PROSPECTUS FOR GROUP PERSONAL ACCIDENT

Scope of Cover

The Policy pays to the Insured, if any of the Insured Persons sustain any bodily injury resulting solely and directly from accident, caused by external, violent and visible means, to the extent and in the manner hereinafter provided.

Exclusions and Limitations

The Company shall not be liable under this policy for:
(i) Compensation under more than one of the categories specified in the Basis of Assessment in respect of the same period of disablement of the Insured Person. However, amounts relating to carriage of dead body, children's education grant would be payable in addition, if applicable.

(ii) Any other payment to the same person after a claim under one of the categories I, II (a)(i) & (ii) and II (b) as specified in the Basis of Assessment has been admitted and become payable. However, amounts relating to carriage of dead body and children's education grant would be payable in addition, if applicable.

(iii) Any payment in case of more than one claim in respect of such Insured Person, under this policy during any one period of insurance by which the sum payable as per the Basis of Assessment of this policy to such Insured Person exceeds the maximum liability of the Company specified in Part I of the Schedule applicable to such Insured Person. However, amounts relating to carriage of dead body, children's education grant would be payable in addition if applicable.

(iv) Payment of weekly compensation until the total amount shall have been ascertained and agreed.

(v) Amounts relating to medical expenses.

(vi) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (b) whilst under the influence of intoxicating liquor or drugs; (c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine; (d) directly or indirectly caused by venereal disease or insanity; (e) arising or resulting from the Insured committing any breach of the law with criminal intent.

(vii) Payment of compensation in respect of death, injury or disablement of the Insured Person due to, or arising out of, or directly or indirectly connected with or traceable to, war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds and acts of terrorism.

(viii) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons.

(a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the

combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission.

(b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

(ix) Death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.

Class of Lives to be Covered: Group Personal Accident Policy covers a group of individuals covered under the policy, against Accidental Death, Permanent Total Or Partial Disablement and Temporary Total Disablement.

Conditions to be fulfilled by the policy holder

(I) Policy Related Terms and Conditions

(i) Upon the happening of any event, which may give rise to claim under this Policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice must be given before internment, cremation and in any case, within one calendar month after the death, unless reasonable cause is shown. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.

(ii) Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the insured Person(s) on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the company and in the event of death to make a post-mortem examination of the body of the Insured Person. Such evidence as the company may from time to time require shall be furnished and a post-mortem examination report, be furnished within a period of thirty days.

(iii) In the event of a claim in respect of loss of sight, the Insured Person(s) shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable. In the event the sight is not regained after such operation or treatment, and such loss of sight is of a permanent nature, compensation shall be payable as specified in the "Basis of Assessment of claims" in Part II of the Schedule of this Policy.

(iv) Position after a claim :

(a) In case of death or Permanent Total Disablement (as specified in Basis of Assessment) the Company shall delete the name of the Insured Person in respect of whom such sums shall become payable from the Part I of the schedule without any refund of the premium.

b) In case of Permanent Partial Disablement (as specified in Basis of Assessment) the Company shall reduce the capital sum insured in respect of the person to whom such sum shall become payable, by the amount admissible under the claim.

(c) In case of Temporary Total Disablement (as specified in Basis of Assessment) the Company shall pay the benefit after termination of such disablement.

(v) (a) The Proposer shall give immediate notice to the Company of any change in any of the business or occupation of any of the Insured Persons.

(b) The Proposer shall on tendering any premium for the renewal of this Policy give notice in writing to the Company of any disease, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the last preceding premium.

(vi) The scope of cover shall extend on a world wide basis, and therefore the cause of action may arise in India or elsewhere.

(II) Standard terms and conditions applicable are as under:

1. Incontestability and duty of disclosure
2. Observance of terms and conditions
3. No Constructive Notice
4. Notice of charge etc.
5. Special Provisions
6. Overriding effect of part II of the schedule
7. Electronic Transactions
8. Fraudulent claims
9. Cancellation/Termination
10. Cause of Action/ Currency of Payments
11. Policy Disputes
12. Arbitration Clause
13. Renewal notice
14. Notices
15. Customer Service
16. Grievances

Above terms and conditions have been elaborated in the Policy

Capital Sum Insured

The Capital Sum Insured can be decided on the basis of earning capacity of the Insured person.

Basis of assessment of claim

1. Basis of assessment of claim shall be as under :

The benefit payable to or on behalf of the Insured Person will be as per the following categories but not exceeding the Capital Sum Insured as specified unless otherwise agreed by the Company.

Categories of Benefits

I Accidental Death

The Capital Sum Insured as stated in Part I of the Schedule will be paid if the death of the Insured Person is within a period of twelve months from the date of bodily injury, and such bodily injury be the sole and direct cause of the death of the Insured Person.

II Permanent Total Disablement (PTD)

(a) If such injury shall within twelve months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

(i) Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, then the Capital Sum Insured stated in the Part I of the Schedule hereto as applicable to such Insured Person.

(ii) Use of two hands or two feet, or of one hand and one foot, or of loss of sight of one eye and loss of use of one hand or one foot, then the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

(iii) The sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot, then (50%) of the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

(iv) Total and irrecoverable loss of use of a hand or a foot without physical separation then (50%) of the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

Note:

For the purpose of clause (iii) and (iv) above, physical separation of a hand or foot means separation of hand at or above the wrist, and of foot at or above the ankle.

(b) If such injury shall as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

III Permanent Partial Disablement (PPD)

If such injury shall within twelve calendar months of its occurrence be the sole and direct cause of the total and/or partial irrecoverable loss of use or the actual loss by physical separation of the following then the percentage of the capital sum insured, as applicable to such Insured Person.

(i) Loss of toes – all 20
Great both phalanges 5
Great – one phalanx 2
Other than great if more than one toe lost each 1
(ii) Loss of hearing – both ears 75

(iii) Loss of hearing one ear 30

(iv) Loss of four fingers and thumb of one hand 40

(v) Loss of four fingers 35

(vi) Loss of thumb - both phalanges 25
- one phalanx 10
(vii) Loss of Index finger - three phalanges 10
- two phalanges 8
- one phalanx 4
(viii) Loss of middle finger - three phalanges 6
- two phalanges 4
- one phalanx 2
(ix) Loss of ring finger - three phalanges 5

- two phalanges 4
- one phalanx 2

(x) Loss of little finger - three phalanges 4
- two phalanges 3
- one phalanx 2

(xi) Loss of metacarpus
– first or second (additional) 3
– third, fourth or fifth (additional) 2

(xii) Any other permanent partial disablement % as assessed by the Doctor

IV Temporary Total Disablement

If such injury shall be the sole and direct cause of the temporary total disablement, then so long as the Insured person be totally disabled from engaging in any employment or occupation of any description whatsoever, a sum at the rate of one percent (1%) of the Capital Sum Insured stated in Part I of the schedule hereto shall be paid per week, but in any case not exceeding Rs.5000/- per week, under all policies.
Provided that the compensation payable under the foregoing sub clause IV shall not be payable for more than 100 weeks in respect of any one injury calculated from the date of commencement of disablement and in no case shall exceed Capital Sum Insured as stated in Part I of the schedule hereto as applicable to such Insured Person.

V Carriage of Dead Body

In the event of death of the Insured Person due to accident as defined in the policy out side his/her residence, the Company shall reimburse in addition to the amount payable under clause I above, expenses incurred for transportation of Insured's dead body to the place of residence subject to a maximum of 2% of Capital Sum Insured or Rs.10,000/-, whichever is less. Further, it is a condition precedent to the payment of the aforesaid transportation expenses that the detailed account of the expenses incurred alongwith all the supporting bills and documents, substantiating such expenses, shall be submitted to and approved by the Company.

VI Children's Education Grant
In the event of death or permanent total disablement of the Insured person due to accident as defined in the policy, the policy shall also pay the following amount as education grant for dependent children of the Insured.

One dependent Child (Below age 25 years)	10% of Capital Sum Insured subject to maximum of Rs. 10,000 /- (Maximum All policies on one life)
More than One dependent child (Below age 25 years)	10% of Capital Sum Insured subject to maximum of Rs. 20,000 /- (Maximum all policies on one life)

The above coverage mentioned are for illustrative purpose only. Actual list of add-ons can be referred from detailed policy wordings and coverage opted in the policy reflect on part I of the policy schedule.

2. Claim Documents : The Insured shall be required to furnish the following for or in support of a claim:

(i) Duly completed claim form

(ii) Doctors Report

(iii) Police report, wherever necessary

(iv) Death certificate, wherever necessary/applicable

(v) Medical Bills, wherever applicable
(vi) Any other supporting documents as applicable

3. The procedure for lodging the claim shall be as under

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:
(i) The Insured shall give immediate notice thereof in writing to the Company.

(ii) The Insured shall deliver to the Company, within 14 days of the date on which the event shall have come to his knowledge, a detailed statement in writing as per the claim form, and any other material particular, relevant to the making of such claim.

(iii) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Method of Payment of claim
By way of cheque or electronic fund transfer.

Premium
The Premium chargeable depends on occupation of the Insured Person, group size, table of benefits availed and past claims experience.

Group Discount
The group policy is eligible for group discount based on the size of the group. The group discount is slab-wise and increases with the size of the group.

Main Extensions

On payment of additional premium, Policy can be extended to cover Medical expenses following an accident, Hospital Confinement Allowance and Permanent Total Disablement Improved Benefit, and on reduction in premium, the Policy can be restricted to On Duty coverage only.

Renewal of the Policy : Renewal of the policy can be done based on mutual agreement between the policy holder and the insurer. Premium will be decided based on the experience in the expiring policy. Other renewal conditions will be applicable as per policy terms and conditions.

Free Look Period
Every insured of new 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.

Renewal

The policy can be renewed as a separate contract under the prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product is withdrawn by the Company) approved by IRDA.

The policy shall ordinarily be renewable except on grounds of established fraud, moral hazard or misrepresentation or non- cooperation by the insured.

On renewal of the policy, the benefit provided under the policy and/or terms and condition of the policy including premium may be subject to change.

Cancellation/termination

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis- description or non-disclosure of any material fact.

Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 7 days written notice for the cancellation of the Policy

Moratorium: 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.

Withdrawal of Policy

i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, provided the policy has been maintained without a break.

Note :The foregoing is only an indication of the cover offered.For complete details on coverage, terms, conditions and exclusions, please read the policy document carefully before concluding sale.

Grievance

In case of any grievance the insured person may contact the Company through

Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com

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

There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf.

If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link:

https://www.icicilombard.com/grievanceredressal.com

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 IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255

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

STATUTORY WARNING

PROHIBITION OF REBATES (Under Section 41 of Insurance Act, 1938)

(1)No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to [take out or renew or continue] an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing [or continuing] a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer:

[Provided that acceptance by an insurance agent of commission in connection with a policy of any class of insurance business taken out by himself in relation to risks associated with his own life, health or property shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer.]

(2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.]