Personal Protect Policy

UIN: ICIPAIP22076V042122 CIN: L67200MH2000PLC129408

PERSONAL PROTECT POLICY

Customer Information Sheet / Know Your Policy

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

<table>
<tr><th>Sl.No.</th><th>Title</th><th colspan="3">Description</th><th>Policy Clause Number</th></tr>
<tr><td>1</td><td>Name of Insurance Product/Policy</td><td colspan="4">Personal Protect Policy</td></tr>
<tr><td>2</td><td>Policy Number</td><td colspan="4">XXXX/XXXXXX/XX/XXXX</td></tr>
<tr><td>3</td><td>Type of insurance Product/Policy</td><td colspan="4">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 occurance of a covered event)
Both Indemnity and Benefit (where policy has elements of both the above)</td></tr>
<tr><td>4</td><td>Sum insured (Basis) (Along with Amount)</td><td colspan="4">INR XX,XXXX
Individual Sum Insured
Individual Sum Insured -Where each member has a separate sum insured under the policy),</td></tr>
<tr><td rowspan="4">5</td><td rowspan="4">Policy Coverage (what the policy</td><td colspan="4"><u>BENEFITS COVERED UNDER THE POLICY SECTION A -</u></td></tr>
<tr><td colspan="2">Cover Name</td><td>Payout</td><td>Policy Clause No.</td></tr>
<tr><td colspan="2">Benefit 1: Insured Event - Death resulting from Accident</td><td></td><td>III.A.1</td></tr>
<tr><td colspan="2">Benefit 2: Insured Event - Permanent Total Disablement (PTD) resulting from Accident</td><td></td><td>III.A.2</td></tr>
</table>

	Covers?) (Policy Clause Number/s)	Benefit 3: Insured Event - Permanent Partial Disablement (PPD) resulting from Accident		III.A.3
		Benefit 4: Insured Event - Temporary Total Disablement (TTD) resulting from Accident		III.A.4
		Extensions Under Section A :		
		Extension 1: Carriage of Dead Body		III.A.1
		Extension 2: Medical Benefits Extension		III.A.2

		Extension 3: Hospital Daily Allowance Extension		III.A.3
		Extension 4: Permanent Total Disablement Improvement Benefit Extension		III.A.4
		Extension 5: Permanent Partial Disablement Improvement Benefit Extension		III.A.5
		Extension 6: Children's Education Grant Extension		III.A.6
		Extension 7: Ambulance Charges Extension		III.A.7
		Extension 8: Funeral Expenses Extension		III.A.8

		Extension 9: Repatriation of Remains Extension		III.A.9

	Benefits under Section B -			
		Cover Name	Payout	Policy Clause No.
		Benefit 5: Accidental Hospital Confinement Allowance Benefit		III.B.5
		Benefit 6: Accidental Hospitalization Expenses Reimbursement		III.B.6
		Benefit 7: Convalescence Benefit		III.B.7
		Benefit 8: Double Benefit Accident resulting in such Injury.		III.B.8

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6	Exclusions (what the policy does not cover)	**IV. EXCLUSIONS AND LIMITATIONS** **A.STANDARD EXCLUSIONS** For Extension 2 & 3 of Section A following exclusions shall apply 1. Maternity (Code – Excl 18 2. Breach of law (Code – Excl 10) 3. Change of Gender Treatments (Code – Excl 07) - 4. Cosmetic or Plastic Surgery (Code – Excl 08) - 5. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Code – Excl 13) 6. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them. 7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code – Excl 12) 8. Dental treatment, eye treatment unless necessitated as a consequence of an Injury. 9. Refractive error (Code – Excl 15) 10. Investigation & Evaluation (Code – Excl 04) - i. **B. SPECIFIC EXCLUSIONS** The Company shall not be liable for: i) Any other payment to the Insured Person after a claim under Benefit 1 Section A of Part I of the Schedule to this Policy has been admitted and become payable. However, amounts relating to Extensions under Section - A viz. Carriage of Dead Body, Medical Benefits, Children's Education Grant, Ambulance Charges, Funeral Expenses and Repatriation of Remains, if applicable would be payable in addition.	**IV.**

		ii) Payment of compensation relating to Medical Expenses unless covered by way of appropriate extensions. iii) Payment of any claim for Hospitalization where such Hospitalization does not commence within 7 days of Accident, provided that the Accident occurs within the Policy Period/Policy Year. iv) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person a. from intentional self-injury, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs; c. While in air carrier other than as passenger in common carrier d. directly or indirectly caused by venereal disease e. arising or resulting from the Insured Person committing any breach of law. v) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person a. from Participation in adventure sports/professional sports as per policy wordings vi) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of 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. vii) Radioactivity, nuclear weapons etc as per policy wordings. c. Whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard	

		viii) Claim due to childbirth or pregnancy or in consequence thereof as per policy wordings ix) Nuclear, Chemical, Biological Terrorism Exclusion as per policy wordings x) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person while serving in any branch of the military or armed forces of any country during War or warlike operations. xi) Claim beyond SI limit as per policy. xii) If the Company alleges that by reason of any of the above exclusions i.e. any loss, cost or expenses is not covered by this Policy, the onus of proving the contrary shall be upon the Insured Person/ or any such person acting on behalf of the Insured Person, as the case may be. xiii) For Extension 2 & 3 of Section A, the following exclusions shall applya. disease, Injury, death or disablement directly or indirectly due to War, invasion, act of foreign enemy hostilities or warlike operations (whether War be declared or not) or civil commotion or rebellion, military, naval or air service b. hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft. c. Circumcision or strictures, vaccination, inoculation, intentional self-injury, (which expression shall cover also general debility, "run down" conditions), venereal disease, d. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them. e. Dental treatment, eye treatment unless necessitated as a consequence of an Injury. f. Any Injury present prior to the commencement of Policy Period. Any Injury existing before the Policy Start Date as stated in Part I of the Schedule to this Policy, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected	

		to such Injury. g. Any Hospitalization not arising out of an Injury. h. Payment of compensation relating to Medical Expenses not incurred in a Hospital. 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.	Waiting period is not applicable, limits are as per the covers opted in the policy.	
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 Policythe 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 wordings. • The Insured shall intimate the claims with all the necessary documents to Our claim processing team immediately and in any event within 7 days of the event giving rise to a 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 , Begumpet • 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.	V.A.

		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 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:	Part III 21.

		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 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com. Details of Insurance Ombudsman can also be accessed from the link- 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."*** . • 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. • The Policy shall be renewed except on grounds of, misrepresentation or eastablised fraud or non cooperation by the Insured. 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 Cancellation The Insured Person may also give 7 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and refund the premium for the period this Policy has been in force as per the refund grid applicable. 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**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	
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.