COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES - WORDING

Product Code: 3012 **UIN:** IRDAN115RP0034V02201819

CHAPTER 1 - STANDARD FORM FOR COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICY

The Company undertakes to pay compensation as per the following scale for bodily injury/ death sustained by the owner-driver of the vehicle, in direct connection with the vehicle or whilst driving or mounting into/dismounting from the vehicle or whilst traveling in it as a co-driver, caused by violent accidental external and visible means which independent of any other cause shall within six calendar months of such injury result in:

Nature of injury	Sum Insured (₹)	Scale of compensation
I. Death	XX	100%
II. Loss of two limbs or sight of both eyes or one limb and sight of one eye	XX	100%
III. Loss of one limb or sight of one eye	XX	50%
IV. Permanent total disablement from injuries other than those named above, if such Injury shall as a direct consequence thereof, permanently, and totally, disable the Insured Person from engaging in any employmentor occupation of any description whatsoever	XX	100%

I. Compensation shall be payable under only one of the items (i) to (iv) above in respect of the owner-driver, arising out of any one occurrence and the total liability of the insurer shall not in the aggregate exceed the sum insured, being a minimum of ₹ 15,00,000/- or such higher amount as may be opted by the Insured upon payment of additional premium and as mentioned in the policy schedule during any one period of insurance.

II. No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self injury, suicide or attempted suicide physical defect or infirmity or (2) an accident happening whilst such person is under the influence of intoxicating liquor, drugs or any other substance abuse.

III. Such compensation shall be payable directly to the insured or to his/her legal representatives/Nominee whose receipt shall be the full discharge in respect of the injury to the insured.

IV. This cover is subject to

a. The owner-driver is the registered owner of the vehicle whilst driving which, including mounting into/dismounting from or traveling in, the owner-driver sustained bodily injury/ death;

b. The owner-driver is the insured named under this policy and the policy being valid on the date of loss

Chapter 2- Exception & Conditions

1. EXCLUSIONS:

I. No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (1) intentional self-injury, suicide or attempted suicide, physical defect or infirmity or (2) an accident happening whilst such person is under the influence of intoxicating liquor, drugs or any other substance abuse.

II. When the vehicle is used in any kind of rallies as defined in Indian Motor Tariff.

III. Any bodily injury/ death sustained by the owner-driver of the vehicle outside the Indian Territory;

IV. Any claim arising out of any contractual liability

V. Any bodily injury/ death sustained by the owner-driver of the vehicle whilst the vehicle is driven or while mounting into/ dismounting from or traveling in the said vehicle, herein is

a. Being used otherwise than in accordance with the Limitations as to Use. or

b. Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause.

c. Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission.

VI. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly caused by or contributed to by or arising from nuclear weapons material.

VII. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly or proximately or remotely occasioned by, contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim.

VIII. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly caused by or contributed to by or arising from breach of law

2. Conditions

This Policy and the Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear the same meaning wherever it may appear.

I. The policyholder can cancel the policy at any time during the term, by informing the insurer. In case the Policyholder cancels the policy, he/ she is not required to give reasons for cancellation. In such case of cancelation, the insurer will refund proportional premium for unexpired policy period, if the term of the policy is upto one year and there is no claim(s) made during the policy period.

In case the term of the policy is more than 12 months, the insurer will refund premium for the unexpired policy period, in respect of policy with the term more than one year and the risk coverage for such policy years has not commenced.

The insurer can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the retail policyholder.

II. The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis-description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his behalf to obtain any benefit under this Policy.

III. The due observance and fulfillment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by the insured and the truth of the statements and answers in the said proposal shall be conditions precedent to any liability of the Company to make any payment under this Policy.

IV. Any knowledge or information of any circumstances or condition in connection with the Insured Person in possession of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

V. It has been agreed between the parties that any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to be adjudicated or interpreted in accordance with Indian Laws and only competent Indian courts shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

VI. Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In case of the Insured Person, at the address specified in Part 1 of the Schedule.

VII. In case of the Company: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

VIII. The terms and conditions contained herein and in Part I of the Schedule to this Policy shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part I of the Schedule to this Policy, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover/terms and conditions contained in Part I of the Schedule to this Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

CHAPTER 3 - BASIS OF ASSESSMENT OF CLAIM:

A. The procedure for lodging the claim shall be as under:

Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:

i) Barring exceptional circumstances where a reasonable cause is shown and the Company is satisfied with such reasons, the Company should be immediately notified in writing of such event.

ii) The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall deliver to the Company, within 30 days of the date on which the event shall have come to his/her knowledge, a detailed statement in writing as per the claim form, and any other material particular, relevant to the making of such claim.

iii) The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

B. Claim Documents:

The Insured Person or any such person acting on behalf of the Insured Person, as the case may be, shall be required to furnish the following for or in support of a claim:

i) In case of Death

a) PA Claim form duly filled & signed by the nominee

b) Policy Copy

c) Death certificate - Notarized/ Attested by a gazetted officer

d) F.I.R - Notarized/ Attested by a gazetted officer Police Final charge sheet/ Court Final order - Notarized/ attested by a Gazetted Officer - if applicable - notarized/ Attested by a gazetted officer

e) Spot and/or Inquest Panchnama - Notarized/ Attested by a gazetted officer

f) Post Mortem Report - Notarized/ Attested by a gazetted officer

- Viscera Analysis Report/ Chemical analysis report/ Forensic Science Lab report
- If applicable - notarized/ Attested by gazetted officer]

g) Other Document as per Case details - Copy of Treatment papers; if hospitalized, Website Links/ Newspaper cuttings, Other references

h) If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant

i) Cancel Cheque with NEFT Mandate form - duly filled in by the claimant and bank

j) Any other document as required by the Company or Company's TPA to investigate the Claim or Company's obligation to make payment for it

ii) In case of Permanent Total Disablement

a) PA Claim form duly filled & signed by Insured/ Claimant

b) Policy Copy

c) MLC OR F.I.R.OR PANCHNAMA- Notarised/ Attested by a gazetted officer

d) Disability Certificate issued by Authorised civil surgeon- Original/Notarised/ Attested by a gazetted officer

- Treatment papers, X-rays films / laboratory test reports and other diagnostic reports to support the claim and percentage of disability

e) Medical report

f) Colour Photograph of the injured reflecting disability

g) If claim amount> 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant

h) Other Document as per Case details - Copy of Treatment papers; if hospitalized, Website Links/ Newspaper cuttings, Other references

i) Cancel Cheque with NEFT Mandate form - duly filled in by the claimant

j) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for

CHAPTER 4 - Claim Procedure

How to File a Motor Personal Accident Claim:

- If you've been in an accident with your insured vehicle, call us at 1800 2666 for claims related to accidental death or permanent total disability. Post verification of incident and all documents in place as per policy terms –Claim will be paid to Insured/Nominee account details.

CHAPTER 5 - Grievance Clause

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 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 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. You may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: https://irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman

CHAPTER 6 - DETAILS OF INSURANCE OMBUDSMAN

You can also approach the Insurance Ombudsman, depending on the nature of grievance and the financial implication, if any. Information about Insurance Ombudsman, their jurisdiction and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at https://irdai.gov.in, or of the General Insurance Council at https://www.gicouncil.in , the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.

The details of Insurance Ombudsman are available below:

Name of office of Insurance Ombudsman	Territorial Area of Jurisdiction
AHMEDABAD Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Insurance Ombudsman Office of the Insurance Ombudsman 1st Floor, Jeevan Shikha, 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Insurance Ombudsman Office of the Insurance Ombudsman 62, Forest Park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH Insurance Ombudsman Office of the Insurance Ombudsman Mr Atul Jerath Jeevan Deep Building SCO 20-27, Ground Floor Sector - 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh.
CHENNAI Insurance Ombudsman Office of the Insurance Ombudsman Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).

Name of office of Insurance Ombudsman	Territorial Area of Jurisdiction
DELHI Insurance Ombudsman Office of the Insurance Ombudsman 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana – Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Insurance Ombudsman Office of the Insurance Ombudsman 6-2-46, 1st floor, Moin Court, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363/2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI Insurance Ombudsman Office of the Insurance Ombudsman 10th Floor, Jeevan Prakash, LIC Building, Opp. to Maharaja's College Ground, M. G. Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA Insurance Ombudsman Office of the Insurance Ombudsman Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim Andaman and Nicobar Islands.

Name of office of Insurance Ombudsman	Territorial Area of Jurisdiction
LUCKNOW Insurance Ombudsman Office of the Insurance Ombudsman 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI Insurance Ombudsman Office of the Insurance Ombudsman 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).

Name of office of Insurance Ombudsman	Territorial Area of Jurisdiction
NOIDA Insurance Ombudsman Office of the Insurance Ombudsman Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	States of Uttaranchal and the following Districts of Uttar Pradesh:. Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah,Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Insurance Ombudsman Office of the Insurance Ombudsman 2nd Floor, Lalit Bhawan, Bailey Road, Patna - 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar and Jharkhand.
PUNE Insurance Ombudsman Office of the Insurance Ombudsman Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
THANE Shri Umesh Sinha Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West) Thane - 400604 Email: bimalokpal.thane@cioins.co.in	Navi Mumbai, Thane District, Raigad District, Palghar District and wards of Mumbai, M/East, M/West, N, S and T.

The updated details of inssurance Ombudsman are available on IRDA **Website:** https://irdai.gov.in, on the website of General inssurance **Council:** https://www.gicouncil.in, website of the company www.icicilombard.com or form any of the offices of the company.

Annexure B
CUSTOMER INFORMATION SHEET

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

Please Note: This Customer Information Sheet contains information specific to and available under this Product. Kindly refer to your Policy Schedule to know exact details of coverages opted by You.

Sl No	Title/ Description (Please refer to applicable Policy Clause Number in next column)	Policy/Clause Number
1	**Product Name** COMPULSORY PERSONAL ACCIDENT (OWNER-DRIVER) UNDER MOTOR INSURANCE POLICIES	Policy Schedule
2	**Unique Identification Number (UIN) allotted by IRDAI** UIN (Product & Add-on (as mentioned in your policy schedule))	Policy Schedule
3	**Structure** Fixed Benefit	Policy Schedule
4	**Interests Insured** • Motor Personal Accident of Owner-Driver	Policy Schedule
5	**Sum Insured / Motor Insured Declared Value Scope** Sum Insured • Motor Personal Accident – Your Sum Insured is as mentioned in your policy schedule	Policy Schedule
6	**Policy Coverage** • Motor Personal Accident – Your Sum Insured is (as opted by you and as mentioned in your policy schedule) For detailed coverages along with terms and conditions please refer to your policy schedule and wordings here https://www.icicilombard.com/downloads QR Code:	Chapter 1
7	**Add-on Covers:** Not Applicable	Not Applicable
8	**Loss Participation:** Not Applicable	Not Applicable
9	**Exclusions:** 1. No compensation shall be payable in respect of death or bodily injury directly or indirectly wholly or in part arising or resulting from or traceable to (a) Intentional self-injury, suicide or attempted suicide, physical defect or infirmity or (b) an accident happening whilst such person is under the influence of intoxicating liquor, drugs or any other substance abuse. 2. When the vehicle is used in any kind of rallies as defined in Indian Motor Tariff. 3. Any bodily injury/ death sustained by the owner-driver of the vehicle outside the Indian Territory; 4. Any claim arising out of any contractual liability 5. Any bodily injury/ death sustained by the owner-driver of the vehicle whilst the vehicle is driven or while mounting into/ dismounting from or traveling in the said vehicle, herein is a) Being used otherwise than in accordance with the Limitations as to Use. or b) Being driven by or is for the purpose of being driven by him/her in the charge of any person other than a Driver as stated in the Driver's Clause. c) Any liability of whatsoever nature directly or indirectly caused by or contributed to by or arising from ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exception combustion shall include any self-sustaining process of nuclear fission. 6. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly caused by or contributed to by or arising from nuclear weapons material.	Chapter 2.1

	7. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly or proximately or remotely occasioned by, contributed to by or traceable to or arising out of or in connection with war, invasion, the act of foreign enemies, hostilities or warlike operations (whether before or after declaration of war) civil war, mutiny rebellion, military or usurped power or by any direct or indirect consequence of any of the said occurrences and in the event of any claim hereunder the insured shall prove that the accidental loss damage and/ or liability arose independently of and was in no way connected with or occasioned by or contributed to by or traceable to any of the said occurrences or any consequences thereof and in default of such proof, the Company shall not be liable to make any payment in respect of such a claim. 8. Any bodily injury/ death sustained by the owner-driver of the vehicle directly or indirectly caused by or contributed to by or arising from breach of law 9. Add on specific exclusions are mentioned in policy wordings, which can be referred through link- https://www.icicilombard.com/downloads	
10.	**Special Conditions and Warranties (if any):** Not Applicable	Not Applicable
11.	**Admissibility of Claim:** Claims are assessed based the coverages, exclusions and conditions outlined in your CIS, policy wording and schedule, so ensure you take care of your vehicle, minimize any potential losses, and notify us of a claim within 30 days for smooth processing. Claims are subject to the Motor Vehicle Act 1988 & 2019, Central Motor Vehicle Rules 1989, Insurance Act 1938 & 2015 and any other relevant laws or regulations. **Claim calculation process - post claim admission:** • **Motor PA Claim:** Paid as per Sum Insured for death or injury.	Policy Schedule
12	**Policy Servicing - Claim Intimation and Processing** **For policy servicing, you can reach us through:** • Toll-free number: 1800 2666 • Email: customersupport@icicilombard.com • IL TakeCare App • WhatsApp: Send "Hi" to RIA at 7738282666 Or • Website: https://www.icicilombard.com/customer-support • Contact your CSM at motorintimation@icicilombard.com. **How to File a Motor Personal Accident Claim:** In the case of an accidental death or permanent disability, call 1800 2666. Send the required documents to your Claims Manager; once verified, we will handle the payment to the garage, with any balance covered by you. **Cancellation Clause-** You can cancel your policy anytime by notifying us. We can cancel only for established fraud with 7 days' notice. If no claims were made, we will refund the unused premium. For further details, please refer to your policy wordings. **Renewal Date: Current policy end date**	Chapter 4
13	**Grievance Redressal and Policyholders Protection** **Protection of Policyholder's Interest:** We're committed to giving you fair treatment and clear, timely information about your coverage, so you can make informed decisions. We also ensure efficient service and uphold high standards throughout the sale and servicing of your policy. **Grievance Redressal Process:** If you have a concern, click- https://www.icicilombard.com/grievance-redressal to understand our grievance redressal process. If the issue persists, contact our Grievance Redressal Officer https://service.icicilombard.com/GrievanceRedressal/GrievanceRedressalStep3 . If the issue remains unresolved, you can approach the Insurance Ombudsman https://cioins.co.in/ombudsman or visit the Bima Bharosa Portal at https://bimabharosa.irdai.gov.in/	Chapter 5 & 6
14	**Obligations of the Policyholder** **Disclosure of Information:** Please ensure all details provided in your proposal form are accurate and inform us promptly of any changes, as not doing so could affect your coverage and claims. Please make sure to share key details like a valid driver's license, PUC certificate, vehicle registration, correct no-claim bonus and any past claims or accidents. For the complete list of disclosures, please check your policy wording.	Policy Number

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. Please click here <PoI Schedule & CIS Link> to download the same.