# Financial Shield Package Policy - Group

## PREAMBLE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policyholder named in the Schedule referred to herein below, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Policyholder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which the benefits become payable under this Policy, the Sum Insured/ appropriate Benefit will be paid by the Company.

## PART I OF THE SCHEDULE

**Policy No:** **Issued at:**

1. Policy Holder Details
2. Master Policyholder Name:

   Name of Policy Holder:
   Address:
   Contact Number:
   Email Id:
   PAN Number:
   GSTIN:
   CKYC No:
   Occupational details:
   PEP:

3. Tenure: ____
4. Policy Period: From__/__/____ Time 00:00 hours to Midnight of __/__/
5. Expected Number of persons to be insured:



**IRDA Reg. No. 115**
**Mailing Address:**
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)

**CIN**: L67200MH2000PLC129408
**Registered Office Address:**
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,

**UIN : IRDAN115RPMS0017V01202627**
**Toll free no** : 1800 2666
**Alternate no** : 86552 22666 (chargeable)
**E-mail** : customersupport@icicilombard.com

6. Coverage Offered:

| | Category | Sub sections | Conditions, if any | Cover type | Type |
|---|---|---|---|---|---|
| **Section A** | Loss of job | Involuntary unemployment | | Benefit | Base |
| **Section B** | Cyber frauds | Unauthorised transactions: Bank account, credit/debit cards, e wallets | Min Loss amount: 10k/25k/50k/100k | Benefit | Optional |
| **Section C** | Home protect | Home building and Household assets | Min. Loss amount: 50k/100k/150k | Benefit | Optional |
| **Section D** | Business shutdown | Loss of business in case of shutdown | Min no of days of business shutdown: 3/5/7/10/15/30 days | Benefit | Base |
| **Section E** | Family emergency | Accidental death | Self/Immediate family members (Spouse/Children/Parents/Parents-in-law) | Benefit | Optional |
| | | Permanent disablement | Self/Immediate family members (Spouse/Children/Parents/Parents-in-law) | | |
| | | Illness/Injury resulting in hospitalisation | Self/Immediate family members (Spouse/Children/Parents/Parents-in-law)<br>Min no of days of hospitalisation: 1/2/3/5/7/10 days | | |
| **Section F** | Trip cancellation | Travel booking cancellation cover | | Indemnity | Optional |
| **Section G** | Event cancellation | Event cancellation cover | Named family members covered | Indemnity | Optional |
| **Section H** | Broken Bones Benefit | Accidental Injury that solely, directly and immediately results in a fracture | | Benefit | Optional |

7. Waiting Period:

| | Category | Waiting Period |
|---|---|---|
| **Section A** | Loss of job | |
| **Section B** | Cyber frauds | |
| **Section C** | Home Protect | |
| **Section D** | Business shutdown | |



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| | | |
|---|---|---|
| **Section E** | Family emergency | |
| **Section F** | Trip cancellation | |
| **Section G** | Event cancellation | |
| **Section H** | Broken Benefit | |

8. Sum Insured (for all Sections): No of EMI/Benefit amount i.e INR _____, as mentioned in the Policy certificate

9. Premium Details

| **Premium Details** | |
|---|---|
| **Net Premium (in Rs.)** | |
| **GST (in Rs.)** | |
| **Total Premium (in Rs.)** | |

The stamp duty of Rs.____ has been paid in cash or by demand draft or by pay order, vide Receipt/Challan no._____ dated __/__/____

10. Agent /Broker Details (If any) Agent Details

- Agent/Intermediary Name
- Agent/Intermediary Code
- Agent/Intermediary Contact No

10. SPECIAL CONDITION

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on __/__/____

Policy shall stand cancelled ab initio in the event of non-realization of the premium

For ICICI Lombard General Insurance Company ltd.



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**Authorized Signatory**

*Click here or scan the QR code to view the Customer Information Sheet (CIS). It provides an overview of the policy features, service and claim processes, as well as other important terms.*

## I. GENERAL DEFINITIONS

Certain words are used in this Policy wordings and the Policy Certificate, which have a specific meaning and are shown below. They have this meaning wherever they appear in the Policy, including any subsequent endorsements, Policy Certificate or Schedule. Where the context permits, references to the singular shall also include references to the plural, similarly references to the male gender shall also include references to the female gender, and vice versa in both cases.

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2. **Admission** means getting admitted to a hospital as an in-patient for the purpose of necessary medical treatment of an injury and/or illness.

3. **Age** means the completed years of the Insured on his/her last birthday as per the English calendar as on the Risk Inception Date.

4. **Amortization Chart** means a complete table of periodic loan payments, showing the amount of principal and the amount of interest that comprise each payment or EMI, as the case may be, until the loan is paid off at the end of its term.

5. **Casual Job** means any occupation or job where the employee does not have regular or systematic hours of work, or does not have an expectation of continuing work, or is not on the direct payrolls of his/her employer. Illustration: A person who is employed on a “day to day basis” as and when the need arises

6. **Computer system** means desktop, laptop, smartphone, phones, tablet and other smart devices owned and/or operated by You.

7. **Counterfeiting/Skimming of cards** means the act of a Third Party obtaining financial and other confidential information from You by cloning of Your card with electronic equipment such as Skimmers etc.



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8. **Congenital Anomaly** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

   i. Internal Congenital Anomaly- Congenital anomaly which is not in the visible and accessible parts of the body.

   ii. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

9. **EMI** means and includes the amount of monthly payment required to repay the Principal Outstanding amount of any Loan, and any applicable interest by the Insured, as set forth in the Amortization Chart between the lender and the Insured. For the purpose of claim settlement against any cover under this Policy, the Amortization Chart prepared by the lender as on the date of Loan disbursement or Risk Inception Date shall be considered wherever applicable.

10. **Immediate family member** means an Insured's legally wedded spouse, children and Parents and Parents-in-law

11. **Home Building** means a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place. Your Home Building does not include Contents of Your Home

12. **Hospital** means any institution established for in- patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
    - Has qualified nursing staff under its employment round the clock Has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
    - Has qualified medical practitioner(s) in charge round the clock;
    - Has a fully equipped operation theatre of its own where surgical procedures are carried out;
    - Maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

13. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'in-patient Care' hours

14. **Household asset** means articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home, e.g. furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

15. **Group**" means the definition of a group provided under Regulatory Prescriptions amended/modified/sand issued, from time to time.



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16. **Group Policy Holder/Group Manager** means the Organization or Legal Entity [whose name is mentioned in Master Policy Schedule] which has taken the Group Policy on behalf of all its members.

17. **Group Policy Period** means period as mentioned in the respective Group Policy Schedule during Which Certificate of Insurance will be issued to beneficiaries

18. **Group/Master Policy Schedule** means the schedule and parts thereof issued by the Insurer to Group Manager an any annexure to it read with endorsements, if any, read with respective Certificate of Insurance which are forming part of the Group Policy.

19. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

    a. Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

    b. Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        i. It needs on going or long-term monitoring through consultations, examinations, check-ups, and /or tests
        ii. It needs ongoing or long-term control or relief of symptoms
        iii. It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        iv. It continues indefinitely
        v. It recurs or is likely to recur

20. **Income** means and includes the amount that the Insured earns each month from his/her Primary Occupation. This would mean salary including regular bonuses, regular commissions, superannuation contributions or any other allowances, any benefits explicitly mentioned in CTC (Cost to Company) or any compensation structure provided to the Insured by his/her employer for the financial year, or as declared in the previous ITR (Income Tax Return) filed by the Insured.

21. **Injury** means accidental physical bodily harm excluding illness or disease, solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

22. **Insured Event** means any event or occurrence such as wedding ceremonies, seminars, personal events such as birthdays/anniversaries

23. **Insured Expenses** means all costs, including overheads, incurred directly on account of the insured event. Insured Expenses shall specifically exclude the following:



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- Any loss of profit or earnings or any cost incurred upon commencement, or after completion, of the insured event unless specifically declared by the Insured and agreed to by the Company.
- The underlying rights and materials including idea, scenes/scenario, music rights, sound rights,
  royalties;
- Premium paid for this Policy, interest paid loans taken by the Insured and property taxes;
- Any expenses incurred which were not included in the Insured's budget for the insured event;
- Background sets, wardrobe, props and equipment owned by or belonging to the Insured at the time of proposing for this Policy;
- In determining loss to the Insured due to cancellation of an insured event;
- Any compensation, which the Insured has paid to any of its partner(s), officer(s) or corporate director(s) for services rendered, unless services so rendered are in the capacity of producer, director, participant or of a similar nature, and which are specifically and directly related to the insured event

24. **Involuntary Unemployment** means a termination, lay off or retrenchment dismissal of the Insured from his/her Primary Occupation due to merger and acquisition, cost cutting or downsizing as the case may be, taking place during the Policy Period.

25. **Lender** means a public or private financial institution that makes funds available to a person or business with the expectation that the funds will be repaid.

26. **Loan** means the sum of money lent at interest or otherwise to the Insured by any lender, as identified by a Loan Account Number. Any benefit payable under this Policy will be restricted to the EMI corresponding to the Loan Account Number specified in the Policy Certificate

27. **Medical Practitioner** is a person who holds a valid registration from Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. For the purpose of this Policy, the term Medical Practitioner would include a physician, specialist, anaesthetist, and surgeon, but exclude the Insured, and his/her Family Members.

28. **Master Policy or Group Policy** shall mean the proposal, Group Policy Schedule, Certificate of Insurance along with terms and conditions of this Group Policy Wordings, and any endorsements attaching to and/or forming part thereof either at the commencement or during the Group Policy Period.

29. **Natural Calamities/Natural Disaster(s)** means any major adverse event resulting from the natural geological processes of the Earth. Natural calamities/Natural disaster(s) include earthquakes, tsunamis, volcanic eruptions, landslides, hurricanes, floods, wildfires, fog, heat waves and droughts etC.



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30. **Nominee** means the person(s) nominated by the Insured to receive the applicable benefits under this Policy payable in the event of death of the Insured specified under the Policy. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor, the legal guardian appointed by the Insured will take care of any relevant proceedings.

31. **Permanent Total Disablement** means any of the following:

i. Total and irrevocable loss of sight in both eyes, or
ii. Total and irrevocable physical separation of two entire hands or two entire feet, or
iii. Total and irrevocable loss of one entire hand and one entire foot, or
iv. Total and irrevocable loss of sight of one eye and physical separation of one entire hand or physical separation of one entire foot, or Total and irrevocable loss of use of two hands or two feet, or
v. Total and irrevocable loss of use of one hand and one foot, or
vi. Total and irrevocable of loss of sight of one eye and loss of use of one hand or one foot.

For the purpose of this definition:

i. Physical separation of a hand or foot means separation of the hand at or above the wrist, and of the foot at or above the ankle.

ii. Loss of use or Loss of sight means total paralysis of one or more limb, or loss of vision respectively, which is certified in writing by a Medical Practitioner to be permanent, complete and irreversible and substantiated by physical examination and investigation to be permanent, complete and irreversible.

32. **Personal information** means Your private details (including any online authentication information) relating to Your identity that will allow You to be identified, such as:

- Full name
- Passport number
- Mailing and/or home address
- Driving license number
- Telephone number(s)
- Online login ID and password
- Credit/Debit Card number
- Bank Account number
- Aadhar Card Number

Personal Information does not include publicly available information that is lawfully made available to the general public from any source including government records.

33. **Policy certificate** means the certificate issued to the Insured Person evidencing the Insured's cover under the Policy.



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34. **P**olicy Schedule/Certificate of Insurance" means the Schedule attached to and forming part of this Policy mentioning the details of the Insured, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time.

35. **Primary Occupation** means an occupation in which a Salaried Individual works under an employer, and is predominantly engaged in for a salary which constitutes more than 75% of his/her total Income, and is evidenced as such by his/her ITR (Income Tax Return)/Salary slip/Form 16 for the 2 financial years preceding the Year of loss .

36. **Policy Period** means the period commencing from the Policy Start Date and ending at the Policy End Date as specifically appearing in the Policy Certificate or the loan end date whichever is earlier,. It is the duration in which the policy is valid and the Insured can make a claim subject to any applicable Waiting Periods and the terms and conditions under this Policy.

37. **Risk Inception Date** means the date of commencement of the Policy period, as specified in the Policy Certificate for the Insured.

38. **Salaried Individuals** means those Insureds who work as an employee or a worker, whether confirmed or on probation as on the Risk Inception Date, and earn a fixed amount of compensation at a fixed frequency as salary

39. **Shop** means the premises of pucca construction occupied by the insured for the purpose of selling goods.

40. **Sum Insured** means the amount specified in the Policy Certificate against a Benefit *or set of Benefits* that represents Our maximum, total and cumulative liability for any and all claims made in respect of that Insured during the Policy period under that Benefit/set of Benefits.

41. **Temporary or Seasonal Job** means any occupation or job where the employee is expected to remain employed in a position only for a certain period of time.

42. **Third party** means any person or entity who deals at arm's length with You and which neither controls nor is controlled by You Third party shall not be

a) Any person covered under this Policy; or

b) Any person or entity who is in an employer-employee relationship with You

43. **Trip means** and include all journeys undertaken from a port at the City of Residence or Place of Origin of the Insured to the Place of Destination or return to the City of Residence or Place of Origin of the Insured.

44. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.



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"Specific waiting period" means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.

45. **We/Our/Ours/Us/ Company** means the ICICI Lombard General Insurance Company Limited.

46. **Insured/ You, Your, Yourself** means i) the person/organization/entity named in the Schedule. or ii) the Insured beneficiary named in the Certificate of Insurance

## II. SCOPE OF COVER

The Company hereby agrees, subject to receipt of the premium and, to the terms, exclusions and conditions herein contained or otherwise expressed herein, to compensate the Insured for any loss or damage sustained or incurred by the Insured (or his Nominee/ legal heir, as the case may be) and as described under different Covers hereunder but not exceeding the Sum Insured as applicable to the respective Sections as specified in the Policy Schedule. All claims shall be made in accordance with the procedures set out in this Policy. The policy can be availed by insured, by mandatorily opting either Section A or Section D.

**Section A: Loss of job**

**Sub section 1: Involuntary unemployment on account of merger & acquisition, cost cutting and down sizing**

If an Insured suffers an Involuntary Unemployment during the Policy period resulting in loss of Income, then We will pay the amount specified in the Policy Certificate against this Benefit for each continuous and completed month.
This Benefit shall be payable subject to the following:

1. Only Salaried individuals are eligible for cover under this Benefit.
2. The Insured is employed on the direct payroll of an organization or entity having a registered office in India for a minimum of six continuous months before the Risk Inception Date, or of an Indian branch of such organization or entity.
3. The benefit amount will be payable subject to waiting period as defined in the policy certificate

**Illustration 1**

Mr. X gets terminated from his job with effect from 19th Feb 2018. However Mr. X gets re – employed with another employer on 4th March 2018. There is a deductible of say 30 days in the policy.

In this case Mr X will not be eligible for any monthly payout under the Benefit as there is a 30 day Deductible applicable to this Benefit, which means the Insured has to remain unemployed for minimum period of 30 days.



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**Illustration 2**

Mr. X gets terminated from his job with effect from 19th Feb 2018. However Mr. X gets re – employed with another employer on 28th March 2018. There is a deductible of say 30 days in the policy. In this case Mr. X remains unemployed for 37 days. In this case although Mr. X has been unemployed for only 7 days after the lapse of the 30 days i.e. Deductible period, he will still be eligible for payout of one monthly amount as specified against this Benefit in the Policy Certificate.

In case of any involuntary unemployment from his/her Primary Occupation where in lieu of such involuntary unemployment the Insured receives a severance pay or any other kind of remuneration, Our liability will commence only after a period of 60 days of continuous unemployment in excess of deductible as mentioned in policy certificate

1. In the event of the death of the Insured at any point in time after a claim has been registered with Us under this policy and is deemed payable, We will be liable to pay the monthly amounts specified in the Policy Certificate, up to the maximum number of months specified in the Policy Certificate, after which the Policy shall cease to operate in relation to the Insured.
2. The onus of establishing that the loss of Income was due to an involuntary reason, and providing proof of such reason where required by Us, shall lie on the Insured/claimant.
3. Any claim amounts being paid under an admitted claim under this Section will be discontinued if We reasonably believe that the Insured is demonstrably not taking any measures, deemed reasonable and necessary, that can assist in gaining employment in his/her Primary Occupation, or any occupation of similar nature.

**Exclusions: Section A**

We shall not be liable to make any payment for any claim under Section A of this Policy in respect of an Insured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Involuntary unemployment **on account of merger & acquisition, cost cutting and down sizing** occurring prior to the Risk Inception Date or arising within waiting period as mentioned in the policy certificate.

2. Any Involuntary Unemployment of the Insured that is attributed to any act of criminal nature and/or disciplinary action

1. Unemployment from any occupation or job which is Casual, Temporary, Seasonal or contractual in nature, or where the Insured is not on the direct payroll of the employer.
2. Any voluntary unemployment, self-resignation, or voluntary retirement.
3. Any unemployment arising out of closure/shut down/insolvency of the organization or entity where the Insured is employed
4. Any Involuntary Unemployment or suspension of the Insured at his/her Primary Occupation, which is temporary in nature.



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5. Any unemployment from any occupation or job in which no salary or remuneration was ever provided to the Insured.
6. Any unemployment occurring while the Insured, who is a Salaried Individual, is still under his/her probation, including any unemployment resulting from non- confirmation of his/her employment by the employer during or after the period on probation.
7. Any suspension of the Insured from his/her Primary Occupation on account of any pending enquiry being conducted by the employer or a Public Authority.
8. Any unemployment due to non-extension of a maternity/paternity leave, either as per the Maternity Benefit Act 1961, as amended from time to time, or as per the employer's internal regulation/policy in force at the time of the **merger & acquisition, cost cutting and down sizing**
9. Any unemployment due to any strike or labour disturbance in which the Insured is directly or indirectly involved.
10. Any reasonable belief that the Insured was aware that such loss of Income was likely to happen, whether or not any official communication was provided, at the time of Risk Inception Date.
11. Withdrawal of offer of employment by an employer.
12. Any consequential or indirect loss.

**Sub section 2:**

**Involuntary unemployment due to injury sustained or illness contracted by the insured during the policy period**

In consideration of the payment of an additional premium, it is hereby agreed and declared that, notwithstanding anything written in policy contained to the contrary, the Policy shall extend to include Involuntary Unemployment of the Insuredfrom his/her Primary Occupation due to Injury sustained due to an accident or Illness contracted during the policy period. For the purpose of this extension, Involuntary Unemployment does not include any unemployment caused due to or arising from any pre-existing disease or condition.

Any claim amounts being paid under an admitted claim under this extension will be discontinued if We reasonably believe that the Insured is demonstrably not undergoing the prescribed medical treatment as advised by the consulting Medical Practitioner, or, which We believe can assist in timely and permanent recovery of the Insured and reinstatement of/employment in his/her Primary Occupation, or any occupation of similar nature.

**Claims Documents required Loss of Job**

- Document/screenshot from EPFO portal showcasing that PF has not been credited in their account
- Connect with third party vendor to provide confirmation on the loss of job.
- Any other claim documents required in addition will be informed to the In



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**Section B: Cyber frauds**

We shall pay You the Sum Insured specified against this benefit, if the loss amount exceeds the value as defined in the policy certificate and as per the waiting period defined, for Your direct financial loss resulting from an unauthorized and fraudulent use of your

- Bank Account with banks operating in India and/or
- Credit/Debit Cards issued by Banks operating in India and/or
- UPI, Mobile wallets operating in India
- Travel Cards issued by Banks operating in India

by a Third Party for transfers, purchases or withdrawals made over the internet including counterfeiting or skimming of cards, provided they are unrecoverable from any other sources as per banking regulations.
Provided that:

- Specified event has occurred during the Policy Period
- You report to Us and Bank / debit or credit card issuer or UPI/mobile wallet issuer or Travel/gift card issuer, within 7 days upon discovery of such transaction.

  It should directly result from Your use of Your computer systems or Your use of the internet during the Policy Period

**Exclusions: Applicable to Section B**

This policy does not cover claims directly or indirectly caused by or arising from:

- Your failure to take precautions to safeguard Your Personal Information, Bank Accounts and/or Credit/Debit Cards and or mobile wallets information and internet communication.
- Facts or circumstances, known to You or which You could have reasonably foreseen, which existed prior to the inception of this Policy, and which might be expected to be the basis of a claim.
- Any loss amount that is reimbursed/reimbursable by bank / credit organization for fraudulent transaction. Any legal proceedings which commenced prior to inception of this Policy.
- Your business activities (including but not limited to e-trading and blogging where You receive remuneration or benefits in any form), Occupation or political affiliations.
- Any unexplained loss or mysterious disappearance.
- Losses arising out of phishing, vishing, email-spoofing.
- Consequential loss or damage of any kind including loss suffered by any Third Party.
- Losses arising from the theft, disappearance, loss of value or inaccessibility of any crypto currency.
- Any damage to or destruction of any tangible property including, any loss of use thereof.
- Any loss or damage directly or indirectly resulting from physical loss or theft of your computer system or mobile device any loss of use thereof, including any unauthorized / fraudulent use of insured's bank accounts, credit/debit cards and mobile wallets.



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- Any losses or liabilities connected with any inherent product defect/wear and tear or any types of purchase or sale transactions or other dealing in securities, commodities, derivatives, foreign or Federal Funds, currencies, foreign exchange, and the like.
- War, Terrorism and looting

**Claims Documents required for Cyber Fraud:**

- E – Complaint letter: Customer can log-in on this portal Cyber Crime Portal and report the fraudulent transaction
- Communication with the bank wrt details of the fraudulent activity
- Any other claim documents required in addition will be informed to the Insured

**Section C: Home protect**

Coverage for Home Building and Household assets:

In consideration of the premium, we will pay-out the Sum Insured as mentioned in the policy certificate for physical loss or damage, or destruction caused to Insured's Home building and Household asset by the following unforeseen events occurring during the Policy Period and the loss amount exceeds the value mentioned in the policy certificate. The perils covered with respect to the cover would be:

- Fire
- Lightening
- Explosion/Implosion
- Riot, Strike and Malicious damage
- Earthquake
- Storm, Cyclone, Typhoon, Flood and Inundation
- Subsidence and landslide including rockslide

We will pay only if Insured's Home building/Business premises is used for the purpose of the following:

1. Residence of themselves and their family, in case of individual

The Sum Insured will be payable as per the waiting period defined in the policy certificate.

Basis of Loss assessment: Home Building

If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, we assess the claim cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs and provide us the proof, post which we will provide the Sum Insured mentioned in the policy certificate, if claim cost exceeds the amount mentioned in policy certificate



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Basis of Loss assessment: Household asset

If the Household asset of Your Home are physically damaged due to any of the insured perils, We will assess the claim cost to Repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs and provide us the proof, post which we will provide the Sum Insured mentioned in the policy certificate, if claim cost exceeds the amount mentioned in policy certificate

| **Age of the asset insured** | **Applicable depreciation%** |
|---|---|
| Upto 3 months | 20% |
| More than 3 months & upto 6 months | 25% |
| More than 6 months & upto 9 months | 30% |
| More than 9 months & upto 12 months | 35% |
| More than 12 months & upto 24 months | 50% |
| More than 24 months & upto 36 months | 70% |
| More than 36 months | 75% |

The above depreciation will be applicable for Total loss claims and claim amount will be assessed accordingly.

**Claims Documents required for Home Protect**

- Photographs of the damaged assets
- Video based inspection in order to assess the damage
- Any other claim documents required in addition will be informed to the Insured

**Section D: Business shutdown cover**

We will pay-out the Sum Insured as mentioned in the policy certificate for physical loss or damage, or destruction caused to **manufacturing, services and trading based SMEs and shops** by the following unforeseen events resulting in interruption of business of the Insured for minimum number of days ( 3/5/7/10/15/30 days)occurring during the Policy Period as mentioned in the policy certificate . The perils covered under this Section would include:

- Earthquake
- Storm, Cyclone, Typhoon, Flood and Inundation
- Subsidence and landslide including rockslide
- Fire
- Lightening



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- Riot, Strike and Malicious damage
-

The Sum Insured will be payable as per the waiting period defined in the policy certificate.

**Exclusions applicable: Section C & D**

- Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power
- Loss, destruction or damage directly or indirectly caused to the property insured by

a) ionizing radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel

b) the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component

- Loss, destruction or damage caused to the insured property by pollution or contamination excluding (a) pollution or contamination which itself results from a peril hereby insured against. (b) any peril hereby insured against which itself results from pollution or contamination
- Loss, destruction or damage to bullion or unset precious stones, any curios or works of art, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the policy
- Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
- Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever
- Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.

**Claims Documents for Business Shutdown**

- Date of incident
- What is the incident
- Nature of Business
- Reason of shutdown
- What is the occupancy
- Surveyor to be appointed to assess the damage due to perils covered; if required
- Any other claim documents required in addition will be informed to the Insured

**Section E: Family emergency**

In consideration of the additional premium, we maximum, total and cumulative liability for claims arising in respect of the Insured during the Policy period under **Benefit I, Benefit II, and Benefit III** under Section E, shall be the Sum Insured as specified against this set of Benefits in the Policy Certificate.



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**Benefit I: Accidental Death Benefit**

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured or their immediate family member (as defined in the policy certificate) suffers an Injury due to an Accident that occurs during the Policy period and that Injury solely and directly results in the Insured's death or their immediate family member within 365 days from the date of the Accident.

**Benefit II: Permanent Total Disablement (PTD) Benefit**

We will pay the Sum Insured specified against this Benefit in the Policy Certificate in the manner specified in the Policy Certificate if an Insured or their immediate family member (as defined in the policy certificate) suffers an Injury due to an Accident that occurs during the Policy period and that Injury solely and directly results in the Permanent Total Disablement of the Insured or their immediate family member within 365 days from the date of the Accident.

This Benefit shall be payable subject to the following:

i. If the Insured or their immediate family member dies before a claim has been admitted under this Benefit, then no amount will be payable under this Benefit, but a claim will be considered under Benefit I, if in force for the Insured.
ii. If the Insured or their immediate family member suffers Injuries resulting in more than one of the Permanent Total Disablements, then Our maximum, total and cumulative liability under this Benefit shall be limited to the Sum Insured.
iii. If We have admitted a claim for Permanent Total Disablement in accordance with this Benefit, then We shall not be liable to make any payment under the Policy under Benefit I on the death of the Insured or their immediate family member, if the Insured or their immediate family member subsequently dies. However, any other applicable Benefits which may get triggered will be considered in accordance with the terms and conditions of the applicable Benefits.

**Benefit III: Illness or injury resulting in hospitalization of Insured or immediate family members for a minimum number of days as specified in the policy certificate**

If the Insured or their immediate family member is Hospitalized for a minimum number of days as specified in the policy certificate, on the written advice of the treating Medical Practitioner due to an Illness contracted or any Injury sustained during the Policy period, then We will pay the amount specified against such section as a lump sum amount.

The Sum Insured will be payable as per the waiting period defined in the policy certificate.

**Exclusions: Section E**

We shall not be liable to make any payment for any claim under Section E of this Policy in respect of an Insured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:



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1. Any Injury / Illness arising from full-time involvement in professional sports for livelihood and remuneration, except to the extent it is expressly covered under any Benefit.
2. Any hospitalisation procedure arising out of an Illness/Accidental injury diagnosed/contracted prior to Risk Inception Date or within the waiting period.
3. Any Pre-Existing Disease(s).
4. Any hospitalisation arising out of any Congenital Anomaly of the Insured/ immediate family member.
5. Any Unproven/Experimental treatment/hospitalisation
6. Any hospitalisation due to cosmetic or aesthetic reasons.
7. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Illness or Injury or the undergoing of the hospitalisation
8. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide.
9. Any Injury / Illness arising from a failure to take reasonable precautions to avoid a claim under the Policy.
10. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.
11. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel or any other high risk occupations.
12. Any Injury / Illness directly or indirectly caused by venereal disease or insanity or mental, nervous or emotional disorder
13. Any Injury that has occurred prior to the commencement of Policy of Cover whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought.
14. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of the Insured resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof.
15. Death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.

**Claims Documents required for Family Emergency**

Documents required for Claims:

Hospitalization of Self and Immediate family members:

1. Hospital discharge summary
2. Any other claim documents required in addition will be informed to the Insured

Accidental death of self/immediate family members:

1. FIR



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2. Death Certificate issued by the Government Authority
3. Any other claim documents required in addition will be informed to the Insured

Permanent Total disability (PTD) Benefit for self/immediate family members:

1. FIR
2. Disability Certificate by Civil Surgeon / Government Hospital
3. Any other claim documents required in addition will be informed to the Insured

**Section F: Trip cancellation**

In consideration of the premium, the Company shall indemnify the Insured for the financial loss incurred by the insured arising out of cancellation of the trip, due to following unexpected events, before departure

- Sickness or injury of the Insured or immediate family member which requires medical attention /consultation resulting in hospitalization for minimum of 48 hours
- Death or imminent death from an unforeseen illness or injury of your immediate family member
- Natural Calamities of which you were not aware at the time of purchase of the policy at your place of residence or your departure city or one of Your destination(s) as per your itinerary
- A Terrorist attack which occurs in your place of residence or your departure city, or in a city which is a scheduled destination for your Covered Trip provided that the act of Terrorism occurs within 15 days prior to your departure;
- In case of loss of passport due to theft/robbery/burglary etc. and reissue of new passport has not happened prior to travel date (Applicable only to international travel)

Subject to the maximum liability of the Company as stated in Part I of the Policy Schedule, the Company shall pay to the Insured:

- The payments made for accommodation and travel in advance by You which are non-recoverable after initiation of cancellation of the same.
- Official cancellation charges/non-refundable charges of accommodation and travel tickets paid in advance of a proposed journey, if any

The Sum Insured will be payable as per the waiting period defined in the policy certificate.

**Exclusions: Applicable to Section F**

- Any change of plans or dis-inclination on your part or that of any other passenger to travel.
- Lack in the number of persons required to commence any tour, conference, accommodation or travel arrangement or the negligence of the wholesaler or the operator
- The failure of your travel agent to pass on the monies to operators or to deliver promised services
- Any claim for a medical condition if any of the following applied when you purchased or renewed your

  Policy or when you booked your trip (whichever is later)- o You, your immediate family or travelling companion had received advice, medication or treatment for any serious, chronic or



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recurring illness, injury or disease in the last 12 months unless the condition was disclosed to and accepted by us

- Any cancellation due to Hospitalization resulting from pre-existing disease, Childbirth, Pregnancy or related medical complications to You, Your immediate family or travelling companion.
- Any claim where you were aware of the fact that the perils listed in the above section existed prior to the purchase of the policy
- Failure to start the journey due to rejection of VISA in case of international travel only.
- If your trip is cancelled due to Natural Calamity not declared by the appropriate government authority.
- Cancellation of the trip either wholly or in part done at the instance of the common carrier/ Public Carrier or by the travel agent, Air transport Authority or any government body
- Strike, Civil unrest, labour disputes and other similar events which existed or of which advance warning had been given prior to the date on which Trip was booked.

**Claims Documents required for Trip Cancellation**

- Confirmation of cancellation of the Trip from the Common Carrier/ Public Carrier
- Ticket issued by the Common Carrier/ Public Carrier indicating the cost of the ticket and receipt for the refund of the fare of the Common Carrier/ Public Carrier towards the cancelled portion of the Trip, the cancellation charges retained by the Common Carrier/ Public Carrier or the Travel Agent;
- Original bill and a receipt / letter obtained from the hotel and / or guest house indicating the amount paid for the accommodation, the refund given and the cancellation charges retained for the unused portion of the Trip;
- Medical evidence as may be required in case of the cancellation of the Trip arising out of personal contingencies of the Insured or his / her Immediate Family Member
- Any other claim documents required in addition will be informed to the Insured

**Section G: Event cancellation**

In consideration of the premium, the Company shall indemnify the Insured against Insured Expenses irrevocably incurred by the Insured as a result of cancellation/postponement of the Insured event due to:

- Death of Insured or their named person(s);

- Personal injury, either temporary or permanent, which renders the Insured or their named person(s) incapable of appearing at the insured event;
- Illness which shall necessarily prevent the insured event from occurring due to hospitalization of the Insured or their named person(s)
- Fire, lightening, riots, strike & malicious damage, storm, cyclone, flood & inundation, earthquake

The Sum Insured will be payable as per the waiting period defined in the policy certificate.



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**Exclusions: Applicable to Section G**:

- The non-appearance of any Named Person(s) due to such Named Person(s) taking part in any hazardous stunt acts without the knowledge and consent of the Company.
- Non availability of a female Named Person(s) on account of pregnancy, menstruation or conditions related thereto.
- Any consequential loss due to cancellation of the insured event.
- Non-appearance of any Named Person(s) due to such Named Person(s) committing self-injury, suicide or attempting suicide.

**Claims Documents for Event Cancellation**

- Surveyor to be appointed to assess the damage due to perils covered
- Any other claim documents required in addition will be informed to the Insured

**Section H: Broken Bones Benefit**

We will pay the percentage of the Sum Insured (specified against this Benefit in the Policy Certificate) in the manner which is specified in the table below if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely, directly and immediately results in a fracture (of the nature specified in the table below).

| Sr No. | Region | Fracture | % of the Sum Insured payable |
|---|---|---|---|
| 1 | Skull | Compound fractures of skull with damage to the brain tissue | 100% |
| | | All other fractures | 75% |
| 2 | Lower jaw | Multiple fractures (at least one compound fracture) | 75% |
| | | Compound fracture | 50% |
| | | All other fractures | 55% |
| 3 | Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes and heel) | Multiple fractures (at least one compound fracture) | 75% |
| | | Compound fracture | 50% |
| | | All other fractures | 50% |
| 4 | Upper arm (including elbow and wrist) | Multiple fractures (at least one compound fracture) | 75% |
| | | Colles type fracture (compound) | 50% |
| | | All other fractures | 50% |
| 5 | Spinal cord | All compression fractures | 50% |
| | | All spinous, transverse process or pedicle fractures | 50% |
| | | All other vertebral fractures | 50% |
| 6 | Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe and toes, finger or fingers | Multiple fractures (at least one compound) | 50% |
| | | Compound fracture | 50% |



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| | | | |
|---|---|---|---|
| | | All other fractures | 50% |
| 7 | Thigh or heel: | Multiple fractures (at least one compound) | 50% |
| | | Compound fracture | 50% |
| | | All other fractures | 50% |
| 8 | Hip or pelvis (excluding thigh or coccyx): | Multiple fractures (at least one compound) | 50% |
| | | Compound fracture | 50% |
| | | All other fractures | 50% |
| 9 | Lower leg, clavicle, ankle, | Multiple fractures (at least one compound) | 50% |
| | | Compound fracture | 50% |
| | | All other fractures | 50% |

This Benefit shall be payable subject to the following:

i. If a claim is accepted under this Benefit in respect of an Insured Person and the amount due under this claim and claims already admitted under the Benefit in respect of the Insured Person will lead to the Sum Insured being exceeded then our maximum, total and cumulative liability under any and all such claims will be limited to the Sum Insured.

ii. On the acceptance of a claim under this Benefit, the Insured Person's insurance cover under this Benefit and the Policy shall continue, subject to the availability of the Sum Insured and the terms, conditions and exclusions of this Policy.

iii. We will be liable to pay a claim under this Benefit only if the Insured Person is taken to a medical care facility where he/she is diagnosed for the above-mentioned fractures by a Medical Practitioner.

**Claims Documents required for Broken Bones Benefit:**

- Indoor case papers
- MIC/ FIR
- All diagnostic reports
- Any other claim documents required in addition will be informed to the Insured

## III. SPECIAL CONDITIONS APPLICABLE UNDER ALL SECTIONS (IN CASE OF LOAN LINKED POLICY)

1. If the Sum Insured under this Policy is in the form of EMI, for the purpose of claim settlement the EMI declared at the time of Loan (against which the premium has been charged) will be deemed the EMI payable. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Certificate.

2. Wherever a top up loan has been taken by the Insured, a separate Policy Certificate will be issued. In no condition the EMI payable at the time of claim will be more than the EMI specified in the Policy Certificate.



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3. In the event of Loan foreclosure and transfer of Loan to any other lender, for the purpose of claim settlement, we shall only be liable to pay any claim as per the original Loan amount against which policy was taken, subject to Policy terms and conditions.

4. For the purpose of claim settlement, it is clarified that any monthly payments with respect to the Loan, such as EMI(s) that are overdue to the lender and unpaid/missed or bounced by the Insuredprior to the occurrence of the Insured Event under the Policy, will not be considered for the purpose of this Policy and shall be payable by the Insured only.

## IV. GENERAL EXCLUSIONS

We shall not be liable to make any payment for any claim under this Policy in respect of an Insured, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Any breach of the law by the Insured with a criminal intent.
2. 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 citizens of whatever nation, riots or civil commotion.
3. Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution, except to the extent it is expressly covered under any Benefit.
4. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from nuclear weapon materials or from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
5. Usage, consumption or abuse of alcohol and/or drugs.
6. Participation (aggravation) in any kind of strike, processions, riots etc.
7. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide.
8. Any Injury / Illness occurring whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel
9. Any sexually transmitted diseases. Acquired Immune Deficiency Syndrome (AIDS), AIDS related complex syndrome (ARCS) and all diseases caused by and/ or related to the HIV.
10. Any consequential or indirect losses or expenses related to any Insured Event.
11. Any tests and treatment relating to infertility and in vitro fertilization.
12. Any Injury / Illness occurring whilst engaging in any Adventure Sports, either as an instructor/ trainer, or as a participant.

### General Conditions Applicable to all Sections of Policy

1. All cover under this policy shall cease if any alteration to the Insured's property / position be made whereby the risk of Damage or injury is increased unless and until such alteration shall be agreed by the Company in writing.

2. The Geographical Scope of this Policy will be as mentioned in the Part I of the Schedule.



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3. If the Company alleges that by reason of any of the terms and conditions, exclusions, etc. any loss, damage, cost or expenses is not covered by this Policy, the onus of proving the contrary shall be upon the Insured.

**PAYMENTS**

We shall make payment of an admissible claim to the Insured Person's assignee/partial assignee/conditional assignee, as the case may be, or in the absence of an assignee, to the Insured Person or the Insured Person's nominee. If there is no assignee or Nominee and the Insured Person is incapacitated or deceased, we will pay to the Insured Person's heir, executor or validly appointed legal representative.

Any payment We make in this manner will be a complete and final discharge of Our obligations under this Policy and Our liability towards the claim.

**CLAIM SETTLEMENT/PROCEDURE**

The fulfilment of the terms and conditions of this Policy insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy. On occurrence of any event that may give rise to a Claim under this Policy, You shall- • Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Certificate. • Along with the completed and signed Claim form, provide all the relevant documents.

Wherever details pertaining to happening of Claim are conveyed by you to Us after reasonable period, You shall provide the reasons of such delay to Us.

We shall make the payment of claim that has been admitted as payable by Us under the Policy within 15 days of receipt of claim intimation / survey report / assessment sheets, as applicable. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, issued by the Authority from time to time. The admissible Claim amount will be calculated post applicability of waiting period, Deductible, Sub-limits, if any, and as specifically defined in Policy certificate. Insured person will extend his support to any surveyor or agency appointed by us for assessing claim

**OTHER RELATED TERMS AND CONDITIONS**

- Please inform Us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be).
- Any change in the policy terms and conditions including but not limited to Sum Insured and/or coverage shall not be permitted within the Policy Period.
- The scope of cover shall be within the geographical boundaries of India unless specified otherwise.



**IRDA Reg. No. 115**
**Mailing Address:**
601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West)

**CIN**: L67200MH2000PLC129408
**Registered Office Address:**
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,

**UIN : IRDAN115RPMS0017V01202627**
**Toll free no** : 1800 2666
**Alternate no** : 86552 22666 (chargeable)
**E-mail** : customersupport@icicilombard.com

## STANDARD POLICY TERMS AND CONDITIONS

1. **Incontestability and Duty of Disclosure**

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 or any one acting on his/her behalf to obtain any benefit under this Policy.

2. **Reasonable Care**

The Insured shall take all reasonable steps to safeguard the interests of the Insured against loss or damage that may give rise to a claim.

3. **Observance of terms and conditions**

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to Our liability to make any payment under this Policy.

4. **Material change**

The Insured shall immediately notify the Company by fax and in writing of any material change in the risk in relation to the declarations made in the proposal form during the policy period or at the time of renewal and the Company may adjust the scope of cover and / or premium if necessary, accordingly.

5. **Records to be maintained**

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such records. The Insured shall exercise all necessary co-operation in obtaining the medical records from the Hospital, and furnish them, as the Company may require in relation to the Claim, within reasonable time limit and within the time limit specified in the Policy. No constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Insured, or in connection with which a claim may be made under this Policy coming to the knowledge or possession of any of Our officials shall not be construed as notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.



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6. **Notice of charge etc.**

The Company shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by the Company to the Insured or his legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy, Policy Certificate or in any separate instrument or Endorsement shall be deemed to be part of this Policy and shall have effect accordingly.

7. **Overriding effect of Part II of the Schedule**

The terms and conditions contained herein and in Part II of the Schedule 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 II of the Schedule, 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 II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable. Electronic Transactions.



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The Insured agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, the world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on Our behalf, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. The Insured agrees that We may exchange, share or part with any information with any government institution or statutory body, as may be determined by Us and shall not hold Us liable for such use/applicatns.

Duties of the Insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured shall:

a. Forthwith file/submit a Claim Form in accordance with 'Claim Procedure' Clause as provided in Part II of the Schedule.

b. Allow the Surveyor or any agent of the Company to inspect the lost/damaged properties premises /goods or any other material items, as per 'the Right to Inspect' Clause as provided in this Part.

c. Assist and not hinder or prevent the Company or any of its agents in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

d. Not abandon the Insured property/item premises, nor take any steps to rectify/remedy the damage before the same has been approved by the Company or any of its agents or the Surveyor.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at the option of the Company.

8. **Right to inspect**

If required by the Company, an agent/representative of the Company including a loss assessor or a Surveyor or an investigator appointed in that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Insured shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain in the correctness thereof or the liability of the Company under the Policy.



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9. **Position after a claim**

The Insured shall not be entitled to abandon any Insured item/property till the time the Company has taken possession of the same. As from the day of receipt of the claim amount by the Insured as determined by the Company to be fit and proper, the Sum Insured for the remainder of the Period of Insurance shall stand reduced by the amount of the compensation.

10. **Indemnity**

The Company may at its option, if applicable reinstate, replace or repair the property or premises lost or damaged or any part thereof instead of paying the amount of loss or damage or may join with any other insurer in so doing. The Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner. In no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage and in any event not more than the Sum Insured thereon. If in any case the Company shall be unable to reinstate or repair the Insured property/item hereby Insured, because of any law or other regulations in force affecting Insured property or otherwise, the Company shall, in every such case, only be liable to pay such Sum as would be requisite under the Policy.

11. **Subrogation**

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights. The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable to "Benefit" based covers of the Policy but only applicable to indemnity based covers of the Policy.

12. **Condition of Average**

If the Insured property be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference, and shall bear a rateable proportion of the loss or damage accordingly. Every item, if more than one in the Policy, shall be separately subject to this condition. In case of Multiple policies involving Bank or other lending or financing entity, Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with the value at risk.



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13. **Contribution**

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable. However if the insured property is hypothecated to any bank, other lending or financial entity than this clause is not applicable. But Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with the value at risk. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured, or anyone acting on his/her behalf to obtain any Benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the arbitrator(s) have made their award, all Benefits under this Policy shall be forfeited.

14. **Cancellation**

The insured can cancel the policy at any time during the term, by informing the company.

The company can cancel the policy only on the grounds of mis-representation, non – disclosure of material facts, fraud, established fraud, or non – co-operation by giving minimum notice of 7 days to the policyholder.

The company shall –

i) refund proportion 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.

ii) 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.

15. **Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both the Insured and the Company to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India 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.



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16. **Renewal notice**

We shall ordinarily renew the policy except on grounds of misrepresentation or established fraud or non-cooperation by the Insured.. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to You that may result to enhance Our risk under the guarantee hereby given. Any change in the risk will be intimated by You to Us. The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy. On renewal, the benefits provided under the policy and/or terms and conditions of the policy including premium rate may be subject to change

17. **Notices**

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: at the last-known address
In case of the Company: 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.

18. **Customer Service**

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

19. **Grievances**

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 subsection “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: www.irdaindia.org, or on the Company’s website at www.icicilombard.com.



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The details of Insurance Ombudsman are available below: -

| S no. | Name of office of insurance Ombudsman | Territorial Area of jurisdiction |
|---|---|---|
| 1 | AHMEDABAD<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Prakash Building, 6th floor,<br>Tilak Marg, Relief Road,<br>Ahmedabad – 380 001.<br>Tel.: 079 - 25501201/02/05/06<br>Email: bimalokpal.ahmedabad@cioins.co.in | Gujarat, Dadra & Nagar Haveli, Daman and Diu. |
| 2 | BENGALURU<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Soudha Building,PID No. 57-27-N-19<br>Ground Floor, 19/19, 24th Main Road,<br>JP Nagar, Ist Phase, Bengaluru – 560 078.<br>Tel.: 080 - 26652048 / 26652049<br>Email: bimalokpal.bengaluru@cioins.co.in | Karnataka |
| 3 | BHOPAL<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>1st floor,"Jeevan Shikha",<br>60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011.<br>Tel.: 0755 - 2769201 / 2769202<br>Email: bimalokpal.bhopal@cioins.co.in | Madhya Pradesh,<br>Chattisgarh. |
| 4 | BHUBANESHWAR<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>62, Forest park,<br>Bhubaneswar – 751 009.<br>Tel.: 0674 - 2596461 /2596455<br>Email:bimalokpal.bhubaneswar@cioins.co.in | Odisha. |
| 5 | CHANDIGARH<br>Insurance Ombudsman<br>Office Of The Insurance Ombudsman,<br>Jeevan Deep Building SCO 20-27,<br>Ground Floor Sector- 17 A,<br>Chandigarh – 160 017.<br>Tel.: 0172 - 4646394 / 2706468<br>Email: bimalokpal.chandigarh@cioins.co.in | Punjab,<br>Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh),<br>Himachal Pradesh,<br>Union Territory of Jammu & Kashmir, Ladakh & Chandigarh. |
| 6 | CHENNAI<br>Insurance Ombudsman | Tamil Nadu,<br>Pondicherry Town and |



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| | Office of the Insurance Ombudsman,<br>Fatima Akhtar Court, 4th Floor, 453,<br>Anna Salai, Teynampet,<br>CHENNAI – 600 018.<br>Tel.: 044 - 24333668 / 24333678<br>Email: bimalokpal.chennai@cioins.co.in | Karaikal (which are part of<br>Pondicherry). |
| 7 | DELHI<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>2/2 A, Universal Insurance Building,<br>Asaf Ali Road,<br>New Delhi – 110 002.<br>Tel.: 011 – 23237539<br>Email: bimalokpal.delhi@cioins.co.in | Delhi & following District of Haryana – Gurugram, Faridabad, Sonepat and Bahadurgarh |
| 8 | ERNAKULAM<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>2nd Floor, Pulinat Bldg.,<br>Opp. Cochin Shipyard, M. G. Road,<br>Ernakulam - 682 015.<br>Tel.: 0484 - 2358759 / 2359338<br>Fax: 0484 - 2359336<br>Email: bimalokpal.ernakulam@cioins.co.in | Kerala,<br>Lakshadweep,<br>Mahe-a part of Puducherry. |
| 9 | GUWAHATI<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Nivesh, 5th Floor,<br>Nr. Panbazar over bridge, S.S. Road,<br>Guwahati – 781001(ASSAM).<br>Tel.: 0361 - 2632204 / 2602205<br>Email: bimalokpal.guwahati@cioins.co.in | Assam,<br>Meghalaya,<br>Manipur,<br>Mizoram,<br>Arunachal Pradesh,<br>Nagaland and Tripura. |
| 10 | HYDERABAD<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>6-2-46, 1st floor, "Moin Court",<br>Lane Opp. Saleem Function Palace,<br>A. C. Guards, Lakdi-Ka-Pool,<br>Hyderabad - 500 004.<br>Tel.: 040 - 23312122<br>Email: bimalokpal.hyderabad@cioins.co.in | Andhra Pradesh,<br>Telangana,<br>Yanam and<br>Part of Territory of Puducherry. |
| 11 | JAIPUR<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Nidhi – II Bldg., Gr. Floor,<br>Bhawani Singh Marg,<br>Jaipur - 302 005.<br>Tel.: 0141- 2740363/2740798<br>Email: Bimalokpal.jaipur@cioins.co.in | Rajasthan. |



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| 12 | KOLKATA<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Hindustan Bldg. Annexe, 4th Floor,<br>4, C.R. Avenue, KOLKATA - 700 072.<br>Tel.: 033 - 22124339 / 22124340<br>Fax : 033 - 22124341<br>Email: bimalokpal.kolkata@cioins.co.in | West Bengal,<br>Sikkim, Andaman & Nicobar Islands. |
| 13 | LUCKNOW<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>6th Floor, Jeevan Bhawan, Phase-II,<br>Nawal Kishore Road, Hazratganj,<br>Lucknow - 226 001.<br>Tel.: 0522 - 4002082 / 3500613<br>Email: bimalokpal.lucknow@cioins.co.in | Districts of Uttar Pradesh :<br>Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. |
| 14 | MUMBAI<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>3rd Floor, Jeevan Seva Annexe,<br>S. V. Road, Santacruz (W),<br>Mumbai - 400 054.<br>Tel.: 022 - 69038800/27/29/31/32/33<br>Email: bimalokpal.mumbai@cioins.co.in | Goa,<br>Mumbai Metropolitan Region<br>Excluding (Navi Mumbai & Thane). |
| 15 | NOIDA<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Bhagwan Sahai Palace<br>4th Floor, Main Road, Naya Bans, Sector 15,<br>Distt: Gautam Buddh Nagar, U.P-201301.<br>Tel.: 0120-2514252 / 2514253<br>Email: bimalokpal.noida@cioins.co.in | State of Uttaranchal and the following Districts of Uttar Pradesh:<br>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur |
| 16 | PATNA<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>2nd Floor, Lalit Bhawan,<br>Bailey Road, Patna 800 001.<br>Tel.: 0612-2547068<br>Email: bimalokpal.patna@cioins.co.in | Bihar,<br>Jharkhand. |



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| 17 | PUNE<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198, N.C. Kelkar Road,<br>Narayan Peth, Pune – 411 030.<br>Tel.: 020-24471175<br>Email: bimalokpal.pune@cioins.co.in | Maharashtra,<br>Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region). |
| 18 | THANE<br>Insurance Ombudsman<br>Office of the Insurance Ombudsman, 2nd Floor,Jeevan Chintamani Building, Vasantrao Naik Mahamarg, Thane (West)<br>Thane - 400604<br>Email: bimalokpal.thane@cioins.co.in | Area of Navi Mumbai,<br>Thane District, Raigad District, Palghar District and wards of Mumbai M/East, M/West, N, S and T |

The updated details of Insurance Ombudsman are also available on IRDAI website: www.irdai.gov.in on the website of Office of the General Insurance Council: www.generalinsurancecouncil.org.in website of the Company www.icicilombard.com or from any of the offices of the Company

Information about Us

Address: ICICI Lombard General Insurance Company Limited ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 Web: www.icicilombard.com E-mail customersupport@icicilombard.com Customer Service: 1800-2-666 Alternate No: +91 86552 22666 IRDA Reg. No. : 115 CIN: L67200MH2000PLC129408