PROSPECTUS FOR PRADHAN MANTRI SURAKSHA BIMA YOJANA

Overview

This scheme is under social security scheme of Government of India which is intended to benefit the savings bank account holders in the age 18 (completed) to 70 years (age nearer birthday) of the participating banks who give their consent to join / enable auto-debit, as per the modality, will be enrolled into the scheme. In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only. For the joint savings bank account holders all the account holders can take the benefit by paying separate premium.

Age Limit: 18 (completed) to 70 years (age nearer birthday)

Sum Insured: Sum insured is up to Rs 2,00,000 as per government guidelines.

1. Scope of cover

The Company hereby agrees, subject to the terms, exclusions and conditions herein contained or otherwise expressed hereon, to pay to the Insured Person (or his Nominee/ legal heir, as the case may be) a sum as compensation on occurrence of any Insured Event, as specifically described hereunder, under different Benefit(s) arising due to an Injury sustained by the Insured Person during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits under Policy Schedule. Eligibility Criteria:
The savings bank account holders of the participating banks aged between 18 years (completed) and 70 years (age nearer birthday) who give their consent to join / enable autodebit, as per the above modality, will be enrolled into the scheme.

In case of multiple saving bank accounts held by an individual in one or different banks, the person would be eligible to join the scheme through one savings bank account only. For the joint savings bank account holders all the account holders can take the benefit by filling one form for each member, separate premium would be charged for each member.

2. Benefit Covers

The Company hereby agrees, subject to the terms, conditions and exclusions applicable to this Section 2 and the terms, conditions, general exclusions stated in the Policy, to pay such Sum Insured as mentioned against benefit table as below under the Schedule to this Policy, on the occurrence of death or occurrence of the following permanent disablement of the Insured Person, provided such death or permanent disablement results solely and directly from an Injury, within twelve months from the date of Accident resulting in such Injury, provided that the date of occurrence of the Accident falls within the Policy Period/Policy Year

	Table of Benefits	**Sum Insured**
a.	Accidental Death	Rs 2 Lakh

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	Rs 2 Lakh
c.	Total and irrecoverable loss of sight of one eye or loss of use of one hand or foot	Rs 1 Lakh

3. Exclusions

The Company shall not be liable under this policy for:

(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.

(iii) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (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.

Special Condition applicable to all the Exclusion: If the Company alleges that by reason of any of the above Exclusion i.e. any loss, damage, cost or expenses is not covered by this insurance, the onus of proving the contrary shall be upon the Insured person/nominee.

4. Policy Related Terms and Conditions

(i) Upon the happening of any event, which may give rise to a 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 within one calendar month after the death, unless reasonable cause is shown for delay in intimation. In the event of loss of sight or amputation of limbs, written notice thereof must 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 postmortem 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 Benefit covers in Part II of the Policy of this Policy.

(iv) Position after a claim:

(a) In case of death or 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 of the Insured (as specified in Benefit covers) 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 Policy without any refund of the premium.

(b) In case of total and irrecoverable loss of sight of one eye or loss of use of one hand or foot (as specified in Benefit covers) the Company shall reduce the sum insured in respect of person to whom such sum shall become payable, by the amount admissible under the claim.

5. The procedure of lodging the claim shall be as under:

Immediately after the occurrence of an accident which may give rise to a claim under the policy, the insured or the nominee (in case of death of the insured) shall contact the bank branch where the insured person held the underlying Bank Account from which the premium for the policy was auto debited and submit a duly completed claim form.

1. The claim form may be obtained from the above bank branch or any other designated source like insurance company branches, hospitals, Primary Health Centre(PHCs), Business Corespondents (BCs), insurance agents etc., including from designated websites. The insurance companies concerned shall ensure wide availability of forms at all such locations

2. The Claim form shall be completed by the insured or, as the case may be, by the nominee and submitted to the bank branch preferably within 30 days of the occurrence of the accident giving rise to the claim under the policy.

3. The Claim form shall be supported, in case of death of the insured, by the Original FIR/ Panchnama, Post Mortem Report and Death Certificate and in case of permanent disablement, by Original FIR/ Panchnama and a Disability Certificate issued by a Civil Surgeon. A discharge certificate in the format prescribed by government shall also be submitted by the claimant / nominee.

4. The authorised official of the Bank shall check the account / auto-debit particulars and verify the account details, nomination, debiting of premium / remittance to insurer and certify the correctness of the information given in the claim form, and forward the case to the insurance company concerned within 30 days of the submission of the claim.

5. Insurer will verify and confirm that premium has been remitted for the insured and the insured is included in the list of insured persons in the master policy.

6. Claim shall be processed by the insurance Company within 15 days of its receipt from the Bank.

7. The admissible Claim amount will be remitted to the Bank Account of the insured or the nominee, as the case may be.

8. In case of death of an insured who has not named his/ her nominee the admissible claim amount shall be paid to the legal heirs of the insured on production of Succession Certificate/ Legal Heir certificate from the Competent Court/ authority.

9. Maximum time limit for Bank to forward duly completed claim form to Insurance Company is thirty days and maximum time limit for Insurance Company to approve claim and disburse money thereafter is thirty days

6. Claim Documents:

A) Mandatory Documents:

a) Death:

i) Completely filled PA claim Form with Signature of Authorised Official of the Bank.
ii) Original FIR / Panchnama. iii) PM Report. iv) Death Certificate.
iii) Discharge Voucher

b) Disablement:

i) Completely filled PA claim Form with Signature of Authorised Official of the Bank.
ii) Original FIR/Panchnama.
iii) Disability Certificate issued by a Civil Surgeon.
iv) Discharge Voucher

B) Additional Documents required for Payment of Claims:

If payable to injured, following additional documents are required for all claims other than death

(i) Account details for Electronic Funds Transfer (EFT mandate form and cancelled cheque)
(ii) AML documents (PAN card/Photo ID, Address proof, and 2 colour photographs) in case of claim amount is more than Rs. 100,000.

If payable to nominee, following additional documents for Death claims

(iii) Payee name of the nominee ii) Account details for Electronic funds transfer (EFT mandate form and cancelled cheque)
iii) AML documents (PAN card/Photo ID, Address proof, Relationship proof and 2 colour photographs) in case of payment to Nominee/Legal heir.

In addition to above mentioned documents, additional supporting documents may be asked by the company or Third party administrator (TPA), on behalf of the Company, to investigate the Claim or the Company's obligation to make payment for it.

Method of Payment of claim:

The admissible Claim amount shall be remitted through Electronic Fund Transfer mode to the Bank Account of the insured or the nominee, as the case may be.

7. Premium :

Premium chargeable (including loading or discounting) is per enrolment basis or as prescribed by the Government of India.

Currently the premium rate is Rs. 20 per Life for PMSBY. For policies sourced through electronic means the premium is Rs. 19 per Life.

The premium will be deducted from the account holder's savings bank account through 'auto debit' facility in one installment on or before 1st June of each annual coverage period under the scheme by the bank. However, in cases where auto debit takes place after 1st June, the cover shall commence from the first day of the month following the auto debit.

8. Terms of Renewal

- The Policy can be renewed as a separate contract under the then prevailing Pradhan Mantri Suraksha Bima Yojana or its nearest substitute (in case the product Pradhan Mantri Suraksha Bima Yojana is withdrawn by the Company) within 30 days from the date of expiry or as directed by the government.
- The policy shall ordinarily be renewable except on grounds of established fraud, or misrepresentation or non- cooperation by the insured.
- Subscribers who wish to continue beyond the first year will be expected to give their consent for auto-debit before each successive May 31st for successive years. Delayed renewal subsequent to this date may be possible on payment of full annual premium, subject to conditions that may be laid down

9. Termination of cover:

The accident cover for the member shall terminate on any of the following events and no benefit will be payable there under:

1) On attaining age 70 years (age nearest birth day).

2) Closure of account with the Bank or insufficiency of balance to keep the insurance in force.

3) 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.

4) If the insurance cover is ceased due to any technical reasons such as insufficient balance on due date or due to any administrative issues, the same can be reinstated on receipt of full annual premium, subject to conditions that may be laid down. During this period, the risk cover will be suspended and reinstatement of risk cover will be at the sole discretion of Insurance Company. 5) Individuals who exits the scheme at any point of the policy period.

10. Standard terms and conditions applicable are as under:

1.Incontestability	2.Oberservance of disclosure	3. No Constructive and Duty of terms and conditions	4.Notice of charge etc
5. Special Provision	6.Overriding effect of Part II of the Schedule	7. Electronic Transactions	8. Fraudulent Claims
9. Cancelation/ Termination	10. Free look Period	11. Cause of Action/Currency for clause payments	12. Policy Disputes
13. Arbitration Clause	14. Renewal Notice	15. Notices	16. Customer Service
17. Grievances			

Above terms and conditions have been elaborated in the Policy

Definitions
Policy wordings lays down definitions of various terms used.

*Any Changes proposed in the Scheme by the Government of India in subsequent years will automatically be a part of this filed product.

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.

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

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.

Statutory Warning:
Prohibition of Rebates (Under Section 41 of Insurance Act,1938) 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.]