

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	<u>Product Name</u> HEALTH CARE & MEDICAL PROFESSIONAL LIABILITY (DOCTORS, MEDICAL PRACTICE, HEALTHCARE SERVICES)	
2	<u>Unique Identification Number (UIN) allotted by IRDAI</u> IRDAN115RP0002V01202425	
3	<u>Structure</u> Indemnity Based Policy	
4	<u>Interests Insured</u> This Product offers indemnity or pay on behalf of the Insured against any civil liability of the Insured that incurs in respect of a Claim arising from the performance of Healthcare Services and/or Professional Services.	
5	<u>Sum Insured / Scope</u> As per Policy Schedule.	
6	<u>Policy Coverage</u> Product offers indemnity or pay on behalf of the Insured against any civil liability of the Insured that incurs in respect of a Claim arising from the performance of Healthcare Services and/or Professional Services. 1. Contractual Liability 2. Breach of Privacy and Confidentiality 3. Extended Reporting Period 4. Spouses, Estates & Representatives 5. Good Samaritans Cover 6. Compensation for court attendance 7. Lost Documents 8. Defamation, Libel and Slander	POLICY WORDING/ 2. Extensions
7	<u>Add-on Cover</u> 1. Public Relations Costs 2. Visiting Medical Professional 3. Professional Inquiries 4. Molestation Defence Costs and Inquiry Costs	POLICY WORDING/ 3. Optional Extensions

	5. Run-Off Cover 6. Dishonesty of Employees 7. Medico-Legal Consultation 8. Students and Volunteers 9. Participation in Clinical Trials As per option exercised by the insured.	
8	<u>Loss Participation</u> As per Section Compulsory Excess of the Policy Schedule.	Policy Schedule/ Deductible
9	<u>Exclusions</u> The Company shall not be liable for: 1. Prior claims or known circumstances 2. Claim resulting from any act, error or omission occurring or committed prior to the Retroactive Date. 3. Professional fees 4. Asbestos 5. Directors and Officer's liability arising directly or indirectly from or in respect of the Insured's functions and duties as a director and/or officer of the Insured. 6. Dishonest, Fraudulent or Criminal acts 7. Employers Liability 8. Fines, penalties, punitive or aggravated damages 9. Goods sold, stored, supplied or distributed 10. Failure to render services or services rendered by any person while that person is under the influence of intoxicants or drugs 11. Liquidated damages, unless specifically agreed 12. Radioactivity - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste etc. 13. Related party claims - directly or indirectly from or in respect of any Claim brought by: - Insured - Subsidiary - Company or trust operated by insured or its nominees or trustees and in which an Insured has a direct or indirect financial interest - Company and has had or has board representation on that company in which an Insured has or has held at least a 20% financial interest 14. Terrorism 15. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection or military or usurped power 16. Human T-Cell Lymphotropic Virus type III (HTLV 111)c 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	POLICY WORDING/4. EXCLUSIONS

	similar kind howsoever it may be named. 17. Deliberate, willful or intentional non-compliance with any statutory provision. 18. claims arising due to disappearance, theft or interchange of infants. For detailed exclusions refer to exclusions mentioned under policy schedule Section EXCLUSIONS.									
10.	<u>Special Condition\ls and Warranties (if any)</u> As per Special Conditions of the Policy Schedule.	POLICY WORDING/8. GENERAL CONDITIONS UNDER THE POLICY								
11.	<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>1,00,000</td></tr><tr><td>Loss Adjusted</td><td>3,52,99,452</td></tr></table>	Gross Loss Claimed	6,29,38,711	Gross Loss Assessed	3,53,99,452	Less Excess	1,00,000	Loss Adjusted	3,52,99,452	POLICY WORDING/8. GENERAL CONDITIONS UNDER THE POLICY
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12.	<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	POLICY WORDING/ Grievances								

	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 details of the escalation matrix and designated company officials please click here. <u>Cancellation Clause:</u> 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: We will refund appropriate premium amount subject to the following conditions: - claims experience under the policy as on date of cancellation should be less than 60% of reworked premium. - The unexpired period is not less than 3 months or 25% of the policy period, whichever is less. testing period should not have commenced.	
13.	<u>Grievance Redressal and Policyholders Protection</u> 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	
14.	<u>Obligations of the Policyholder</u> 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. ▪ 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.	POLICY WORDING/8. GENERAL CONDITIONS UNDER THE POLICY

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.