
Chilwakodur
Karimnagar Telangana - 505532
9866089375



మీ ఆధార్ సంఖ్య / Your Aadhaar No. :

5834 5765 2975

VID : 9144 1238 1694 3468

నా ఆధార్, నా గుర్తింపు



వివరాలము / INFORMATION

- ఆధార్ అనేది గుర్తింపు దుబాబు, పౌరసత్వానికి కాదు.
- ఆధార్ ప్రత్యేకమైనది మరియు సురక్షితమైనది.
- మరటిత QR కోడ్/అఫ్లైన్ XML/అఫ్లైన్ ప్రమాణీకరణను ఉపయోగించి గుర్తింపును ధృవీకరించండి.
- ఆధార్ లెటర్, PVC కార్డ్, ఆ ఆధార్, ఎం ఆధార్ వంటి అన్ని రకాల ఆధార్ లు సమానంగా చెల్లుబాటు అవుతాయి. 12 అంకాల ఆధార్ సంఖ్య సైన్ లో చివరిన ఆధార్ ఐడెంటిటీ (VID)ని కూడా ఉపయోగించవచ్చు.
- కనీసం 10 సంవత్సరాలకు ఒకసారి ఆధార్ ను అప్డేట్ చేయండి.
- వివిధ ప్రభుత్వ మరియు ప్రభుత్వతర ప్రయోజనాలు/సేవలను పొందడంలో ఆధార్ మీకు సహాయపడుతుంది.
- మీ మొదటి సంఖ్య మరియు ఈ మొదటి ఐడెంటిటీ ఆధార్ లో అందించే ప్రామాణికం.
- ఆధార్ పనులను పొందేందుకు స్మార్ట్ ఫోన్ లో ఎం ఆధార్ యాప్ ను డౌన్ లోడ్ చేసుకోండి.
- దధితను నిర్ధారించడానికి లాక్/అన్ లాక్ ఆధార్/బయోమెట్రిక్స్ పేదర్చి ఉపయోగించండి.
- ఆధార్ ను అధర్తించే పట్టాలు తగిన సమ్యక్తని పొందాలని ఉంటుంది.
- Aadhaar is a proof of identity, not of citizenship.
- Aadhaar is unique and secure.
- Verify identity using secure QR code/offline XML/online Authentication.
- All forms of Aadhaar like Aadhaar letter, PVC Cards, eAadhaar and mAadhaar are equally valid. Virtual Aadhaar Identity (VID) can also be used in place of 12 digit Aadhaar number.
- Update Aadhaar at least once in 10 years.
- Aadhaar helps you avail various Government and Non- Government benefits/services.
- Keep your mobile number and email id updated in Aadhaar.
- Download mAadhaar app on smart phones to avail Aadhaar Services.
- Use the feature of lock/unlock Aadhaar/biometrics to ensure security.
- Entities seeking Aadhaar are obligated to seek due consent.



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Government of India



గంధే ప్రానాఘేతా దేవి
Gandhe Pranaheetha Devi
పుట్టిన తేదీ/DOB: 16/08/1983
FEMALE

5834 5765 2975

VID : 9144 1238 1694 3468

నా ఆధార్, నా గుర్తింపు

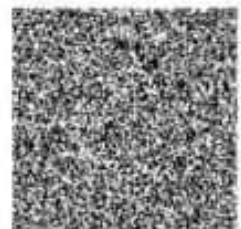


భారత విశిష్ట గుర్తింపు ప్రాధికార సంస్థ
Unique Identification Authority of India



వివరాలు:
C/O ఉదయ భాస్కర రావు, 4-93 మరియు 94,
చిల్వకోడూర్, జాగిత్యల్ డిస్ట్రిక్, గోలపల్లి మండలం,
చిల్వకోడూర్, కరీంనగర్, తెలంగాణ - 505532

Address:
C/O Udaya Bhaskara Rao, 4-93 AND 94,
Chilvakodoor, Jagtial district, Gollapally
mandal, Chilwakodur, Karimnagar,
Telangana - 505532



5834 5765 2975

VID : 9144 1238 1694 3468

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आयकर विभाग
INCOME TAX DEPARTMENT



भारत सरकार
GOVT. OF INDIA

GANDHE PRANAHEETHA DEVI

UDAYA BHASKAR RAO GANDHE

16/08/1983

Permanent Account Number

AWQPG9934M

Pranaheetha

Signature



12112010



Where ethics come first...

WOODLANDS HOSPITAL

A MULTI SPECIALITY CENTRE

Barkatpura, Hyderabad - 500 027.

Ph : 2755 5000, 2756 2314, 2755 9802, Fax : 040-2756 0423

www.woodlandshospital.net



Dr. V. Ratna Kumari

Reg No. 9718, MD., DGO (Osm.)

CONSULTANT OBSTETRICIAN, GYNAECOLOGIST & LAPAROSCOPIC SURGEON.

FORMER - PROF & HOD, NILOUFER HOSPITAL,

OSMANIA MEDICAL COLLEGE,

SUPDT, GOVT MATERNITY HOSPITAL, SULTANBAZAR, HYD.

Time : 5.30p.m to 7.30p.m

(By Appointments : 9a.m to 10a.m & Sundays)

Cell : 98480 21339

Name of the Patient:

C. Poornaketa Devi

Date: 22/6/26.

Address:

Anthulla pur
K/o Adenomyosis - 4 Pcos

Sex: f Age: 42yrs

BP - 130/90
Wt - 100kg
Ht 5ft 4"

single
on soft
spotting Plv - June 1st wk.

No endo polyp

PLA, - FROD
22 Tubal blocked

Mirena removed
in March/26.

for Adenomyosis + Fibroids

Mother & CM
died of EV malignancy

15/5/26 - OSG - (HtH)
Adenomyosis

etiology (2)

15/5 - papsmear - Inflammatory
req. for malignancy

Had Inj Depo-provera 150mg
on 28/3/26

1) Major surgical prophylaxis

2) 2D echo

3) S. electrolytes

4) S. TSH

A Adenomyosis,
obesity
f. Ht EV malignancy

Quality medicare within reach of everyone round the clock

Data

Name PRANAHITHA DEVI
Other names POTLURI
Date of birth 16/08/1983
Hospital no. 220713

Location

Date 15 May 2026
Time 14:30
Department FF Necklace Road

Details

Scan Type Pelvic Organs 2
Requisition Number SC2026065714

Sound

Operator Dr. Adarsha K
US system NR Gyn B
transvaginal
View good

Uterus present anteverted, anteflexed.
longitudinal 100 mm, AP 50 mm, transverse 63 mm
Volume 164.9 cm³

Uterine anomalies No evidence of uterine anomalies.

Endometrium

Visualisation Endometrium clearly visualised
Total thickness 8.5 mm - echogenic endometrium.

Endo-myometrial junction irregular

Myometrium

Morphology Heterogenous echotexture S/o Adenomyosis. Myometrial cysts noted. subendometrial buds and fan shaped shadowing noted.

Cervix

Morphology Normal.

ovary

Visibility visible
Morphology normal morphology
Size 22 mm x 17 mm x 14 mm
Volume 2.7 cm³

ovary

Visibility Visible
Morphology normal morphology
Size 21 mm x 19 mm x 17 mm
Volume 3.6 cm³

Kidneys / Bladder

Left kidney visible
Right kidney visible

DIAGNOSIS :

ADENOMYOSIS.

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4-187/3 4/8, Karbala Maidan, Necklace Road, Ranigunj, Secunderabad 500003, Telangana, India
91 40 4022 2397 / 1800 419 1397 o appointments@fernandez.foundation

* NORMAL APPEARANCE OF BOTH OVARIES.
FOR CLINICAL CORRELATION.



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Fernandez Hospital • HYDRABAD
5-4-187, Opp. Old MLA Chambers, Jyestharguda, Hyderabad 500029, Telangana, India



भारत सरकार
GOVERNMENT OF INDIA



పి ప్రవీణ్ కుమార్

P Praveen Kumar

పుట్టిన తేదీ/ DOB: 27/05/1984

పురుషుడు / MALE



5344 2953 0037

అధార్-సామాన్యమానవుడి హక్కు



भारतीय विशिष्ट पहचान प्राधिकरण
UNIQUE IDENTIFICATION AUTHORITY OF INDIA

చిరునామా:

Address:

S/O: పి మోహన్ రావు, 2-52,

S/O: P Mohan Rao, 2-52, Uddahal,
Uddahal, Uddahal, Anantapur,
Andhra Pradesh - 515871

ఉద్దహల్, ఉద్దహల్, ఉద్దహల్,

అనంతపూర్,

ఆంధ్ర ప్రదేశ్ - 515871

5344 2953 0037

Aadhaar-Aam Admi ka Adhikar