CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sl. No.	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	**Product Name** Loss of Job	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115CP0003V01201920	
3	**Structure** Indemnity Policy	
4	**Interests Insured** Indemnifies Involuntary unemployment during the policy period resulting in Loss of Income.	Part I of the Schedule – Under heading – Insured Person Details.
5	**Sum Insured / Scope** As per Policy Schedule.	Part I of the Schedule – Under heading – Loan Details (If applicable)
6	**Policy Coverage** Loss of Job	Part II of the Schedule – Under: III. Scope of Cover
7	**Add-On Cover** No Add-On covers applicable	-
8	**Loss Participation** As defined in the policy schedule.	Part I of the Schedule – Under heading – Policy Details
9	**Exclusions** We will not indemnify You in respect of loss, damage or liability directly caused by or arising out of or aggravated by – 1. Any involuntary unemployment of the insured person due to injury sustained in an accident or illness contracted during the period of the policy, unless the same is covered by way of an extension as agreed by the Company and duly endorsed in the policy certificate.	Part II of the Schedule – Under: IV. Exclusions

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN:** IRDAN115CP0003V01201920
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>2. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the Insured Person is not on the direct payroll of the employer.
3. Any voluntary unemployment, self-resignation, or voluntary retirement.
4. Any unemployment arising out of closure/ shut down/ insolvency of the organization or entity where the insured person is employed.
5. The Insured Event occurring prior to the Risk Inception Date or arising within waiting period as mentioned in the policy certificate.
6. Any Involuntary Unemployment or suspension of the Insured Person at his/her Primary Occupation, which is temporary in nature.
7. Any unemployment from any occupation or job in which no salary or remuneration was ever provided to the Insured Person.
8. Any unemployment due to any strike or labour disturbance in which the Insured Person is directly or indirectly involved</td><td></td></tr>
<tr><td>10.</td><td><u>Special Condition\s and Warranties (if any)</u>

Please refer to the policy schedule for Special Conditions applicable to your policy.</td><td>Part II of the Schedule – Under VI: Special Conditions</td></tr>
<tr><td>11.</td><td><u>Admissibility of Claim</u>

1. In the event of any claim occurrence the Insured should immediately inform Insurer with the basic information about the loss.
2. Wherever additional documents are required, Insurer will ask the same via email and SMS.
3. Insurer may appoint agency wherever required to evaluate the loss event and insured need to extend all support to agency appointed by insurer for claim assessment.
4. On receipt of all documents and clarifications from the Insured and report from agency (if applicable) CSM will settle the claim within 30 days from date of receipt of all required documents and clarification.

Below is the sample claim calculation for reference:
<table>
<tr><td>Gross Loss Claimed</td><td>30,000</td></tr>
<tr><td>Gross Loss Assessed</td><td>20,000</td></tr>
<tr><td>Less: Salvage Value</td><td>NIL</td></tr>
<tr><td>Subtotal</td><td>19,000</td></tr>
<tr><td>Less Under Insurance</td><td>-</td></tr>
<tr><td>Subtotal</td><td>19,000</td></tr>
</table></td><td>Part II of the Schedule – Under: V. Claim Documents</td></tr>
</table>

IRDA Reg. No. 115 **CIN**: L67200MH2000PLC129408 **UIN:** IRDAN115CP0003V01201920
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

		Less Excess	0
		LOSS ADJUSTED	**19,000**
	This *sample claim calculation is illustrative and based on certain assumptions to give you an idea of how a claim may be settled. The final payable amount will depend on the actual sum insured, the coverages selected, and the applicable conditions in your policy.*		
12.	**Policy Servicing - Claim Intimation and Processing** 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 **Reimbursement Claim Process:** 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. **Escalation Matrix and Details of Designated Company Official:** For		Part II of the Schedule – VII. General Policy Terms and Conditions : Under Heading Claim Settlement/ Procedure

	details of the escalation matrix and designated company officials please click here. **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 bimabharosa.irdai.gov.in	Part III : Standard Policy terms and Conditions – Under Point number 18 : Grievances
14.	**Obligations of the Policyholder** Here are a few important things to keep in mind: ▪ To disclose all information correctly sought by the insurer at time of filling the proposal form ▪ In case of any change / modification / addition to the already declared information the same shall be brought to the notice of the Insurer immediately ▪ Non-disclosure of material information may affect the claim settlement. ▪ Disclosure of other material information during the policy period.	Part III – Standard Policy Terms and Conditions

	▪ 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.	

Declaration by the Policyholder:

I have read the above and confirm having noted the details.

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.*