PROSPECTUS FOR PERSONAL CARE

Scope of Cover

Under the Policy, the Insured may claim compensation if any of the Insured Persons sustain any bodily injury or death resulting solely and directly from accident, caused by external, violent and visible means, to the extent and in the manner hereinafter provided.

Exclusions and Limitation

The Company shall not be liable under this Policy for:

(i) Compensation under more than one of the categories specified in the Basis of Assessment in respect of the same period of disablement of the Insured Person. However, amounts relating to carriage of dead body and ambulance charges would be payable in addition, if applicable.

(ii) Any other payment to the same person after a claim under one of the categories I, II (a)(i) & (ii) and II (b) as specified in the Basis of Assessment has been admitted and become payable. However, amounts relating to carriage of dead body and ambulance charges would be payable in addition, if applicable.

(iii) Any payment in case of more than one claim in respect of such Insured Person, under this policy during any one period of insurance by which the sum payable as per the Basis of Assessment of this policy to such Insured Person exceeds the maximum liability of the Company specified in Part I of the Schedule applicable to such Insured Person. However, amounts relating to carriage of dead body and ambulance charges would be payable in addition if applicable.

(iv) Payment of weekly compensation until the total amount shall have been ascertained and agreed.

(v) Amounts relating to medical expenses.

(vi) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (b) whilst under the influence of intoxicating liquor or drugs; (c) whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world. Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine; (d) directly or indirectly caused by venereal disease or insanity; (e) arising or resulting from the Insured committing any breach of the law with criminal intent.

(vii) 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 detainment of all kinds and acts of terrorism.

(viii) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons:

(a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.

(b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon materials.

(ix) Death or disablement resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.

Conditions to be fulfilled by the policy holder

(I) Policy Related Terms and Conditions

(i) Upon the happening of any event, which may give rise to a claim under this Policy, written notice with full particulars must be given to the Company immediately. In case of death, written notice must be given before internment, cremation and in any case, within one calendar month after the death, unless reasonable cause is shown. In the event of loss of sight or amputation of limbs, written notice thereof must also be given within one calendar month after such loss of sight or amputation.

(ii) Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any medical or other agent of the Company shall be allowed to examine the Insured Person(s) on the occasion of any alleged injury or disablement, when and so often as the same may reasonably be required, on behalf of the Company and in the event of death to make a post-mortem examination of the body of the Insured Person. Such evidence as the Company may from time to time require shall be furnished and a post-mortem examination report, be furnished within a period of thirty days.

(iii) In the event of a claim in respect of loss of sight, the Insured Person(s) shall undergo at the Insured's expense such operation or treatment as the Company may reasonably deem desirable. In the event the sight is not regained after such operation or treatment, and such loss of sight is of a permanent nature, compensation shall be payable as specified in the "Basis of Assessment of Claims" in Part II of the Schedule of this Policy.

(iv) Position after a claim :

(a) In case of death or Permanent Total Disablement (as specified in Basis of Assessment) the Company shall delete the name of the Insured Person in respect of whom such sums shall become payable from Part I of the Schedule to this Policy without any refund of the premium.

(v) (a) The Proposer shall give immediate notice to the Company of any change in any of the business or occupation of any of the Insured Persons.

(b) The Proposer shall on tendering any premium for the renewal of this Policy give notice in writing to the Company of any disease, physical defect or infirmity with which any of the Insured Person(s) have become affected since the payment of the last preceding premium.

(vi) The scope of cover shall extend on a world wide basis, and therefore the cause of action may arise in India or elsewhere.

Capital Sum Insured

The Capital Sum Insured can be decided on the basis of earning capacity of the Insured Person.

Basis of Assessment of Claim

1. Basis of assessment of claim shall be as under :

The benefit payable to or on behalf of the Insured Person will be as per the following categories but not exceeding the Capital Sum Insured as specified, unless otherwise agreed by the Company.

Categories of benefits

I Accidental Death

The Capital Sum Insured as stated in Part I of the Schedule will be paid if the death of the Insured Person is within a period of twelve months from the date of bodily injury, and such bodily injury be the sole and direct cause of the death of the Insured Person.

II Permanent Total Disablement (PTD)

(a) If such injury shall within twelve months of its occurrence be the sole and direct cause of the total and irrecoverable loss of

(i) Sight of both eyes, or of the actual loss by physical separation of two entire hands or two entire feet, or one entire hand and one entire foot, or of such loss of sight of one eye and such loss of one entire hand or one entire foot, then the Capital Sum Insured stated in the Part I of the Schedule hereto as applicable to such Insured Person.

(ii) Use of two hands or two feet, or of one hand and one foot, or of loss of sight of one eye and loss of use of one hand or one foot, then the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

(iii) The sight of one eye, or of the actual loss by physical separation of one entire hand or one entire foot, then (50%) of the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

(iv) Total and irrecoverable loss of use of a hand or a foot without physical separation then (50%) of the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

Note:

For the purpose of clause (iii) and (iv) above, physical separation of a hand or foot means separation of hand at or above the wrist, and of foot at or above the ankle.

(b) If such injury shall as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in being occupied with or giving attention to any employment or occupation of any description whatsoever, then a lump sum equal to the Capital Sum Insured stated in Part I of the Schedule hereto as applicable to such Insured Person.

III Carriage of Dead Body

In the event of death of the Insured Person due to accident as defined in the Policy out side his/her residence, the Company shall reimburse in addition to the amount payable under clause I above, expenses incurred for transportation of Insured's dead body to the place of residence, subject to a maximum of 2% of Capital Sum Insured or Rs.10,000/-, whichever is less. Further, it is a condition precedent to the payment of the aforesaid transportation expenses that the detailed account of the expenses incurred alongwith all the supporting bills and documents, substantiating such expenses, shall be submitted to and approved by the Company.

IV Ambulance Charges

Actual charges paid for any ambulance services availed for transportation of the Insured to the Hospital from the place of accident and for return to the place of dwelling shall be reimbursed by the Company, subject to a maximum sum of Rs. 2,000/-.

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

Accidental Death

a. PA Claim form duly filled & signed by the nominee
b. Policy Copy/ If Loan related policy; Copy of Loan Agreement document/ If Debit OR Credit card related policy; recent 3 months card statements with a card copy
c. Death certificate - Notarised/ Attested by a gazetted officer
d. F.I.R - Notarised/ Attested by a gazetted officer
    a. Police Final chargesheet/ Court Final order - Notarised/ attested by a Gazetted Officer - if applicable - notarised/ Attested by a gazetted officer
e. Spot and/or Inquest Panchnama - Notarised/ Attested by a gazetted officer
f. Post Mortem Report - Notarised/ Attested by a gazetted officer
    a. Viscera Analysis Report/ Chemical analysis report/ Forensic Science Lab report - If applicable - notarised/ Attested by gazetted officer]
g. Other Document as per Case details - Copy of Treatment papers; if hospitalised, Website Links/ Newspaper cuttings, Other references
h. If claim amount> 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 supporting documents as required by the Company or TPA to investigate the Claim or the Company's obligation to make payment for it

Permanent Total Disability

a. PA Claim form duly filled & signed by Insured/ Claimant
b. Policy Copy
c. MLC OR F.I.R.- Notarised/ Attested by a gazetted officer

d. Disability Certificate issued by Authorised civil surgeon- Original/ Notarised/ Attested by a gazetted officer
e. Treatment papers, X-rays films / reports and other diagnostic reports to support the claim
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 hospitalised, Website Links/ Newspaper cuttings, Other references
i. Cancel Cheque with NEFT Mandate form - duly filled in by the claimant

Carriage of dead body

a. a Documents as related to Insured Person's death
b. b Original receipts of expenses incurred for carriage of dead body
c. Policy copy
d. Claim form
e. If claim amount> 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
f. Other Document as per Case details - Copy of Treatment papers; if hospitalised, Website Links/ Newspaper cuttings, Other references
g. Cancel Cheque with NEFT Mandate form - duly filled in by the claimant

Medical Benefit

a. Policy Copy
b. Claim form
c. All documents related to Death/ PTD, as the case may be
d. Medical report
e. Prescriptions
f. Medical & Investigation Bills
g. Discharge Card
h. Treatment papers, X-rays films / reports and other diagnostic reports to support the claim
i. If claim amount> 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
j. Other Document as per Case details - Copy of Treatment papers; if hospitalised, Website Links/ Newspaper cuttings, Other references
k. Cancel Cheque with NEFT Mandate form - duly filled in by the claimant

Ambulance Charges

a. Policy Copy
b. Claim form duly filled & signed by the claimant
c. Original receipts of expenses incurred for Ambulance Charges
d. If claim amount> 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
e. Other Document as per Case details - Copy of Treatment papers; if hospitalised, Website Links/ Newspaper cuttings, Other references
f. Cancel Cheque with NEFT Mandate form - duly filled in by the claimant

3. 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) The Insured shall give immediate notice thereof in writing to the Company.

(ii) The Insured shall deliver to the Company, within 14 days of the date on which the event shall have come to his 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 shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder.

Method of Payment of claim

In the event that a claim becomes payable under the terms of the Policy, the Company shall make such payment by way of cheque or electronic fund transfer.

Settlement/Rejection of Claim

The settlement of claims would be done by the Company within -15 days after the receipt of last necessary document, any rejections if done, would be provided with proper reasons. The role of the TPA (if any) would be limited to facilitate the flow of information between the insured and the Company.

Premium

The premium chargeable depends on occupation of the Insured Person, table of benefits availed and past claims experience. The premium rates applicable in the product can be accessed from ICICI Lombard website at https://www.icicilombard.com/downloads.
There are no specific loading/discounting parameters filed for the product. Rate chart can be referred for further details.

Tenure of Policies

The policy would be offered for a period of 1 year to max of 3 years
Eligibility

This cover shall be provided to insured of age between 5 years and 70 years with a life long renewal.

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

Terms of Renewal

- The Policy can be renewed under the then prevailing Personal Care product or its nearest substitute (in case the product Personal Care is withdrawn by the Company)
- This policy shall ordinarily be renewable except on grounds of fraud, established fraud or misrepresentation or non-cooperation by the insured
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change.
- **Maximum Renewal Age** – There will be life-long renewal without any age restriction for the cover.
- The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy..
-

Moratorium: After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

Cancellation/termination of Policy

(a) **Disclosure to information norm**

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event o f misrepresentation, mis-description or non-disclosure of any material fact.

(b) You may cancel this Policy by giving Us 15 days written notice and in such case We shall refund premium on short term basis for the unexpired Policy Period, provided no claim has been payable on Your behalf under the Policy:

Withdrawal of Policy

i. 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.
ii. Insured 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

Main Extensions

On payment of additional premium, Policy can be extended to cover Medical Benefits, Hospital Confinement Allowance and PTD improved benefits.

Grievance

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 (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