ICICI Lombard Mashak (Mosquito) Rakshak

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	ICICI Lombard Mashak (Mosquito) Rakshak		
2	Policy Number	XXXX/XXXXXX/XX/XXXX		
3	Type of insurance Product/Policy	**Benefit-** Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurance of a covered event)		
4	Sum insured (Basis) (Along with the Amount)	INR XX,XXXX Individual SI Individual Sum Insured -Where each member has a separate sum insured under the policy),		
		Cover Name	Payout	Policy Clause No.
5	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	**a.Hospitalization Benefit:**		4.1
		b. Diagnosis Cover :		4.2
6	What are the major Exclusions in the Policy	General Exclusions: The Company shall not be liable to make any payment under the policy in respect of: i. Claim for any illness/disease other than for vector borne diseases covered under the policy ii. Diagnosis / Treatment outside the geographical limits of India iii. Any laboratory test not recognized / approved by the state or central government iv. Unproven Treatments: Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness		6.1
		6.2 Exclusions specific to Section 4.1: i. Domiciliary Hospitalization, Day care OPD treatment. ii. Investigation & Evaluation 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		6.2

		iii. Rest Cure, rehabilitation and respite care Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs iv. Excluded Providers v. Treatments received in heath 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. vi. 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. vii. Hospitalization for treatment other than allopathy. viii. Hospitalization for less than a minimum period of seventy-two (72) consecutive hours. (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.	5. Waiting Period: 5.1 First fifteen-days waiting period The Company shall not be liable to make any payment under the policy if the covered vector borne disease is diagnosed or hospitalization takes place during first fifteen days (15 days) from the commencement date of this Policy unless insured person is covered under this Policy continuously and without any break in the previous Policy Year. 5.2 Cooling Off Period: If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured a 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases.	
8	Financial limits of coverage Sub-limit (It is a predefined limit and the insurance company will not	As per sum Insured opted in the policy on benefit basis	

	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 total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)		
9	Claims/ Claims procedure	For Reimbursement of Claim: For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder. **Sl No** / **Type of Claim** / **Prescribed Time limit** 1 / Hospitalization Benefit / Within thirty days (30 days) from date of discharge from hospital following positive diagnosis of covered vector borne disease 2 / Diagnosis Cover / Within Fifteen days (15 days) of Diagnosis of the covered vector borne disease For details on claim procedure please refer the policy document 7.2 • 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 Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents	7

		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. 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	n 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: 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	9

		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	• 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. **Renewal of Policy** The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person. i.The Company shall endeavor to give notice for renewal. ii.Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years. iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period. iv.At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period. v. No loading shall apply on renewals based on individual claims experience. vi. If the Policy is renewed within 30 days from the date of discharge of the previously paid claim for the named insured a 30 days cooling off period shall apply for the same ailment in the renewed Policy. However, there would be no waiting period for other listed vector borne diseases. **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 limitsWithdrawal of Policy i. ln the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.	

		ii. lnsured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting periodas per regulatory prescriptions, provided the policy has been maintained without a break.
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

Note:

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