Smart J P A Insurance Policy

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	**Smart J P A Insurance Policy**		
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 Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilized by any or all members		
5	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	Cover Name	Payout	Policy Wording - Operative Clause –a), b), c) and d).
		Base Covers: a) Accidental Death		
		b) Permanent total Disablement due to accident		
6	**<u>Exclusions (What does the policy not cover)</u>**	1. 30-day waiting period (Code – Excl 03) - Any hospitalization falling within the initial waiting period as specified in the policy certificate subject to a maximum of 30 daysa) Expenses related to the treatment of any illness within the initial waiting period shall be excluded except claims arising due to an accident, provided the same are covered. b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months. c) The within referred waiting period shall be applicable to the enhanced sum insured in the event of granting higher sum insured subsequently 2. Pre-existing Disease (Code – Excl – 01) - (Unless specifically covered and mentioned in the policy certificate) a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception		3

		of the first policy with insurer. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If the Insured Person is continuously covered without any break as defined under the portability norms, then waiting period for the same would be reduced to the extent of prior coverage d) Coverage under the policy after the expiry of 24 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer. 3. All dental treatment or dental surgery of any kind unless necessitated due to an Accident. 4. Unproven Treatment (Code – Excl 18) 5. Maternity (Code – Excl 18) - (Unless specifically covered and mentioned in the policy certificate) a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period; 6. Sterility and Infertility (Code – Excl 17) 7. Cosmetic or Plastic Surgery (Code – Excl 08 8. Refractive Error (Code – Excl 15) - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres. 9. Investigation & Evaluation (Code – Excl 04) - (a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded; (b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. 10. Obesity/Weight Control (Code – Excl 06) - Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: a) Surgery to be conducted is upon the advice of the Doctor b) The surgery/Procedure conducted should be supported by clinical protocols c) The member has to be 18 years of age or older and d) Body Mass Index (BMI) i. greater than or equal to 40 or ii. greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: □ Obesity-related cardiomyopathy □ Coronary heart disease	

		□ Severe Sleep Apnea □ Uncontrolled Type2 Diabetes 11. Change of Gender Treatment (Code – Excl 07) - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. 12. Hazardous or Adventure Sport (Code – Excl 09) (unless specifically covered and mentioned in Policy certificate) - Expenses related to any treatment necessitated 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. 13. Breach of Law (Code – Excl 10)- Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 14. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12) 15. 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.(Code – Excl 13) 16. 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 – Excl 14) 17. Excluded providers (Code – Excl 11) - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. 18. Rest Cure, rehabilitation and respite care (Code – Excl 05)- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: I.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. II.Any services for people who are terminally ill to address physical, social, emotional and spiritual needs. 19. Specified disease/procedure waiting period (Code – Excl 02) – Two Years Exclusion - (Unless the waiting period is specifically waived off and mentioned in the policy certificate) a) Expenses related to the treatment of the below listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident. b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase. c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply. d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability, then waiting period for the same would be reduced to the extent of prior coverage. List of such specific diseases/procedures i. Deviated Nasal Septum, CSOM-Chronic Suppurative Otitis Media ii. Stapedectomy, Mastoidectomy, any treatment for conditions related to tonsils, adenoids, sinuses, turbinates/ concha iii. Fibroids (fibromyoma), Endometriosis, Uterine Prolapse, Polycysyic Ovarian Syndrome(PCOS) iv. Dilatation and curettage (D&C), Myomectomy, Hysterectomy v. Arthritis, Gout and Rheumatism vi. Stones in gall bladder & Biliary System; Cholecystitis, Fissure/fistula in anus, hemorrhoids, pilonidal sinus, piles, Esophageal Varices & Gastric Varices, Gastritis, Duodenitis & Pancreatitis vii. Gastric & Duodenal ulcers, Gastro Esophageal Reflux Disorder (GERD)/Acid Peptic Disease,	

		Ulcerative colitis, Crohn's disease, Irritable Bowel Syndrome, Inflammatory Bowel disease viii. All forms of cirrhosis, Rectal prolapse, Perineal Abscesses, Perianal Abscesses ix. Cholecystectomy, Endoscopy x. Stones in Urinary system, all prostate diseases, chronic renal failure or end stage renal failure or chronic kidney disease, dialysis xi. Dysfunctional uterine bleeding, pelvic inflammatory diseases, stress incontinence, Hydrocele, varicocele/ rectocele/ spermatocele xii. Cataract, Glaucoma, Diseases of the vitreous and retina xiii. Unless malignant, All Internal/ External tumors, cysts, nodules, polyps, sinus, fistula, adenoma, lumps including teratoma, breast lumps, dermoid cyst, ovarian cyst, desmoid tumour, umblical granuloma, mucous cyst of lip/cheek xiv. `Diseases related to thyroid xv. All skin ailments xvi. Ulcers of any kind (whether internal or external) including decubitus ulcers xvii. Varicose veins & Varicose ulcers xviii. Intervertebral disc disorders , Arthroscopy, Spinal and Vertebral Disorders including diagnosis as low back ache, Surgeries for joint replacements (except if hospitalization is required due to an accidental injury) xix. All Hernias (except if Hospitalization is required due to an Injury) 4. Specific Exclusions: PROVIDED ALWAYS THAT the Company shall not be liable under this Policy for – 1. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy ie., Preexisting disability. 2. Death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by child birth or from pregnancy or in consequence thereof. 3. Compensation under more than anyone of Sections under Accidental death, Loss of two limbs or two eyes or one limb and one eye & Permanent total disablement due to accident under table of benefits in respect of the same period of disablement of the Insured Person. 4. Any other payment to the same person after a claim under one of Accidental death, Loss of two limbs or two eyes or one limb and one eye & Permanent total disablement due to accident has been admitted and become payable.	

		5. Any payment in excess of sum insured mentioned under the Policy during the policy period. 6. Payment of compensation in respect of death, injury or disablement of the Insured Person (a) from intentional self-injury, suicide or attempted suicide, (b) whilst under the influence of intoxicating liquor or drugs (c) directly or indirectly caused by insanity, (d) arising or resulting from the Insured Person committing any breach of law with criminal intent. 7. Payment of compensation in respect of death, injury or disablement of the Insured Person due to or arising out of or directly or indirectly connected with or traceable to war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainments of all Kings, Princes and people of whatsoever nation, condition or quality. 8. Payment of compensation in respect of, death of, or injury or any disease or illness to the Insured Person directly or indirectly caused by or contributed to by or arising from – a) ionizing radiation or contamination by radioactivity from any source whatsoever b) nuclear weapons material. Provided that due observance and fulfillment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to any thing to be done or not to be done by the Insured Person and the truth of the statements and answers in the said written proposal shall be a condition precedent to any liability of the Company under this Policy. 9. This Policy shall not extend to cover death or disablement resulting directly or indirectly caused by, contributed to or aggravated or prolonged by misfeasance, malfeasance or nonfeasance or breach of trust in relation thereto by the Insured Person. The above is indicative list of exclusions, please refer policy wordings for detailed description.	
7	Waiting period • Time period during which specified diseases/treatments are not covered It is	Not applicable	

	counted from the beginning of the policy coverage.		
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 total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)	As per sum Insured opted in the policy on benefit basis	
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 30 days from the date of receipt of last necessary document.	12

		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 claim along with claim form.. • 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. • The Insured shall intimate the claims with all the necessary documents to Our claim processing team immediately and in any event within 7 days of the event giving rise to a claim. • 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 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	ln 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 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 Conditions** Under the group variant of the product, the Company may charge addition loading on the policy premium at renewal based on claim experience. Any revision / modification in the product will be done and will be intimated to the Insured person at least 3 months in advance. The renewal premium for this policy will not change unless we have revised the premium. The premium will only change if there is a change in the plan or change in the Sum Insured. • Benefits payable under this policy will be paid within 15 days of the receipt of claim along with claim form and required documents **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 60 continuous months, (including portability and migration), your policy or claims can't be contested for non-disclosure or misrepresentation, except in cases of proven fraud. This is known as the moratorium period. This moratorium applies to the sum insured of your first policy. If you increase your sum insured, the 60-month period will restart for the increased amount only, from the date of enhancement. **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 **Withdrawal 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. Any changes in the exposure /Sum insured/ Occupancies of the insured members during the policy tenure should be immediately notified to the insurer. • 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

1. In case of any conflict, the terms and conditions of the policy documents shall prevail.
   The product related documents including the Customer Information sheet are available on the website at https://www.icicilombard.com/downloads