PROSPECTUS FOR ICICI LOMBARD'S
Globetrotter- Overseas Group Travel Insurance Policy

Scope of Cover:

A. Basic and Standard Cover

If the Insured Person(s) fall ill or contract any Disease whilst on a Trip abroad during the Period of Insurance, then the Company will pay to the Insured Person, the amount of such expenses mentioned below, which are reasonably and necessarily incurred thereof, by or on behalf of such Insured Person but not exceeding the sum incured less the deductibles as specified in Part I of the Schedule to the Policy:

1. **Medical Expenses:** Costs incurred for medically necessary treatment undertaken during a Trip abroad less the deductible stated in the Schedule. For the purpose of this Benefit, treatment' shall be deemed to include only out patient treatment, in patient treatment in a local hospital at the place the Insured Person is staying at the time of occurrence of an insurable event or at the nearest suitable hospital, medical aid that is prescribed by a physician as necessary part of the treatment for broken limbs or injuries (e.g. plaster casts; bandages and walking aids), radiotherapy, heat therapy or phototherapy and other such treatment prescribed by a physician, x-Ray, diagnostic tests, cost of transportation, including necessary medical care en route, by recognized emergency service providers for medical attention at the nearest hospital or at the nearest available physician, cost of being transferred to a special clinic if this is medically necessary and prescribed as such by a Physician, life saving unforeseen emergency measures, or measures solely designed to relieve acute pain, provided to the Insured Person by medical practitioners for Disease/accident arising out of a pre-existing condition.

a) Transportation:

Extra costs of medically necessary and prescribed transportation from the foreign country to the Insured Person's permanent country of residence (being the Republic of India) provided that-

Extra costs in the event of transportation are the additional costs arising as a consequence of the Insured Event for the return journey home.

In the event that the Insured Person(s) is/are capable of being transported from a medical point of view, it is the decision of TPA whether the Insured Person(s) is/are repatriated to India or not.

Additional extra costs of an accompanying person, if it is medically necessary that the insured be accompanied to the Republic of India.

b) **Balance Period of Policy +30 days:**

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If TPA advises that the continued treatment in the Republic of India is appropriate, then the Company will pay the medical expenses incurred in India for the same illness bodily

injury contracted abroad following the transportation home, for a maximum period of 30 days from date of return. provided the disease/ injury illness is contracted within the Insurance Period during the Trip abroad.

2. **Repatriation of Remains:** In the event of the death of the Insured Person(s) due to illness/ injuries which are insured events in terms of this Policy, the Company shall compensate for the extra costs of repatriation of remains of the deceased back to the Republic of India or, up to an equivalent amount for a local burial or cremation in the country where the death occurred

3. **Dental Treatment:** Compensation for expenses incurred on acute anaesthetic treatment of a natural tooth or teeth rendered necessary as a result of or arising out of, a covered accident during a Trip abroad

B. Standard Cover Only:

If the Insured Person(s) were to suffer expenses in case of contingencies covered by the policy whilst on a Trip abroad during the Period of Insurance, then the Company will pay to the Insured Person(s), the amount of such expenses mentioned below, which are reasonably and necessarily incurred thereof, by or on behalf of such Insured Person(s) but not exceeding the sum insured less the deductibles as specified for each of the benefits in Part I of the Schedule to the Policy:

<u>The coverage for Standard Cover mentioned below is in addition to the 3 coverages mentioned above under Basic Cover is Medical, Repatriation and Dental expenses</u>

1. Loss of Baggage

a. The Company will reimburse the Insured Person(s) for the market value of baggage in the event of total and complete loss of such baggage caused by a carrier (ie, airline, coach operator, ferry company etc.)

Market value is the sum required to purchase new items of the same kind and quality less an amount representing wear and tear, usage, etc. at the time of loss.

2. Delay of Baggage

a. The Company will pay for costs of necessary emergency purchases of essential items in the event of the Insured Person suffering a delay in his/ her baggage while being transported during the journey provided that the delay of baggage is more than 12 hours from the scheduled. arrival time at the destination and relates to delivery of baggage that has been checked in by the carrier, li) Insured Person gives the Company written proof of delay from the carrier and iii) the Insured Person gives Company the receipts of essential personal items the Insured Person needs to buy.

Important Note: In the event that claim(s) are submitted for total loss of baggage as well as temporary loss of baggage, the higher of the claim(s) shall be payable by the Company in respect of the same item(s) of baggage during any one period of Insurance.

3. Loss of Passport

In the event that the passport belonging to the Insured Person is lost, the Company to reimburse the Insured Person for actual expenses necessarily and reasonably incurred in connection with obtaining a duplicate or fresh passport less the deductible of S 50 as stated in the policy schedule.

4. Personal Liability

The Company will compensate the Insured Person(s) in the event the Insured Person becomes legally liable to a third party under statutory ability provisions in private law for an incident which results in death, injury or damage to the health of a person or damage to his/ her properties, provided the incident occurs during the Period of Insurance and whilst on a Trip abroad.

5. Personal Accident

If the Insured Person meets with an accident which leads to death or subsequent disablement of the Insured Person(s), the Company will in Case of death of Insured Person(s) within 1 year of accident occurring within the policy period, pay to the legal heirs of the Insured Person the Sum Insured mentioned in the Schedule. In case of permanent disablement of the mental or physical capabilities of the Insured Parson, the Company will pay the benefits as provided in the Table of Benefits depending upon the degree of disablement provided that the disablement occurs within a year of the accident and the disablement must be confirmed and claimed for prior to the expiry of a period of 3 months since, occurrence of the disablement.

Main Exclusions.

1. Applicable to all Benefits

Without prejudice to anything contained in this Policy, the Company shall not be liable to make any payments in respect of:

I. Any claim relating to events occurring before the commencement of the cover or otherwise outside of the Period of Insurance.

II. Any claim, which is not specifically, supported by an original Certificate of Insurance being produced by the insured Person(s), alongwith the other required documentation as specified in this Policy

III. Any claim if the Insured Person(s) -
   1. Is travelling against the advice of a physician.
   2. Is receiving or on a waiting list for specified medical treatment declared in a physician's report or certificate.
   3. Has received terminal prognosis for a medical condition.
   4. Is taking part in a naval, military or air force operation.

iv. Any claim arising out of illnesses or accidents that the insured Person has caused intentionally or by committing a crime or as a result of drunkenness or addiction (drugs, alcohol).

v. Any claim arising out of venereal disease or any loss directly or indirectly attributable to.

vi. Illness and accidents that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, Insurrection, civil commotion assuming the proportions of or amounting to an uprising, military or usurped power, active participation in riots, confiscation or nationalisation or requisition of or destruction of or damage to property by or under the order of any government or local authority.

vii. Any act of terrorism which means an act, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological, or ethnic purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

viii. Any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
c) Any claim arising out of sporting activities in so far as they involve the training or participation in competitions of professional or semi-professional sportspersons, unless declared beforehand and necessary additional premium paid.

2. Medical Expenses Benefit

i) Medical treatment abroad if that is the sole reason or one of the reasons for temporary stay abroad.

ii) Medical expenses/ services, the need for which arises out of a Pre-. existing Condition.

iii) Treatment, which could reasonably be delayed until the Insured Person's return to the Republic of India. The question of what can or what cannot be reasonably delayed will be decided jointly by the treating physicians and qualified personnel from TPA as the case may be.

iv) Treatment of orthopedic, degenerative or oncological diseases, unless the medical assistance provided abroad involves unforeseen emergency measures to

save the insured Person's life or measures solely designed to relieve any acute pain.

v) For charges in excess of reasonable and customary charges as per the determination by TPA, as the case may be.

vi) Any costs incurred in connection will cancer treatment, unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured Person's life or measures solely designed to relieve acute pain.

vii) Treatments relating to the removal of physical flaws or anomalies (cosmetic treatment or 'plastic surgery in any form or manner).

viii) Any costs incurred in connection with rest cures or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.

ix) Pregnancy, childbirth and any consequences thereof unless the medical assistance provided abroad involves unforeseen emergency measures to save the Insured Person's, or the child's, life in the event of acute complications, on the condition that the pregnant woman has not completed the age of 38 years and also that the 30th week of the pregnancy is not yet completed.

x) Medical treatment of typical symptoms suffered during pregnancy and their consequences, including changes in other chronic conditions as a result of pregnancy.

xi) Any medical check-ups during pregnancy or treatment of the pregnancy.

Xii) Rehabilitation and/or physiotherapy or the cost of prostheses/prosthetics (artificial limbs) etc.

3. Loss/ Delay of Baggage Benefit

i) Valuable and money, all kinds of securities and tickets/passes or any other item not declared to and agreed to by the Company.

ii) Loss of property unless a Property irregularity Report or other report usually issued by carriers in the event of loss of baggage has been procured and submitted to the Company.

iii) Any partial loss of the items contained within the baggage.

iv) Items contained within the baggage which are valued in excess of US $ 100 without appropriate proof of ownership.

v) Losses arising from any delay, detention, confiscation by customs officials or other public authorities.

vi) Loss due to complete/partial damage of the baggage

4. Loss of Passport Benefit

i) Loss of the passport due to delay or confiscation or detention by the customs, police or public authorities.
ii) Loss of the passport due to theft unless it has been reported to the police authorities within 24 hours of the Insured Person becoming aware of the theft and a written police report being obtained in that regard.
iii) Loss of the passport due to it being left unattended or forgotten by the Insured Person in a public plane or public transport, hotel or apartment.
iv) Loss or theft of the passport from a private place or from a private vehicle unless it was located in a locked hotel room or apartment and forcible and violent entry was used to gain access to it.

5. Personal Liability Benefit

i) Any claim arising from employer's liability or contractual liability or through special promises made by the Insured Person,
ii) Any claim of personal liability of the Insured Person towards his/ her family, relations and travelling companions, whether personal or official.
iii) Any claim resulting from transmission of an illness of disease by the Insured Person.
iv) Any claim or damage resulting from professional activities involving the Insured Person.
v) Any claim for liability arising directly or indirectly from or due to:
   a) The possession of animals
   b) The ownership or possession of vehicles, aircrafts, watercrafts, or activities of the Insured Person involving parachuting, hang gliding, hot air ballooning or use of firearms.
   c) Any wilful, malicious or unlawful act.
   d) The use of any alcohol/ drugs (except as medically prescribed) or drug addiction.
   e) Any supply of goods or services on the part of the Insured Person(s).
   f) Any ownership or occupation of land or buildings other than the Occupation of any temporary residence.

6. Personal Accident Benefit

i) Damage to health caused by curative measures, radiation, infection, poisoning except where these arise from an accident.
ii) Any payment under this Benefit whereby the Company's liability would exceed the sum payable in the event of death.
iii) Any other claim after a claim for death has been admitted by the Company and becomes payable.
iv) Any claim which arises out of an accident connected with the operation of an aircraft or which occurs during parachuting except when the Insured Person is flying as a passenger on a multi engine, commercial aircraft.
v) Any claim arising out of an accident related to pregnancy or childbirth, Venereal disease or infirmity.

Policy Related Terms and Conditions

i) No sum payable under this Policy shall carry any interest/ penalty.

ii) Geographical Scope: The Insurance cover applies to all countries stated in the Policy Schedule, except those countries the citizenships of which the Insured Person(s) possesses or where the Insured Person has a permanent place of residence.

iii) In the event of the Insured Person's death, the Company or the Company's representatives shall have the right to carry out a post mortem/autopsy at the Company's expense.

iv) Benefits as specified in the Schedule of the Policy shall relate to any/all contingencies occurring during the period of travel days/nights, availed by one or more Insured Person(s) singly or collectively during the Policy period. The insurance under the Policy shall cease to exist on expiry of insured travel days/nights so utilized by the Insured Person(s), unless additional premium is paid.

v) In event that, upon expiry of Period of Insurance, all or part of the insured travel days/nights remain unutilized, the Company shall refund to the Insured the premium for such unutilized travel days/nights on a proportionate basis, subject to retention of a maximum of 50% of the premium collected at inception of the Policy in the event of no claim having arisen under the Policy. This would be over and above the minimum days limit of 300 days which the insured person(s) is/are required to purchase under this product.

Special Conditions for Personal Liability Benefit

1. The Company shall be responsible for contesting unjustified claims against the Insured Person(s) and providing indemnity for damages which the Insured Person(s) has to pay. For indemnity to be provided against damages, the damages must be payable under an acceptance of liability given or approved by the Company or under a judicial decision rendered by a court of law.
2. If there is a legal action In process against the Insured Person(s) over a personal liability issue, the Company may conduct the legal action, including appointment of legal counsel, at the Company's expense in the name of the Insured Person at the Company's sole discretion
3. The Company will have the right, but in no case the obligation, to take over and conduct in the name of the insured Person(s) the defence of any claim and will have full discretion in the conduct of any proceedings and in the settlement of any claim and having taken over the defence of any claim, may

   In the event the Company, in its sole discretion, chooses to exercise its right in pursuance of this condition, no action taken by the Company in the exercise of such right will serve to modify or expand in any manner, what the Company's liability or obligations under this Policy would have been had it not exercised its rights under this condition.

Special Conditions for Personal Accident Benefit

1. In the event of partial loss or impairment of the function of one of the above parts of the body or senses, the appropriate proportion of the percentage stated in the Table of Benefits will be considered for payment.
2. If the accident impairs a number of physical or mental functions, the degree of disablement given in the Table of Benefits will be added together, but not exceeding 100% of the Sum Insured specified In Part 1 of the Schedule to this Policy.
3. If the accident affects parts of the body or senses whose loss or inability to function is not dealt with above, the governing factor in determining the benefit amount in such a case will be how normal physical or mental capabilities are Impaired, solely from a medical point of view as ascertained by TPA.
4. If the accident affects any physical or mental function, which was already Impaired beforehand, a deduction will be made equal in amount to this prior disablement.
5. If the Insured Person dies for a reason unconnected with the accident within a d if a claim year of the accident for whatever reasons, and if a claim for disablement payment had arisen, then the payment will be made in accordance with the degree of disablement which would have been expected to exist from the findings of the last medical examination made.
6. In the event of permanent disablement, the Insured Person will be under obligation:

   a) To have himself/herself examined by doctors appointed by the Company and the Company will pay the costs involved thereof.

To authorize doctors providing treatments or giving expert opinion and any other authority to supply the Company any information that may be required. If the obligation are not met with due to whatsoever reasons, The Company may be reserved of its liability to pay

Standard terms and conditions, applicable are as under:

1. Incontestability	2. Reasonable Care	3. Observance of terms and conditions
4. Material Charge	5. Records to Be maintained	6. No Constructive Notice
7. Notice of Charge etc	8. Special Provision	9. Overriding effect of Part II of the schedule
10. Electronic Transaction	11. Duties of the insured on Occurrences of Loss	12. Duties of the Company on Happening of loss/damage
13. Right to Inspect	14. Position after Claim	15. Indemnity
16. Subrogation	17. Condition of Average	18. Contribution
19. Fraudulent Claims	20. Cancellation / Termination	21. Cause of Action / Currency of payments
22. Policy Disputes	23. Arbitration Clause	24. Renewal Notices
25. Notices	26. Customer Service	27. Grievances

Cancellation/ Termination

The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy

The Company may cancel the Policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on the grounds of established fraud."

Claim Procedure

a. The Insured shall immediately contact the Help Line of the Third Party Administrator stating the necessary details.

Contact ICICI Lombard 24hr Help Line number for assistance & registering your claim

In USA & Canada (Toll Free) : +1 844 871 1200

Rest of The World (Call Back Facility) : +91 124 449 8778

National Toll Free Number : 1800 102 5721

Fax Number : +91 124 4006674

Email Address : icicilombard@falck.com

E-claim link : https://fgaindia.com/FalckMLink/

b. The insured needs to contact the Help Line number while abroad as soon as possible and inform in case the insured is/will be filing of any claim, even if assistance is not required. The company will not be liable to pay any claim that has not been informed by the insured while abroad to the Help Line Number on return back to India.

c. The Third Party Administrator Help Line Number will verify the identity of the caller by asking information such as mother's maiden name.

d. In the event of an accident or sudden illness where it is not possible to do so before consulting a Physician or going to the Hospital, the Insured shall contact the Help Line Number as soon as possible. In either case, when being admitted as a patient, the Insured shall show the concerned Physician or personnel this Policy, if requested.

e. In case of Financial Emergency, the Insured shall immediately contact the Help Line number the Third Party Administrator stating the details given on his/her Insurance Policy along with the police report containing the passport number and a written statement narrating the incident of loss i.e. causes, circumstances and the place. Failure to do so may prejudice

the Insured's claim, as the Company's liability will only attach in case of Medical Expenses, Dental Treatment, Repatriation of Mortal Remains and Financial Emergency if these are incurred with the approval of the Third Party Administrator.

f. In case of Hijacking, the fact of the incident having occurred should be confirmed by the proper police authorities. The police report should contain details such as the passport number of the Insured, the period of hijack, etc. In rare cases, the Company may consider the other supporting documents such as a report issued by the airlines, newspaper reports, TV and other media coverage with regard to the particular hijacking incident.

Claims Settlement

For Cashless Settlement

In order to avail of cashless treatment, the following procedure must be followed by You: You mustequest pre-authorisation through our Assistance Service Provider in case of an emergency situation, within 24 hours of Hospitalisation.

We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalisation facility is sought by You and We will confirm Your request in writing.

For Reimbursement Settlement

The settlement of reimbursement claims would be done by Us within 15 days from after the receipt of claim along with claim form and documents, any rejections if done, would be provided with proper reasons by Us. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.

Claim Documentation:

The Insured shall be required to furnish the following for or in support of a claim:

i) Confirmation of Availability Insurance
ii) The original bills and vouchers must be submitted alongwith all claims.
iii) Bills/ vouchers/reports/ discharge summary must contain the name of the person treated, the type of illness, details of the individual items of medical treatment provided and the dates of treatment. Prescriptions must clearly show the medicines prescribed, the price and the receipt stamp of the pharmacy. In the case of dental treatment, the bills/ vouchers/ reports must give the details of the tooth treated and the treatment performed.
iv) For reimbursement of the extra costs of repatriation remains to the Republic of India or of the costs of burial abroad, an official death certificate and a physician's statement giving the cause of death: Medical statements from relations or spouses will not be accepted,
v) For reimbursement of extra expenses of transportation of Insured Person(s) to the Republic of India, a medical statement indicating the cause of illness and the necessity of the transportation. Medical statements from relations or spouses will not be accepted.
vi) For In case of loss of baggage, a copy of the report made to the police authorities within 24 hours of the insured becoming aware of the loss
vii) In case of loss of baggage, a Property Irregularity Report or other report usually issued by the carriers in the event of loss of baggage.
viii) Adequate proof of ownership of baggage valued in excess of the Indian Rupee equivalent of $100 for loss/delay of baggage.

ix) In case of delay in baggage of more than 12 hours, written proof of delay fun the carrier and receipt of the essential personal items the Insured Person(s) needs to buy.
x) For loss of passport, a Police Report obtained within 24 hours of the Insured Person becoming aware of the theft.
xi) For personal liability, proof of judicial decision rendered by a court of law. For personal accident, bills/ vouchers/reports/ discharge summary must contain the name of the person treated, the cause of accident, details of the individual items of medical treatment provided and the dates of treatment.
xii) Any other documents) that the Company requires from the insured | Person(s) to process the claim.

If TPA or the Company request that bills/vouchers in a foreign language be accompanied by an appropriate translation then the costs of such translation must be borne by the insured Person(s),

Obligations of the Insured Person(s):

i) Claims for insurance benefits must be submitted to TPA not later than one (1) month after the completion of the treatment or transportation home, or in the event of death, after transportation of the mortal remains/ burial.
ii) The Insured Person(s) shall provide TPA on demand any information that is required to determine the occurrence of the Insured Event or the Company's liability to pay the benefits. In particular, upon request, proof shall be furnished of the actual commencement date of the Trip abroad.
iii) If requested to do so by TPA, the insured Person(s) is obliged to undergo a medical examination by a Physician designated by TPA.
iv) TPA is authorized by the insured to take all measures that are suitable for loss prevention, and claim minimisation, which includes the Insured Person's transportation back to the Republic of India.
v) The Company shall be released from any obligation to pay insurance. benefits if any of the aforementioned obligations are breached.

Transfer and Set-off of Claims:

a) If the Insured Person(s) have any outstanding-claims against third parties, such claims shall be transferred in writing to the Company up to the amount for which the reimbursement of costs is made by the Company in accordance with the terms hereunder.

b) In so far as an Insured Person receives compensation for costs he/she has incurred either from third parties liable for damages or as a result of other legal circumstances, the Company shall be entitled to set off this compensation against the insurance benefits payable, if any.

c) Claims to the insurance benefits may be neither pledged nor transferred by the Insured Person(s).

Method of Payment of the Claim

Policy provides cashless facility for the medical expenses benefit and reimburses, claims expenses under the other benefits subject to the Sum Insured and deductibles specified for each benefit under the policy.

Premium

Premium chargeable depends upon coverage and plou of the policy, duration per trip and the age of the insured person

Age Limit

Age limit is 0 to 70 years.

Definitions

Policy lays down definitions of following terms

- Air Travel
- Certificate of insurance Checked-in Baggage Disease
- Hospital/Nursing Home
- Injury
- Insured
- Insured Person
- TPA
- Period of Insurance Physician
- Sum Insured Trip
- Trip Duration
- Grievances

Terms of Renewal

In 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.

This policy shall ordinarily be renewable except on grounds of misrepresentation or established fraud, or non-disclosure of any material fact or by the insured.

Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change as per relevant regulatory prescriptions.

The policy shall be renewed subject to the presence of the insured in Indian geographical location

Extension under the policy shall only be possible 30 days prior to the expiry of the policy period.

Grievances

In 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

Insured 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.

If Insured 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

If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (1) 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

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"