Customer Information Sheet / Know Your Policy

This document provides key information about your policy. You are also advised to go through your policy document.

Sl.No.	Description	Policy Clause Number
1	**Name of Insurance Product/Policy** Pradhan Mantri Suraksha Bima Yojana	
2	**Policy Number** XXXX/XXXXXX/XX/XXXX	
3	**Type of insurance Product/Policy** **Benefit** Indemnity (Where insured losses are covered up to the sum insured under the policy) Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurance of a covered event) Both Indemnity and Benefit (where policy has elements of both the above)	
4	**Sum insured (Basis) (Along with Amount)** INR XX,XXXX Individual Sum Insured Individual Sum Insured -Where each member has a separate sum insured under the policy),	
5	**BENEFITS COVERED UNDER THE POLICY SECTION A –** Cover • Benefit a: Accidental Death • Benefit b: Total and irrecoverable loss of both eyes or loss of use of both hands or feet or loss of sight of one eye and loss of use of hand or foot • Benefit c: Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	3.a 3.b 3.c
6	**Exclusions (what the policy does not cover)** Specific Exclusions: The Company shall not be liable under this policy for:	**IV.4**

	i. Compensation under more than one of the categories specified in the Benefit covers in respect of the same period of disablement of the Insured Person. ii. In case a member is covered through more than one account and premium is received by the Insurance Company inadvertently, insurance cover will be restricted to one only and the premium shall be liable to be forfeited. 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 Benefit covers of this policy to such Insured Person exceeds the maximum liability of the Company specified in Part I of the Policy applicable to such Insured Person. iv. Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; viii. Payment of compensation in respect of Death or disablement resulting directly or indirectly caused by contributed to or aggravated or prolonged by childbirth or pregnancy or in consequence thereof.	
7	**Waiting period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage**. Waiting period is not applicable, limits are as per the covers opted in the policy.	
8	**Financial limits of coverage** i. **Sub-limit** (It is a predefined limit and the insurance company will not pay any amount in excess of this limit) ii. **Co-payment** (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured). iii. **Deductible** (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)	
9	**Claims / Claims procedure**	V.A.

	Upon the happening of any event giving rise or likely to give rise to a claim under this Policy: 1. Barring exceptional circumstances where a reasonable cause is shown and the Company is satisfied with such reasons, the Company should be immediately notified in writing of such event. 2. The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall deliver to the Company, within 30days 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. 3. The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder. • Customer to send documents to Company at :- ICICI Lombard General Insurance Company Limited 1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet, Hyderabad District Hyderabad , Pin code - 500016 Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents **Download the Claim Form here** https://www.icicilombard.com/downloads Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App. 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	
10	**Policy Servicing** • You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.comor 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	**Grievances/Complaints** 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	Part III 16.
12	**Things to remember** • **Free look period**: NA • **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 company 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.	
13	**Your Obligations** • Please disclose all material information (Including Pre-Existing Diseases, Annual income and other relevant details asked at the time of enrollment) before buying the policy. Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim.	

Declaration by the policy holder:

I have read the above and confirm having noted the details

Place

Dated Signature of the Policyholder

Note:

In case of any conflict, the terms and conditions of the policy documents shall prevail.

The product related documents including the Customer Information sheet are available on the website at https://www.icicilombard.com/downloads