## CUSTOMER INFORMATION SHEET

**This document provides key information about your policy. For complete details, please refer to the policy document.**

| Sl. No. | Description (Please refer to applicable Policy Clause Number in next column) | Policy Clause Number |
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| 1 | **Product Name**<br><br>Professional Indemnity Policy for Medical Establishments | |
| 2 | **Unique Identification Number (UIN) allotted by IRDAI**<br><br>IRDAN115RP0012V01200203 | |
| 3 | **Structure**<br><br>Indemnity Based Policy | |
| 4 | **Interests Insured**<br><br>The insurance cover applies only to claims arising out of bodily injury and/or death of any patient caused by or alleged to have been caused by error, omission or negligence in professional service rendered or which should have been rendered by the Insured or qualified assistants to the Insured named in the Schedule or any nurse or technician employed by the Insured. | PART II OF THE SCHEDULE 2. Scope of Cover |
| 5 | **Sum Insured / Scope**<br><br>As per Policy Schedule. | Policy Schedule |
| 6 | **Policy Coverage**<br><br>The insurance cover applies only to claims arising out of bodily injury and/or death of any patient caused by or alleged to have been caused by error, omission or negligence in professional service rendered or which should have been rendered by the Insured or qualified assistants to the Insured named in the Schedule or any nurse or technician employed by the Insured. | PART II OF THE SCHEDULE 2. Scope of Cover |
| 7 | **Add-On Cover**<br><br>As per Policy Related Terms and Conditions. | PART II OF THE SCHEDULE 7. Policy Related Terms and Conditions |
| 8 | **Loss Participation**<br><br>As per Section Compulsory Excess and Voluntary Excess of the Policy Schedule. | Compulsory Excess and Voluntary Excess |

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| 9 | **Exclusions**<br><br>1. Any criminal act or any act committed in violation of any law or ordinance;<br>2. Services rendered while under the influence of intoxicants or narcotics;<br>3. The use or prescription of drugs for weight reduction;<br>4. The performance of cosmetic plastic surgery, hair transplants, punch grafts, flap rotations and the like (hereinafter referred to as "cosmesis") it being understood that the following shall not be deemed to be cosmesis:<br>a. Anaesthetic, x-ray or other medical, nursing or laboratory services provided in connection with the performance of cosmesis.<br>b. Plastic surgical repair of scar tissue being the result of previous surgery unrelated to cosmesis performed by the Insured.<br>c. Plastic surgery in connection with burns or other traumatic injury<br>5. third party public liability;<br>6. Any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (HTLV 111) or LYMPHADENOPATHY ASSOCIATED VIRUS (LAV) or the mutants, derivatives or variations thereof or in any way related to Acquired Immune Deficiency Syndrome or any Syndrome or condition of a similar kind howsoever it may be named;<br>7. Pure Contractual Liability<br>8. Deliberate, willful or intentional non-compliance with any statutory provision;<br>9. Pure financial loss e.g. goodwill, loss of market etc;<br>10. Personal injury suits<br>11. Fines, penalties, punitive or exemplary damages;<br>12. War, including but not limited to invasion, civil war, rebellion<br>13. Directly or indirectly caused by or contributed to by:<br>a. nuclear radioactivity including ionizing radiations or contamination<br>b. the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.<br>c. arising out of genetic injuries caused by x-ray treatment/diagnosis or treatment/diagnosis with radioactive substances.;<br>14. In respect of professional services rendered by the Insured prior to the Retroactive Date in the Schedule;<br>15. The deliberate, conscious or intentional disregard of the Insured's technical, administrative or management instructions in respect of taking all reasonable steps to prevent claims by its employees; | PART II OF THE SCHEDULE<br>3. Exclusions |


**IRDA Reg. No. 115** **CIN**: L67200MH2000PLC129408 **UIN:** IRDAN115RP0012V01200203
**Mailing Address:** 601 & 602, 6th Floor, Interface 16, New Linking Road, Malad (West) Mumbai - 400 064
**Registered Office Address:** ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025
**Toll free no** : 1800 2666
**Alternate no** : 86552 22666 (chargeable)
**E-mail** : customersupport@icicilombard.com
**Website** : www.icicilombard.com

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| | 16. any injury to employees, contractual employees while working on behalf of the Insured when such injury arises in the course of duties performed under such contract or apprenticeship<br>17. The operation of blood banks except where these are purely providing blood or blood products for the here with Insured operations;<br>18. Any liability arising out of asbestos or any related disease<br>19. Terrorism Exclusion<br>20. liability arising from Electromagnetic radiation or Electromagnetic Field<br>26. liability arising from Genetically Modified Organisms.<br>27. liability arising from transmissible spongiform encephalopathy or any new variant<br><br>For detailed exclusions refer to exclusions mentioned under policy schedule Section Exclusions. | |
| 10. | **Special Condition\s and Warranties (if any)**<br><br>As per Standard Terms and Conditions. | Part III of the Schedule Standard Terms and Conditions |
| 11. | **Admissibility of Claim**<br><br>Principle of admissibility of claims – All terms and conditions of the policy to be complied (such as Insuring clause and all conditions complied and no exclusion trigger)<br><br>Principle of denial of claims – (Any exclusion trigger or conditions of the policy not complied with (including duty of care & loss minimization & exclusion w.r.t willful negligence)<br><br>Below is the **sample claim calculation** for reference**:**<br><br>Gross Loss Claimed: 6,29,38,711<br>Gross Loss Assessed: 3,53,99,452<br>Less Excess: 1,00,000<br>**Loss Adjusted: 3,52,99,452** | PART II OF THE SCHEDULE<br>4. Basis of Assessment of Claims<br>5. Claim Procedures |
| 12. | **Policy Servicing - Claim Intimation and Processing**<br><br>For policy servicing and claim intimation you can contact us via our:<br><br>Toll-free no.: 1800 2666,<br>Email ID: customersupport@icicilombard.com,<br>Mobile App: IL TakeCare App, or<br>WhatsApp: Send "Hi" to RIA @**7738282666**<br>Website: ICICI Lombard Website<br><br>**Reimbursement Claim Process:** | Part III |

Follow these steps for a smooth and hassle-free claim experience:

**Intimate the Claim:** Notify us by submitting the claim form (download here) or by calling 1800 2666. Our claims associate will contact you and assign a surveyor.

**Survey of Loss:** The surveyor will assess the loss and request any documents, which you can upload here. Our team will verify and submit the final report.

**Verification and Processing:** Our claims department will verify the report and process your claim request.

**Offer for Settlement:** If your claim is approved, we will send you a settlement offer for your consent.

**Claim Payment:** Once we have your consent and complete the KYC check, we will transfer the payment directly to your bank account.

**Explanation for Denial:** If your claim is not payable, we will personally explain the reasons to you in detail.

**Claim Settlement Time:** We aim to settle your claim within 7 days of receiving your claim notification or the final survey report, whichever comes later.

**Cancellation Clause:**

**If You Decide to Cancel:** You can cancel your policy anytime with written notice. It will end as soon as we receive it.

**If We Need to Cancel:** If fraud is detected, we may cancel your policy with at least 7 days' notice before the cancellation takes effect.

**Refund of Premium upon Cancellation:**

- For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms.
- For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started.

**Policy Renewal Date:** Refer to the **Period of Insurance** section of the policy schedule.

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| 13. | **Grievance Redressal and Policyholders Protection**<br><br>We are committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy.<br><br>**Grievance Redressal:** If you have a concern, click here to understand our grievance redressal process or scan this QR code. If the issue persists, contact our Grievance Redressal Officer here.<br><br>If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at bimabharosa.irdai.gov.in | Part III (Refer Grievance Clause) |
| 14. | **Obligations of the Policyholder**<br><br>Here are a few important things to keep in mind:<br><br>▪ Ensure you provide accurate information when completing your proposal.<br>▪ Notify us right away of any changes, modifications, or additions to the declared information, as failure to disclose material details may impact your claim settlement. | Part III |

Declaration by the Policyholder:

I have read and acknowledge the details provided above.

Place:

Date: Signature of the Policyholder

**Note:** *In case of any conflict, the terms and conditions mentioned in the policy document shall prevail. You can click here to download policy documents.*