CUSTOMER INFORMATION SHEET

This document provides only key information about your policy. Please refer to the policy document for detailed terms and conditions.

Sl. No.	**Title** Description (Please refer to applicable Policy Clause Number in next column)	**Policy Clause Number**
1	**Product Name**: **Credit/ Debit/ ATM Card Package Insurance**	
2	**Unique Identification Number (UIN) allotted by IRDAI** IRDAN115RP0001V01200405	
3	**Structure**: Indemnity/ Benefit	
4	**Interests Insured:** Cards holders: 1. Credit Card 2. Debit Card 3. ATM Card	
5	**Sum Insured / Scope:** As per Policy Schedule.	PART I OF THE SCHEDULE - Benefits under the policy
6	**Policy Coverage:** As per Policy Schedule	PART I OF THE SCHEDULE - Benefits under the policy
7	**Add-on Cover:** NA	NA
8	**Loss Participation** NA	NA
9	**Exclusions** The Company shall not be liable for: 1. Damage directly or indirectly occasioned by or happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, Rebellion, revolution, insurrection, military or usurped power, confiscation, nationalisation, civil commotion or loot or pillage in connection herewith. 2. Any damage arising from or in consequence of requisition by or under the order of any Public authority. 3. Damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss. 4. Any legal liability of whatever nature, directly or indirectly caused by or contributed to by or arising from ionising radiation of or contention by radio activity from any nuclear fuel	PART II OF THE SCHEDULE - General Exclusions of the Policy

	or from any nuclear waste from combustion of nuclear fuel or any weapon having nuclear components. 5. Damage caused by wear and tear or depreciation. 6. Loss of interest, consequential loss, delay, loss of market. 7. Any Loss or damage arising out of Terrorism/terrorist activity is not covered under any sections of this comprehensive policy.	
10.	**Special Condition's and Warranties (if any)** As per Policy Schedule	PART I OF THE SCHEDULE - General Conditions
11.	**Admissibility of Claim** Upon the happening to an event giving rise or which may give rise to a claim: a) The Insured or his representative shall forthwith give notice to the Company with full particulars. A claim in writing shall also be delivered by the Insured at his/her own expense to the Company with detailed particulars and proofs, explanation, statement of witnesses as may be required together with particulars of other insurance covering the same risk. b) In the event of a claim under this policy, all certificates, information, and evidences or otherwise required by the Company shall be furnished at the expenses of the Insured or his/her legal representative/ assignee and shall be in such form and of such nature as the Company may prescribe. The claim will be paid on actual loss for indemnity based cover and for benefit based cover the claim will be paid as per the Sum Insured mentioned in the Part I - Policy schedule Below is the sample claim calculation for reference: For Indemnity based coverages like Lost card liability, Purchase protection, Medical expenses for bodily injured, Cash in transit the claim will be paid based on actual loss amount or the sum insured whichever is lower.	PART II OF THE SCHEDULE - General Condition of the Policy, point 4 under Claim procedure and requirementss

Case 1	
Actual loss	2,00,000
Sum insured	1,00,000
Payable amount	1,00,000

Case 2	
Actual loss	1,00,000
Sum insured	2,00,000
Payable amount	1,00,000

	For benefit based coverages like Personal accident and Global travel covers, the whole sum insured will be paid without deductions. | Sum insured	1,00,000
Payable amount	1,00,000
Deduction	Not Applicable		
12.	**Policy Servicing - Claim Intimation and Processing:** For policy servicing and claim intimation you can contact us via our: • Toll free number: 1800 2666 • Website: ICICI Lombard Website • Email: customersupport@icicilombard.com • For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support • Escalation Matrix: Click here or Scan below Escalation Matrix **Reimbursement Claim Process**: Follow these steps for a smooth and hassle-free claim experience: **Intimate the Claim:** Notify us by submitting the claim form 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 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 will settle the claim under this policy within a period of 7 days from the intimation of claim or receipt of the final survey report, as the case may be.	Part II of the policy schedule

	Cancellation Clause: **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:** • For policies up to one year with no claims, we will refund the premium for the remaining period proportionally, based on your policy terms. • For policies longer than one year, we will refund the premium for the remaining portion if coverage has not started. **Policy Renewal Date:** Refer to the Period of Insurance section of the policy schedule.	
13.	**Grievance Redressal and Policyholders Protection** For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or write to us at Grievance Redressal Officer, ICICI Lombard General Insurance Company Ltd. ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025 or may approach us at the sub section “Grievance Redressal” on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ (an Integrated Grievance Management System earlier known as IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255. You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDA website: www.irdai.gov.in, or Click here or Scan below QR Code for details of the Grievance Redressal Officer, Process and Details of Insurance Ombudsman, and link to Bima Bharosa Portal.	Part II of policy schedule under Grievances

14.	**Obligations of the Policyholder** • To disclose all information correctly sought by the insurer at the time of filling the proposal. • 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.	Part III

Declaration by the Policyholder;

I have read the above and confirm having noted the details.

Place:

Date: (Signature of the Policyholder)

Note: *In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.*