

CLAIM FORM: ICICI Lombard Group Criti shield plus
UIN No. [ICIHLP23027V012223]
Issuance of this claim form is not to be taken as an admission of liability

You can lodge a claim with Us by any of the below means

- You can lodge a claim through Our website: www.icicilombard.com
- To register Your claim on the phone, please dial Our Toll Free Number: 18002666
- You can also mail Us on ihealthcare@icicilombard.com
- You may visit any of Our nearest branches and meet Our representatives

PART -I: Customer related details (To be filled by Insured Person/ claimant)

Note: Please attach a separate sheet if space available is not sufficient for filling in complete details.

A. Insured Person Details:

Policy No.:

Name of the Proposer:

Name of the Insured Person:

Insured Date of birth:

Gender: Male ☐ Female ☐ Third gender ☐

Aadhaar Card No. of Insured Person:

B. Claimant Details:

Name of claimant:

(Please ignore if Insured Person is claimant)

Relationship of claimant with Insured Person:

Address for

communication:

Contact Details: Mob. / Res. No.

Email Id:

Aadhaar Card No. of claimant: (Please ignore if Insured Person is claimant)

Do You have any other insurance for similar claim (either with Us or with any other insurer)

- If yes please specify details

Name of the insurer	Policy /product name	Policy No.	Policy Period	Sum Insured

C. Loan Details (To be filled by Insured Person/ claimant if the Policy is linked to an underlying Loan)

Name of the Financial Institution:

LAN No.:

EMI amount:

C. Other Financial Instrument Details (To be filled by Insured Person/ claimant if policy is linked to an underlying financial instrument)

Is Policy assigned: Yes ☐ No ☐ If yes, please mention the name of Financial Institution:

Name of the Financial Institution:

Folio No. in case of SIP or (Details of other instrument if not linked to SIP):

SIP amount:

PART- II: Claim Details

Loss Details

Claim No. (If claim has already been registered with ICICI Lombard Health Care):

Description of Loss/Event:

In case of Injury/Permanent Total Disablement/ Death due to an Accident:

Was any FIR done: Yes ☐ No ☐

If yes, please share:

- Location of police station in which FIR registered: _____
- FIR no.: _____

In case FIR was not done, please state the reasons for same: _____

PART III: Hospital Details if applicable (To be filled by Insured Person/claimant/ Hospital authorities):

Please specify the below details for all the Hospitals (In case more than one Hospital was visited)

Details	Hospital 1	Hospital 2	Hospital 3
Name of the Hospital			
Address of the Hospital			
Name of treating Medical Practitioner			
Nature of Injury/Illness/Diagnosis			
Particulars of treatment: Medical: ☐ Surgical : ☐			
For any Critical Illness, date when the Critical Illness was first diagnosed: □□/□□/□□□□			
Date and time of admission: □□/□□/□□□□ Time: ___AM/PM			
Date and time of discharge: □□/□□/□□□□ Time: ___AM/PM			
Number of days in ICU (if any):			
Reasons for admission: Medical ☐ Accident ☐			
In case of admission due to Accident: Was any MLC done: Yes ☐ No ☐			
In case of death: Was any post mortem done: Yes ☐ No ☐			
Was Insured Person suffering from any Pre-Existing Disease:			

Signature of the Insured Person/claimant/Competent authority at treating Hospital

Hospital 1 _____

Hospital 2 _____

Hospital 3 _____

*Additional information For Loss of pay / Loss of Income on account of loss of Employment.

1. Name and address of the employer/company and other details (business model): _____

2. Designation/of the insured: _____

3. Whether employed on Permanent /contractual basis: (letter/period of contract if on contractual basis): _____

4. A. Total no of Sick/Casual/Privileged/Paid or any other such leave allotted/granted by the employer: _____

B. Out of which total no of leaves been utilised/exhausted by insured: _____

5. Estimated /expected Duration /period of loss of pay: _____

6. Critical illness/Personal accident - Permanent Total Disablement- Permanent Partial Disablement triggered: - _____

7. Nature (voluntary/involuntary) and reason for Dismissal/termination/retranchment (Applicable for lo Loss of Income on account of loss of Employment) - _____

8 Total period of unemployment (Applicable for lo Loss of Income on account of loss of Employment) - _____

9. Whether re-employed (yes/no) if yes, please mention the date of re-employment- _____

Please tick against each of the Benefit under which you are claiming for, as per the relevant Section and Benefits. Also provide additional details specified against each of the Benefits in the table below.

Section	Benefit	Benefit name	Major	Minor	Please tick against Benefit being claimed for
A	Benefit 1.1	Comprehensive Critical Illness	57 Critical Illnesses	46 Critical Illnesses	(Please refer to Annexure 1, 2,3 for detail list and tick against illness being claimed for
	Benefit 1.2		42 Critical Illnesses	NA	
	Benefit 1.3		57 Critical Illnesses	NA	
	Benefit 2	Extensive Critical Illness	6 Critical Illnesses	6 Critical Illnesses	(Please refer to Annexure 4 for detail list and tick

					against illness being claimed for
	Benefit 3	Cancer Restore Benefit	NA	NA	
B	Benefit 4	Major Surgical Procedures			(Please refer to Annexure 5 for detail list and tick against specific surgery being claimed for)
C	Benefit 5	Accidental Death Benefit			
	Benefit 6	Permanent Total Disablement (PTD)			
	Benefit 7	Permanent Partial Disablement (PPD) Benefit)			Please refer to Annexure 6 for detail list
D	Benefit 8	Loss of Pay			
	Benefit 9	Loss of Income on account of loss of Employment			
E	Benefit 10	ICU Benefit			

The Insured Person/claimant will be eligible to claim for only those Benefits for which premium has been received by Us and Benefits have been specified in the Policy Certificate provided to You by Us.

CLAIM DOCUMENTS

SR NO	Section A BENEFIT 1 ,2 & 3	Section B BENEFIT 4	Section C BENEFIT 5,6 & 7	Section D BENEFIT 8 & 9	Section E Benefit 10
1	Claim Form duly filled and signed by Insured Person/Nominee/claimant	Claim Form duly filled and signed by Insured Person/Nominee/claimant	Duly filled claim form by the claimant	Duly filled claim form by the Insured Person/claimant.	Duly filled claim form by the Insured Person/claimant
2	EMS Paper	Scan copy of original Hospital discharge summary	Scan of original police report	Letter from the employer stating reason for Loss of pay and confirming the Leave Policy of the organization	EMS Paper

3	Discharge Card/Summary papers	All pre and post-Surgery investigation reports/scans	MLC / FIR	Letter from medical practitioner mentioning unfit to resume work	Discharge Card/Summary papers
4	Indoor Case papers	Scan copy of original Policy copy	Cause of Death Schedule	Appointment letter and confirmation letter issued by employer	Indoor Case papers
5	Hospital Bills	Consultation papers of the surgeon advising for the Surgical Procedure	Death certificate issued by the Government Authority	Letter from HR mentioning the balance leaves of the insured at the time of diagnosis of listed covered Critical Illness Document confirming payment of claim under the Critical Illness cover	Hospital Bills
6	All Investigation Reports – blood, pathology, radiology, etc.	All post Hospitalisation, consultation or treatment details and documents.	Post Mortem Report	All Treatment Papers, Doctor's Schedule, Discharged Summary, Disability Certificate(), Investigation reports	All Investigation Reports – blood, pathology, radiology, etc.
7	Schedule by treating Medical Practitioner confirming diagnosis	Copies of Indoor case papers from the Hospital	Viscera / Chemical Analysis / Forensic Report	Contact details of Human Resource Personnel - Mobile, Email id, Address and name of employer and HR personnel	Certificate by treating Medical Practitioner confirming diagnosis
8	Current and past consultation papers	Income Proof(ITR/Salary Slip,etc)	Police Final Charge sheet /	Termination letter and relieving letter	Current and past consultation papers

			Court Final Order	from the employer/ Any documents stating reason for termination/retrenchment(wherever applicable)	
9	Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)		Spot Inquest / Panchnama	Salary structure as stated in offer letter, or in letter of compensation structure, Last 3 months salary slips, Last 3 year performance appraisal letters	Certificate of Medical Cause of Death issued by last attending Medical Practitioner (wherever applicable)
10	Schedule from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person		RACT award in case of rail accident	Original Amortization Chart, in case of a loan linked policy (wherever applicable)	Certificate from last attending Medical Practitioner /medical authority for underlying medical condition/s leading to death of the Insured Person
11	Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)		Indoor Case Papers/ Hospitalisation records and Discharge summary(wherever applicable)	Form-16 from employer, Income Tax Return of the last 3 preceding years (wherever applicable)	Post Mortem Report, FSL Report, Viscera and Chemical Analysis Report, Histopathology Report (wherever applicable)
12	Any other specific investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in				Any other specific Investigation / document to support the diagnosis of such Critical Illness, as may be reasonably required by Us in addition to the documents

	addition to the documents specified under this Section				specified under this Section.
13	All histology/cytology/FNAC/Biopsy/Immuno-chemistry reports, X-ray, CT Scan, MRI, PET Scan, Bone Marrow Test, Cancer Markers, all other pathological tests (wherever applicable)				ICU admission papers
14	Income Proof(ITR/Salary Slip,etc)		Income Proof(ITR/Salary Slip,etc)		Proof for advice on ICU admission by Medical practitioner
15			Disability Schedule by Civil Surgeon / Government Hospital (wherever applicable)		Income Proof(ITR/Salary Slip,etc)
16			Schedule from treating Medical Practitioner(whenever applicable)		

In addition to above specific documents below needs to be shared

If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

In addition to above documents, We reserve the right to call for any additional documents we may reasonably require in order to assess the admissibility and veracity of the claim.

PART- IV: NEFT Details

Please provide any one of the below documents of the claimant or Insured Person's whose name has been explicitly stated in the Policy Certificate:

- Self-attested copy of a valid Identity proof of the claimant/Insured Person's (provide any of the mentioned documents in Proof of Identity under Part-V)
- Cancelled cheque copy Bank attested copy of Passbook with IFSC code - For Refunds ,Copy of Passbook with IFSC Code, Account Number, Bank Logo and Account holder Name if cancelled cheque does not contain accountholder name

Please provide below details (All fields are mandatory)

- Claimant /Insured Person's name(as per bank records:
□□□□□□□□□□□□□□□□□□□□□□□□
- Claimant /Insured Person's bank account no.: □□□□□□□□□□□□□□□□
- Name of the bank: □□□□□□□□□□□□□□□□□□□□□□
- Branch name: □□□□□□□□□□□□□□□□□□□□□□
- Address of the bank: □□□□□□□□□□□□□□□□□□□□□□
- IFSC code no. of the bank: □□□□□□□□□□□□ (should be same as per the provided cheque leaflet)

*Nominee's bank account details are required in case of a death claim.

Terms and Conditions for payments through RTGS/NEFT

1. The details provided by the claimant / Insured Person in the Mandate Form provided by us shall be considered as final and ICICI Lombard General Insurance Company Ltd. shall not be responsible for cross verification of any of the details provided therein.
2. The RTGS/ NEFT facility shall be effective for the respective claimant / Insured Person within 15 days of the receipt of the Mandate Form by ICICI Lombard General Insurance Company Ltd. and/ or within such period as may be reasonably required by ICICI Lombard General Insurance Company Ltd. to activate the RTGS/ NEFT facility.
3. The claimant / Insured Person agrees that under the RTGS/ NEFT facility, there may be a risk of non-payment in the claimant / Insured Person bank account on the day of the credit of payments due to change in the applicable regulations pertaining to RTGS/ NEFT facility or due to any other reasons without any fault/ inaction/ failure on part of ICICI Lombard General Insurance Company or any factor beyond the control of ICICI Lombard General Insurance Company Limited.
4. The claimant / Insured Person agrees to indemnify, without delay or demur, ICICI Lombard General Insurance Company Ltd. and its agents and keep ICICI Lombard General Insurance Company Ltd. and its agent indemnified harmless at all times from and against any and all claims, damages, losses, costs, and expenses (including attorney's fees) which ICICI Lombard General Insurance Company Ltd. may suffer or incur, directly or indirectly, arising from or in connection with, amongst other things, either of the aforesaid reasons stated in above clauses.
5. ICICI Lombard General Insurance Company Ltd. may sub-contract and employ agents to carry out any of its obligations under the RTGS/ NEFT facility. The claimant/ Insured Person may discontinue or terminate the use of RTGS/ NEFT facility by giving a minimum of 15 days prior written notice to ICICI Lombard General Insurance Company Ltd. The notice of, such termination should be given to ICICI Lombard General Insurance Company Ltd. only at its corporate address and be addressed at "ICICI

Lombard GIC Ltd., ICICI Lombard House (Old Tata Press Building), 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400025.”

6. A confirmation of the receipt of termination notice given by the claimant/ Insured Person will be acknowledged through a confirmation letter by ICICI Lombard General Insurance Company Ltd. In no case can the claimant/ Insured Person construe his termination notice as effective unless a confirmation has been provided by ICICI Lombard General Insurance Company Ltd. to the claimant/ Insured Person stating the date of receipt of such communication by the claimant/ Insured Person.
7. The claimant/ Insured Person agrees that transaction(s) through RTGS/ NEFT facility may attract inward RTGS/ NEFT charges, which if levied by the claimant/ Insured Person's bank, shall be borne by the claimant/ Insured Person only
8. ICICI Lombard General Insurance Company Ltd. has the absolute discretion to amend or supplement any Terms and Conditions stated herein at any time and will endeavour to give prior notice of ten days for such changes wherever feasible for the Terms and Conditions to be applicable. By using the new services, or at the completion of such period, whichever is earlier, the claimant/ Insured Person shall be deemed to have accepted the changed Terms and Conditions.
9. Submission of documents or bank details or any other information does not in any way, shape or form, imply or express or suggest admission of liability by ICICI Lombard General Insurance Company Ltd..
10. Notices under these Terms and Conditions may be given in writing by delivering them by hand, or e-mail, or displaying them on ICICI Lombard General Insurance Company Ltd. Website “www.icicilombard.com”, or by sending them by post to the last address of the claimant/ Insured Person.
11. These Terms and Conditions will be governed by the laws of India and any legal action or proceedings arising out of these Terms and Conditions shall be initiated in the courts or tribunals at Mumbai, in India.

Claimant/Insured Person Declaration:

12. I/we undertake to refund any excess amount whether demanded by ICICI Lombard General Insurance Company Ltd. or not, which has been credited in excess to my account at any time due to any reason within 7 days of such receipt of such communication from ICICI Lombard of such excess credit or such information of excess credit coming to my/our knowledge through any other source.
13. I/we agree that my/our claim payment will be credited from the date ICICI Lombard General Insurance Company Ltd. gets confirmation from its bankers. This facility will continue unless it is revoked by any party and any issuance of relevant credit instruction from ICICI Lombard General Insurance Company Ltd. to its bankers will be valid till such instruction is complete irrespective of the fact that the notice period has expired provided such a credit request has been made by ICICI Lombard General Insurance Company Ltd. before the expiry of the notice period of the claimant/ Insured Person.

Place:

Date:

Signature_____

PART - V: KYC (KNOW YOUR CUSTOMER)

Claimant/Insured Person's Name: (in respect of whom claim is made)

Policy Number: □□□□□□□□□□□□□□□□□□

Claim Number (if allotted): □□□□□□□□□□□□□□□□□□

Mobile/ Contact No.: □□□□□□□□□□

PAN No.: □□□□□□□□□□

The below KYC documents are mandatory as per Our internal guidelines, and AML guidelines issued by the IRDAI:

- Two passport size photos of Insured Person/claimant (stick in the space provided below)
- One photocopy of proof of identity of Insured Person/claimant (any 1 in the below list)
 - Passport
 - PAN card
 - Voter's Identity card
 - Driving license
 - Personal identification and certification of the employees of the insurer for identity of the prospective Policyholder
 - Letter issued by Unique Identification Authority of India containing details of name, address and Aadhar number
 - Job card issued by NREGA duly signed by an officer of the State Government
 - Letter from a recognized Public Authority (as defined under Section 2 (h) of the Right to Information Act, 2005) or Public Servant (as defined in Section 2(c) of the 'The Prevention of Corruption Act, 1988') verifying the identity and residence of the customer
- One photocopy of proof of residence of Insured Person/claimant (any 1 in the below list)
 - Electricity bill
 - Ration card
 - Letter from any recognized public authority
 - Current statement of bank account with details of permanent/ present residence address (as downloaded)
 - Current passbook with details of permanent/present residence address (updated upto the previous month)
 - Valid lease agreement along with rent receipt, which is not more than three months old as a residence proof.
 - Telephone bill pertaining to any kind of telephone connection like, mobile, landline, wireless, etc. provided it is not older than six months from the date of insurance contract
 - Employer's certificate as a proof of residence (Certificates of employers who have in place systematic procedures for recruitment along with maintenance of mandatory records of its employees are generally reliable)

Claimant/Insured Person Declaration:

I hereby agree, affirm and declare that:

- a) The statements/Information stated by me/us in the claim form are true, correct and complete.
- b) No material information which is relevant to the processing of claim on which in any matter has been withheld or not disclosed.
- c) I authorise ICICI Lombard General Insurance Company Ltd. to collect on my behalf any medical information from concerned Hospital authorities such as indoor case papers, viscera reports, investigation reports etc, or any other information such as FIR/ death certificate etc from any other institutions relevant to this claim.
- d) If I have given/made any false or fraudulent statement/information, or suppressed or concealed or in manner failed to disclose material information, the policy shall be void and that I shall not be entitled to all/any rights to recover thereunder in respect of any or all claims past, present or future.
- e) The receipt of this claim form/ other supporting/ related document does not constitute or be deemed to constitute an agreement by ICICI Lombard General Insurance Company Ltd. of the claim and ICICI Lombard General Insurance Company Ltd. reserves the rights to process or reject or require further/ additional information in respect of any claim.
- f) The policy shall become void at the option of the insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or on non-disclosure in any material particularly in the claim form/personal statement, declaration and connected documents, or any material information or having been withheld by the Insured Person or any one acting on his behalf.
- g) I/We hereby give my/our consent to the Company to verify and obtain my/our' identity/address proof through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.
- h) Name of the Insured Person/claimant/Nominee:

[illegible][illegible]Place:

Date: □□□□□□□□□□

Signature_____

Mailing Address: ICICI Lombard Healthcare, Varun Tower II, 1st, 4th, 5th & 6th Floor, Begumpet, Hyderabad, Telangana, Pincode – 500016. Visit Us at: www.icicilombard.com • E-Mail Us at: ihealthcare@icicilombard.com • Toll Free Number: 1800 2666. • CIN No. [_____] • IRDA Registration No. 115

Annexure 1:

Cancer and blood disorders(4/1)	Major(57)	Minor(46)
	Cancer of Specified severity(Major Cancer)	Early stage cancer/Carcinoma-in- Situ
	Bone Marrow Transplant	
	Aplastic Anaemia	
	Primary Myelofibrosis	

Heart and Blood Vessel(10/12)	Takayasu Arteritis	Pericardial Effusion with cardiac Tamponade
	Refractory Heart Failure	Pulmonary Artery Graft Surgery
	Eisenmenger's Syndrome	Cardiac Arrhythmia with surgical intervention(Sum Insured capped at 5 lacs)
	Myocardial Infarction (First Heart Attack - Of Specified Severity	Other Serious Coronary Artery Diseases
	Cardiomyopathy of specified severity	Insertion of a Permanent Cardiac Defibrillator
	Open Chest CABG	Complete Heart Block or Third Degree Heart Block with pacemaker
	Open Heart Replacement Or Repair Of Heart Valves	Pericardectomy
	Surgery Of Aorta	Balloon Valvotomy or Valvuloplasty
	Primary (Idiopathic) Pulmonary Hypertension	Angioplasty (Sum Insured capped at 5 lacs)
	Infective Endocarditis	Minimally Invasive Surgery to Aorta
		Pulmonary embolism
		Moderately Severe Cardiomyopathy
Major Organs(14/15)	Systemic Lupus Erythematosus With Renal Involvement	Liver Cirrhosis
	Rheumatoid Arthritis	Chronic primary sclerosing cholangitis
	Scleroderma	Interstitial Lung Disease (ILD)
	Good Pastures Syndrome With Lung or Renal Involvement	Severe Acquired Or Secondary Pulmonary Alveolar Proteinosis (Pap)
	Myasthenia Gravis	Glomerulonephritis with Nephrotic Syndrome
	End Stage Lung Failure	Moderately Severe Kidney Disease
	Kidney Failure Requiring Regular Dialysis	Moderately Severe Systemic Lupus Erythematosus With Lupus Nephritis

	Medullary Cystic Kidney Disease	Intestinal Gangrene/intestinal perforation
	Fulminant Hepatitis	Portal Vein Thrombosis
	End Stage Liver Failure	Surgical Removal of One Lung
	Major Organ transplant	Moderately Severe Crohn's Disease
	Severe Crohn's Disease	Moderately Severe Ulcerative Colitis.
	Severe Ulcerative Colitis	Small bowel transplant
	Chronic Relapsing Pancreatitis	Ankylosing Spondylitis
		Surgical Removal of one kidney
Nervous System(24/11)	Stroke Resulting in Permanent Symptoms	Hydrocephalus
	Permanent Paralysis of Limbs	Loss of Hearing of One Ear
	Motor Neuron Disease With Permanent Symptoms	Loss Of Sight In One Eye
	Parkinson's Disease	Dissolution of the nerve roots of Brachial Plexus
	Benign Brain Tumor	Syringomelia or Syringobulbia Requiring Surgery
	Alzheimer's Disease	Carotid Artery Surgery
	Progressive Supranuclear Palsy	Loss of Use of One Limb
	Multiple Sclerosis with Persisting Symptoms	Idiopathic Scoliosis
	Creutzfeldt-Jakob Disease	Coma 72 Hours
	Muscular Dystrophy	Severe Epilepsy
	Coma of Specified Severity	Neuromyelitis optica spectrum disorders (Devic's Disease)
	Apallic Syndrome	
	Major Head Trauma	
	Guillain-Barre Syndrome	
	Deafness	
	Loss Of Speech	
	Blindness	
	Spinal Stroke	
	Benign Spinal Cord Tumour with Neurological Deficit	
	Poliomyelitis	

	Bacterial Meningitis	
	Encephalitis/encephalopathy	
	Tuberculosis Meningitis	
	Severe Progressive Bulbar Palsy	
Others(5/7)	Loss of independent existence	Pott's spine
	loss of limbs	moderate burns
	Third Degree Burns	Elephantiasis
	Necrotising Fasciitis	Adrenalectomy for Adrenocortical Adenoma
	Pheochromocytoma	Wilson's Disease
		Optic Neuropathy
		Facial Reconstructive Surgery due to accident

Annexure: 2

	Major(42)
Cancer and blood disorders(4)	Cancer of Specified severity(Major Cancer)
	Bone Marrow Transplant
	Aplastic Anaemia
	Primary Myelofibrosis
Heart and Blood Vessel(7)	Refractory Heart Failure
	Myocardial Infarction (First Heart Attack - Of Specified Severity
	Cardiomyopathy of specified severity
	Open Chest CABG
	Open Heart Replacement Or Repair Of Heart Valves
	Surgery Of Aorta
	Primary (Idiopathic) Pulmonary Hypertension
Major Organs(11)	Systemic Lupus Erythematosus With Renal Involvement

	Scleroderma
	Good Pastures Syndrome With Lung or Renal Involvement
	Myasthenia Gravis
	End Stage Lung Failure
	Kidney Failure Requiring Regular Dialysis
	Medullary Cystic Kidney Disease
	Fulminant Hepatitis
	End Stage Liver Failure
	Major Organ transplant
	Chronic Relapsing Pancreatitis
Nervous System(17)	Stroke Resulting in Permanent Symptoms
	Permanent Paralysis of Limbs
	Motor Neuron Disease With Permanent Symptoms
	Parkinson's Disease
	Benign Brain Tumor
	Alzheimer's Disease
	Multiple Sclerosis with Persisting Symptoms
	Creutzfeldt-Jakob Disease
	Muscular Dystrophy
	Coma of Specified Severity
	Apallic Syndrome
	Major Head Trauma
	Deafness
	Loss Of Speech
	Blindness
	Poliomyelitis
	Tuberculosis Meningitis
Others(3)	loss of independent existence

	loss of limbs
	Third Degree Burns

Annexure 3

	Major(57)
Cancer and blood disorders(4)	Cancer of Specified severity(Major Cancer)
	Bone Marrow Transplant
	Aplastic Anaemia
	Primary Myelofibrosis
Heart and Blood Vessel(10)	Takayasu Arteritis
	Refractory Heart Failure
	Eisenmenger's Syndrome
	Myocardial Infarction (First Heart Attack - Of Specified Severity
	Cardiomyopathy of specified severity
	Open Chest CABG
	Open Heart Replacement Or Repair Of Heart Valves
	Surgery Of Aorta
	Primary (Idiopathic) Pulmonary Hypertension
	Infective Endocarditis
Major Organs(14)	Systemic Lupus Erythematosus With Renal Involvement
	Rheumatoid Arthritis
	Scleroderma

	Good Pastures Syndrome With Lung or Renal Involvement
	Myasthenia Gravis
	End Stage Lung Failure
	Kidney Failure Requiring Regular Dialysis
	Medullary Cystic Kidney Disease
	Fulminant Hepatitis
	End Stage Liver Failure
	Major Organ transplant
	Severe Crohn's Disease
	Severe Ulcerative Colitis
	Chronic Relapsing Pancreatitis
Nervous System(24)	Stroke Resulting in Permanent Symptoms
	Permanent Paralysis of Limbs
	Motor Neuron Disease With Permanent Symptoms
	Parkinson's Disease
	Benign Brain Tumor
	Alzheimer's Disease
	Progressive Supranuclear Palsy
	Multiple Sclerosis with Persisting Symptoms
	Creutzfeldt-Jakob Disease
	Muscular Dystrophy
	Coma of Specified Severity
	Apallic Syndrome
	Major Head Trauma
	Guillain-Barre Syndrome
	Deafness
	Loss Of Speech

	Blindness
	Spinal Stroke
	Benign Spinal Cord Tumour with Neurological Deficit
	Poliomyelitis
	Bacterial Meningitis
	Encephalitis/encephalopathy
	Tuberculosis Meningitis
	Severe Progressive Bulbar Palsy
Others(5)	loss of independent existence
	loss of limbs
	Third Degree Burns
	Necrotising Fasciitis
	Pheochromocytoma

Annexure 4

Benefit 2	
Major	Minor
Ruptured Arterial Aneurysm	Sarcoidosis of lungs
Aortic Dissection	Myelopathy
Refractory cardiac arrhythmia	neurocysticercosis
Thromboembolism / Embolism	DVT with Surgery
Severe Infectious Diseases	cerebral Malaria
Hemorrhagic Shock	Dengue shock syndrome

Annexure 5

Final Major Surgical Procedures List	Payout
Open Heart Replacement Or Repair Of Heart Valves	100%
Valvotomy/Valvuloplasty	50%
CABG (Coronary Artery Bypass Grafting)	100%
Other vascular bypass grafts(eg. Femoral popliteal grafts)	50%
Clipping or repair of Aneurysm(including aortic, cerebral, femoral or iliac) with or without graft	50%
Coronary Angioplasty with Stent implantation	50% -inr 5lac which ever lower

Excision of benign mediastinal lesions (evidence of thoracotomy needs to be ascertained)	50%
Heart Proximal aortic aneurysm, Aortic root transplantation with coronary artery reimplantation	50%
Initial implantation of permanent pacemaker/ICD/VAD device in heart	50%
Major Surgery of Aorta	100%
Major vein repair with or without grafting for traumatic & non traumatic lesions	50%
Pericardiotomy / Pericardectomy	50%
Carotid endarterectomy/ Ext carotid Int. carotid bypass/Carotid tumour excision	50%
Closure Of Semilunar Valve	50%
Minimally Invasive Surgery to Aorta	50%
Pulmonary Artery Graft	50%
Cardiac Arrhythmia with Ablative Procedure	50%-capping of 5lac
Hemicolectomy	50%
Partial Gastrectomy	50%
Complete Gastrectomy	100%
Partial Esophagectomy	50%
Complete Esophagectomy	100%
Pancrepancreaticoduodenectomy- Whipples surgery	100%
Partial Hepatectomy	50%
Complete Hepatectomy	100%
Partial splenectomy	50%
Complete splenectomy	100%
small bowel transplant	50%
Resection/anastomosis for small intestine	50%
Partial Pancreatectomy	50%
Complete Pancreatectomy	100%
Amputation of arm	100%
Amputation of foot	100%
Amputation of hand	100%
Amputation of leg	100%
Excision reconstruction of joint(small joints-hand & feet)	50%-cap of 2lac
microvascular replantation of finger due to trauma	50%-cap of 2lac
Implantation of prosthesis for limb for amputees	100%
Open/closed Reduction and Internal fixation of fracture Long bone (Humerus, Radius, ulna, Femur, Tibia, Fibula, clavicle) with or without Bone grafting-	50%-cap 3lac
Osteomyelitis - Surgical Drainage and Curettage	50%-cap of 2lac
core decompression with graft for osteonecrosis of femoral head	50%
Replantation of lower limb	100%
Replantation of upper limb	100%
Spinal Fusion (arthrodesis of spine with bone graft/internal fixation)	50%
Therapeutic endoscopic operations on cavity of knee/hip joint	50%-cap of 2lac

Therapeutic endoscopic operations on cavity of Shoulder/elbow joint	50%-cap of 2lac
ACL/PCL repair/reconstruction	50%-cap of 2lac
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus-unilateral	50%
reconstruction or arthroplasty of hip/knee/shoulder/elbow/head of femur/head of humerus(unilateral/bilateral)	50%
Total replacement of hip/knee/shoulder/elbow/head of femur/head of humerus-bilateral	100%
HIND QUARTER AMPUTATION	100%
Open Reduction And Internal Fixation Of Fracture Of Small Bones /patella With Or Without Graft	50%-cap to 1lac
Prosthetic Replacement of small joints	50%-cap to 2lac
Multiple (more than 2)Tendon Transfer - Sts Hand / Foot	50%
Surgery for Idiopathic Scoliosis	50%
Bur-hole Drainage of Extradural, subdural or intracerebral space	50%
Craniotomy for non malignant space occupying lesions	100%
Craniotomy for Drainage of Extradural, subdural or intracerebral space	100%
Craniotomy for malignant Brain tumors	100%
Decompression surgery for Entrapment Syndrome	100%
Embolectomy / Thrombectomy/ Endarterectomy with or without Graft	100%
Excision of deep seated peripheral nerve tumor	100%
Excision of pineal gland	100%
Fixation of fracture of spine	100%
Free Fascia Graft for Facial Nerve Paralysis	50%
Intracranial transection of Cranial nerve	100%
Laminectomy/Discectomy for Spinal nerve root decompression	100%
Microvascular decompression of cranial nerves/nervectomy	100%
Multiple Microsurgical Repair of digital nerve	100%
Operations on Subarachnoid space of brain	100%
Other operations on the meninges of the Brain	100%
Peripheral nerve Graft	100%
Repair of Cerebral or Spinal Arterio- Venous Malformations or aneurysms	100%
Total or Partial Excision of the pituitary gland - Any approach (Transforntal or Trans Sphenoid)	100%
Surgery for ACOUSTIC NEUROMA	50%
Brachial Plexus Surgery	50%
neuro endoscopy for removal of brain tumor/ foreign body	50%
STA MCA BYPASS SURGERY	50%
SYMPATHECTOMY CERVICAL/LUMBAR/THORACOLUMBAR	50%
Bone Marrow transplant (as recipient)	100%
Heart/Heart-Lung Transplant	100%
Liver Transplantation	100%
Lung Transplantation	100%

Renal transplant (recipient)	100%
Pancrease Transplant	100%
Major reconstructive oro-maxillafacial surgery due to trauma or burns and not for cosmetic purpose	100%
Osteotomy including segmental resection with bone grafting for Mandibular and maxillary lesions	100%
Commando Operation-for only cancer	100%
Total Larygectomy And Neck Dissection And Flap-only for cancer	100%
Excision and Major Flap Repair of skin and Subcutaneous tissue due to Major Burns	100%
Surgical treatment of cancer with removal of organ & excluding biopsy & other diagnostics	100%
Surgical removal of an eye ball	50%
Surgical treatment of cancer without removal of organ excluding biopsy & other diagnostics	50%
THYMECTOMY	50%
Amputation of penis	50%
Excision of ureter	50%
Total excision of bladder	50%
Partial nephrectomy due to medical advice (not as a transplant donor)	50%
Total nephrectomy due to medical advice (not as a transplant donor)	100%
Bilateral excision of testes	50%
Urinary diversion	50%
Adrenelectomy	50%
Pneumonectomy/Lobectomy/removal of 1 lung	50%
Pleurectomy/lung decortication	50%
Chronic bronchopleural fistula requiring a surgical procedure for closure of the fistula through an open thoracotomy	50%
pulmonary embolectomy/enderectomy	50%

Annexure 6

Sr No.	LOSSES COVERED	% OF SUM INSURED payable
1	Loss of one entire hand	70
2	Loss of one entire foot	70
3	Loss of use of one eye	50
4	Loss of all toes	20
5	Loss of great toe - both phalanges	5
6	Loss of great toe - one phalanx	2
7	Other than great toe if more than one toe lost each	5

8	Loss of use of both ears	75
9	Loss of use of one ear	30
10	Loss of four fingers and thumb of one hand	40
11	Loss of four fingers	35
12	Loss of thumb - both phalanges	25
13	Loss of thumb - one phalanx	10
14	Loss of index finger - three phalanges	10
15	Loss of index finger - two phalanges	8
16	Loss of index finger - one phalanx	4
17	Loss of middle finger - three phalanges	6
18	Loss of middle finger - two phalanges	4
19	Loss of middle finger - one phalanx	2
20	Loss of ring finger - three phalanges	5
21	Loss of ring finger - two phalanges	4
22	Loss of ring finger - one phalanx	2
23	Loss of little finger - three phalanges	4
24	Loss of little finger - two phalanges	3
25	Loss of little finger - one phalanx	2
26	Loss of metacarpus - first or second (additional)	3
27	Loss of metacarpus - third, fourth or fifth (additional)	2

Consent letter

To Whomsoever It May Concern

Subject: Consent for Collection of Medical Records

Proposal No. / Policy No.: <PolicyNo. / Proposal No.>

I / We, the undersigned, hereby authorise ICICI Lombard General Insurance Company Ltd. to collect all relevant documents and medical records related to hospitalisation or medical treatment of Insured Person(s) covered under the above-mentioned policy from the Hospital or Medical Practitioner.

I/We have no objection to sharing my/our hospitalization documents with ICICI Lombard for the purpose of processing claims under the policy.

Please note: In case any original hospitalization or day-care treatment-related documents were collected by you at the time of discharge but were not submitted during the claim process, kindly ensure their submission to enable us to process the claim as per the policy terms and conditions.

Additionally, please send us a self-attested copy of a valid government-issued identity proof of the Claimant/Insured along with this consent letter.

Thank you for your assistance and cooperation.

Sincerely,
Team ICICI Lombard.

Name of the Insured

Claimant / Insured Signature