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
1	**Product Name** CLINICAL TRIALS LIABILITY INSURANCE	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0018V01200607	
3	**Structure** Indemnity Based Policy	
4	**Interests Insured** This policy offer indemnity to the Insured against the claim where Insured shall become liable to pay as damages or compensation and claimants costs and expenses in respect of any Claim made by Research Subjects for Bodily Injury arising out of the Trial(s) of the Insured	
5	**Sum Insured / Scope** ₹ XX,XX,XXX	Policy Schedule
6	**Policy Coverage** This policy offer indemnity to the Insured against the claim where Insured shall become liable to pay as damages or compensation and claimants costs and expenses in respect of any Claim made by Research Subjects for Bodily Injury arising out of the Trial(s) of the Insured	Scope of cover
7	**Add-On Cover** As per Endorsements of the Policy Schedule and extensions as per policy mentioned below **Manslaughter defense costs (Ethics Committee)** Policy will indemnify the Ethics Committee or any member thereof in respect of legal costs and expenses incurred in the defence of any criminal proceedings brought (or in an appeal against conviction arising from such proceedings) as a result of manslaughter arising from any event	Endorsements applicable & Extensions

	Breach of Confidentiality Extension Policy will indemnify the Insured against legal liability for damages and claimants' costs and expenses in respect of an unintentional breach of confidentiality committed in connection with a Trial For detailed Add on covers refer to extensions mentioned under policy schedule Section Extensions	
8	**Loss Participation** As per Section Deductible of the Schedule Deductible means the amount Insured shall pay in respect of all damages compensation claimant's costs and expenses and Legal Costs as per deductible mentioned in policy schedule	Deductible
9	**Exclusions** This policy does not offer indemnity to the Insured against the claim: (1) Any loss damage or injury cost or expense directly or indirectly caused arising, directly or indirectly, out of: (a) War, including undeclared or civil war; (b) An "Act of terrorism" (2) any: (a) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel; 1. (b) radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. (3) any Trial performed, without the informed written consent of each Research Subject obtained prior to the participation of such Research Subject in such Trial. (4) any Claim arising from Hepatitis or HIV or in any way related to Acquired Immune Deficiency Syndrome or any syndrome or condition of a similar kind (5) any Claim arising from any condition directly or indirectly caused by or associated with Transmissible Spongiform Encephalopathy (TSE) Creutzfeldt-Jakob Disease (CJD) variant Creutzfeldt-Jakob Disease (vCJD) or new variant Creutzfeldt-Jakob Disease (nvCJD). (6) liability arising from any Occurrence happening prior to the Retroactive Date. (7) any Claim arising out of an Occurrence the circumstances of which the Insured were aware prior to the inception of this Policy (8) Sanction clause (9) any claim judgement award or settlement made within any country or territory which operates under the laws of the United	Exceptions

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN:** IRDAN115RP0018V01200607
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

<table>
<tr><td></td><td>States of America or Canada

For detailed exclusions refer to exclusions mentioned under policy schedule Section Exceptions</td><td></td></tr>
<tr><td>10.</td><td><u>Special Condition\s and Warranties (if any)</u>

NA</td><td>NA</td></tr>
<tr><td>11.</td><td><u>Admissibility of Claim</u>

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)

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)

Below is the sample claim calculation for reference:
<table><tr><td>Gross Loss Claimed</td><td>6,29,38,711</td></tr><tr><td>Gross Loss Assessed</td><td>3,53,99,452</td></tr><tr><td>Less Excess</td><td>0</td></tr><tr><td>Loss Adjusted</td><td>3,53,99,452</td></tr></table></td><td>PART</td></tr>
<tr><td>12.</td><td><u>Policy Servicing - Claim Intimation and Processing</u>

For policy servicing and claim intimation you can contact us via our:

Toll-free no.: 1800 2666,
Email ID: customersupport@icicilombard.com,
Mobile App: IL TakeCare App, or
WhatsApp: Send "Hi" to RIA @7738282666
Website: ICICI Lombard Website

<u>Reimbursement Claim Process:</u>

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.</td><td>Part III</td></tr>
</table>

	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.	
13.	**Grievance Redressal and Policyholders Protection** 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. **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. If the issue remains unresolved, you can approach the Insurance Ombudsman here or visit the Bima Bharosa Portal at	Part III (Refer Grievance Clause)

	bimabharosa.irdai.gov.in	
14.	**Obligations of the Policyholder** Here are a few important things to keep in mind: ▪ Ensure you provide accurate information when completing your proposal. ▪ 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.*