PERSONAL CARE

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.	Title	Description		Policy Clause Number
1	Name of Insurance Product / Policy	**PERSONAL CARE**		
2	Policy Number	XXXX/XXXXXX/XX/XXXX		
3	Type of insurance Product/ Policy	**Indemnity and/ or 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 occurrence 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	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	**BENEFITS COVERED UNDER THE POLICY**		
		Cover Name	Pay out	Policy Clause No.
		Accidental Death		XXV.I
		Permanent total Disablement (PTD)		XXV.II
		Carriage of Dead Body		XXV.III
		Ambulance Charges		XXV.IV
6	Exclusions (what the policy does not cover)	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 and ambulance charges 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 ambulance charges would be payable in addition, if applicable.		As per Exclusion section of policy wordings

		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 and ambulance charges would be payable in addition if applicable. iv) Amounts relating to medical expenses. v) Payment of weekly compensation until the same shall have been ascertained and agreed to by the Company. 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; vii) (e)arising or resulting from the Insured committing any breach of the law with criminal intent. viii) 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. ix) 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 exclusion, 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. x) Death or disablement resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof. The above is indicative list of exclusions, please refer policy wordings for detailed description	
7	Waiting period • Time period during which specified diseases/treatments are not covered • It is counted from the beginning of the policy coverage.	Should fetch from Special conditions of the policy schedule	
8	Financial limits of coverage 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). 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	• Upon the happening of any event giving rise or likely to give rise to a claim under this policy, the Insured shall intimate and register the claim with the Company on our 24x7 toll free helpline 18002666 and in writing at Our address. • The list of documentation required is provided in the policy wording. • 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. Benefits payable under this policy will be paid within 15 days of the receipt of last necessary documents required for the settlement of the claim. • 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 ,	PartII (iii)

		Begumpet, Hyderabad District Hyderabad , Pin code -500016 **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/Compl aints	ln 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	Part III 19

		lnsured 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. lf lnsured 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 lf lnsured 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	
12	Things to remember	• **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

• The Policy may be renewed except on grounds of established fraud or non-disclosure or misrepresentation and in such event the Renewal premium should be paid to Us before the Grace Period of 30 days from the expiry of the Policy.

• The Policy can be renewed or migrated, wherever applicable, under the then prevailing Product or its nearest substitute (in case of withdrawal of the prevailing Product)

Changes 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

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 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

Migration: In case of migration of this policy with the Company, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

Portability:

a. 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.

b. 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

		c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines d. This benefit is not applicable for enhanced sum insured
13	Yours Obligations	Please disclose all material information (Including Pre-Existing Diseases) before buying the policy.Non disclosure may affect the claim settlement. Any changes in the exposure /Sum insured/ Occupancies of the insured members during the policy tenure should be immediately notified to the insurer. • 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