

Saral Suraksha Bima, ICICI Lombard

Customer Information Sheet / Know Your Policy (Description is illustrative and not exhaustive)

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

S. No.	Title	Description	Policy Clause Number
1	Name of Insurance Product/Policy	Saral Suraksha Bima , ICICI Lombard	
2	Policy Number	XXXX/XXXXXX/XX/XXXX	
3	Type of insurance Product	Both Indemnity and 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 occurrence of a covered event) Both Indemnity and Benefit (where policy has elements of both the above)	
4	Sum insured (Basis) (Along with the Amount)	INR XX,XXXX Individual Sum Insured Individual Sum Insured -Where each member has a separate sum insured under the policy),	
		Cover Name	Cover definition
			Payout
			Policy Clause No.
5	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	Base Cover: a) Accidental Death	3 (a)
		Base Cover: b) Permanent total Disablement due to accident	3 (b)
		Base Cover: c) Permanent Partial Disablement due to accident	3 (c)
		Optional Cover: a) Temporary Total Disablement	3 (a)
		b) Optional Cover Hospitalisation Expenses due to Accident	3 (b)
		c) Optional Cover Education Grant	3 (c)
6	What are the Major exclusions in the policy	Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalization of the insured person a. directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds. (ii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person a. from intentional self-injury unless in self-defense or to save life, suicide or attempted suicide; b. whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury / accident though under influence of intoxication.	
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		c. whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;] d. arising or resulting from the Insured Person committing any breach of law with criminal intent.	
		(iii) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.	
		(iv) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from: A. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel. B. Nuclear weapons material C. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof. D. Nuclear, chemical and biological terrorism	
		(v) Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.	
		Exclusions specific to section 4.2(b) "Hospitalisation Expenses due to Accident" The Company shall not be liable to make any payments under this policy in respect of any expenses incurred by the insured person in connection with or in respect of: i. Investigation & Evaluation (Code- Excl04) a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and	

		treatment. ii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code- Excl14) iii. Expenses incurred for treatment of accidental injuries which does not warrant hospitalization. iv. Any expenses incurred on Domiciliary Hospitalization and OPD treatment. v. Treatment taken outside the geographical limits of India. vi. All expenses listed in Annexure-B (List I) of the Policy. Note: The above is only an indicative list of policy exclusions. Please refer to the policy wordings for the full listing)	
7	Waiting period Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.	Not applicable	
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) 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	As per sum Insured opted in the policy on benefit basis	

	total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)		
9	Claims/ Claims procedure	Notification: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document. Notification: Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening. • Upon the happening of any event giving rise or likely to give rise to a claim under this policy, the 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 under each specific Section. • 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, Hyderabad District Hyderabad , Pin code -500016 Download the Claim Form here https://www.icicilombard.com/downloads The claim will be processed within 15 days of receipt of claim along with claim form and documents In the event of a payable claim, we shall make such payment in a lump sum through cashless facility or provide reimbursement of benefits, up to an amount as specified for said cover. Download Claim Form: https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf <u>Claim Documents</u> - Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com - Photo Identity Proof of the insured person - Copy of FIR/ Panchnama /Police Inquest Report (wherever these reports are required as per the circumstance of the Accident) duly attested by the concerned Police Station	6

		d) Copy of Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital e) Any other relevant document required by the Company for assessment of the claim For more details please refer policy wordings of this Policy. The relevant documents can be sent to ICICI Lombard Health Care, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016	
10	Policy Servicing	You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or 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 Tollfree: 18002666 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 Insured 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. If insured person is not satisfied with the redressal of grievance, insured person may contact the grievance officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If insured 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 IRDAI 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	
12	Things to remember	Freelook: The Free Look Period will be applicable on the new policy and not on renewals. 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. Policy Renewal: The Policy can be renewed under the then prevailing Personal Care product or its nearest substitute approved by IRDA, in case the product is withdrawn by the Company. • This policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured Change 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 insurer 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. 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 Cancellation: The Insured may cancel this Policy by giving 7 days' notice in writing, and in such an event, the Company shall: - Refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period. - Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced. Note: Above mentioned refund clause shall not applicable for cancellations within the freelook period; Premium refund in case of cancellations during the freelook period will be provided as per the Free look clause Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy. The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of material facts, established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or established fraud. Renewal of the Policy: The policy shall ordinarily be renewable except on grounds of established fraud, misrepresentation by the insured person. - A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy. - The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy. - Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. - At the end of the policy period, the policy shall terminate and can be renewed within the Grace period to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. - No loading shall apply on renewals based on individual claims experience. - The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or Permanent Total Disability and no Renewal of contract will be permissible. - The insured may also avail an optional cover or opt out of the optional cover at the time of renewal. Grace Period: Grace Period of 15 days would be given to pay the monthly instalment premium due for the policy and 30 days would be given in case where premium is paid in quarterly/ half yearly/ annual instalments.
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		During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company. No interest will be charged If the instalment premium is not paid on due date. In case of instalment premium due not received within the grace period, the policy will get cancelled. In the event of a claim, all subsequent premium instalments shall immediately become due and payable. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.
13	Your Obligations	• Please disclose all material information (Including Pre-Existing Diseases) before buying the policy. Non disclosure may affect the claim settlement. • 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

In case of any conflict, the terms and conditions of the policy documents shall prevail.