ICICI Lombard Criti Shield Plus

CUSTOMER INFORMATION SHEET

Description is illustrative and not exhaustive

<table>
<tr><th>S. No</th><th>Description</th><th>Policy Clause No.</th></tr>
<tr><td>1</td><td><u>Name of Insurance Product/ Policy</u>
ICICI Lombard Criti Shield Plus</td><td></td></tr>
<tr><td>2</td><td><u>Policy Number</u>
XXXX</td><td></td></tr>
<tr><td>3</td><td><u>Type of Insurance Product/ Policy</u>
This is a Benefit Policy</td><td></td></tr>
<tr><td>4</td><td><u>Sum Insured</u>
This is an individual policy where sum insured mentioned is for the insured as per policy certificate

Sum Insured- XXXX
Sum Insured Basis - XXXX</td><td></td></tr>
<tr><td>5</td><td><u>Policy Coverage (Policy Clause Number/s)</u>
Section A : Critical Illness</td><td></td></tr>
<tr><td></td><td>Benefit 1 : Comprehensive Critical Illness
This cover has been broadly divided into five critical illness buckets.
<table>
<tr><th>Name of the bucket</th><th>No. of illnesses covered</th></tr>
<tr><td>Bucket 1 - Cancer and blood disorders</td><td>4 Major/1 Minor</td></tr>
<tr><td>Bucket 2 -Heart and Blood Vessel</td><td>10 Major/11 Minor</td></tr>
<tr><td>Bucket 3 -Major Organs</td><td>14 Major /12 Minor</td></tr>
<tr><td>Bucket 4 -Nervous System</td><td>24 Major/8 Minor</td></tr>
<tr><td>Bucket 5 -Other Illness</td><td>3 Major/5Minor</td></tr>
</table>
• In the event of any minor illness the company shall pay 25% of the Sum Insured subject to a maximum of 12.50lac while for any major critical illness the company shall pay 100 % of the Sum Insured specified in respective Policy Schedules against respective buckets. If a major illness is followed by a minor illness from the same bucket the company shall only pay the remaining 75% of the sum insured as specified against that bucket in the Policy Schedule.</td><td>Part III of Wordings

Under Section A 1.1</td></tr>
</table>

	• The amount payable will be on the First Diagnosis of any one of the Critical Illnesses listed in the policy wordings. There is a survival period and waiting period applicable to this cover as specified on the policy schedule.	
	Benefit 2: ICU Benefit (Add On)	Part III of Wordings Under Section A 2.1
	In the event of a hospital admission if an insured is admitted in ICU on account of any surgery or infection for a minimum of 5 or 7 days as specified in Policy Schedule, the company will pay the insured amount listed in the Policy Schedule. This benefit will be provided if an additional premium has been paid.	
	Benefit 3: Cancer Restore Benefit (Add On)	Part III of Wordings Under Section A 3.1
	In consideration of payment of additional premium this cover pays the sum insured specified against this Benefit on account of a re diagnosed or recurred major cancer, once a Major cancer (Cancer of Specified Severity) claim has already been considered and paid under this policy. A Waiting period of 3 years will be applicable from the date of diagnosis of the first Major Cancer (Cancer of Specified Severity) claim admitted under this policy. This Benefit 3 cannot be opted at the time of renewal or during the policy period.	
	Section B : Add on Cover	
	Benefit: 4: Major Surgical Procedures	Part III of Wordings Under Section B 4.1
	In the event an Insured Person is Hospitalized on the written advice of the treating Medical Practitioner due to an Illness contracted or any Injury sustained during the Period of Cover, and is advised by a Medical Practitioner (qualified as a Surgeon) to undergo a Surgical Procedure specified in Annexure 2 of this Policy and has undergone the surgery, we will pay the percentage of the Sum Insured as a lump sum specified in the Policy Schedule in the manner specified in the Annexure 2 for each of the listed surgeries. This cover can only be availed with benefit 1. Add on cover will not be renewed incase base bucket is exhausted.	
	Section C: PERSONAL ACCIDENT(Add on)	
	Benefit 5: Accidental Death Benefit	Part III of Wordings Under Section C 5.1.1
	We will pay the specified Sum Insured in the manner specified in the Policy Schedule, if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Insured Person's death within 365 days from the date of the Accident. On the acceptance of a claim under this benefit and any other applicable benefit pertaining to the same event, all benefits under this Policy shall immediately and automatically cease in respect of that Insured Person and no subsequent Renewals of the Policy will be allowed. Add on cover will not be renewed incase base bucket is exhausted	

	Benefit 6: Permanent Total Disablement (PTD) Benefit:	Part III of Wordings Under Section C 5.1.2
	We will pay the Sum Insured specified against this Benefit in the Policy Schedule in the manner specified in the Policy Schedule if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Total Disablement of the Insured Person within 365 days from the date of the Accident. Add on cover will not be renewed incase base bucket is exhausted	
	Benefit 7 : Permanent Partial Disablement (PPD) Benefit:	Part III of Wordings Under Section C 5.1.3
	We will pay the percentage of the specified Sum Insured in the manner specified in the policy wordings if an Insured Person suffers an Injury due to an Accident that occurs during the Period of Cover and that Injury solely and directly results in the Permanent Partial Disablement of the Insured Person (which is of the nature specified in the table below) within 365 days from the date of the Accident. Add on cover will not be renewed incase base bucket is exhausted	
	Section D : Value Added Services	
	1. Tele-consultation: 2. E-opinion (second opinion) 3. Health and Wellness Offers 4. Health assistance: (Note: Please refer to the policy wordings for complete details of the Covers).	Part III of Wordings Under Section D 6.1
6	**Exclusions (What the policy does not cover):** We shall not be liable under this Policy for payment for any claim in respect of an Insured person, caused by, arising from or in any way attributable to any of the following:	
	Section A: **Benefit 1 : Comprehensive Critical Illness**	Part III of Wordings Under Section A 1.2
	1. Any Critical Illness where the symptoms indicative of such Critical Illness that have first manifested or occurred prior to the Risk Inception Date or arisen within the waiting period of 90/120/150 days as specified in the Policy Schedule at commencement of the Period of Cover. 2. Insured should survive for 0/3/7/14 days as mentioned in the Policy Schedule from the date of diagnosis and fulfilment of the critical illness definition (definitions mentioned in Annexure 1) before the claim benefit will be paid. 3. Any Critical illness arising on account of or in connection with any Pre-Existing Disease(s). 4. Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly	

	5. Any physical, medical or treatment or service that is specifically excluded in the Policy Schedule under the head “Special Conditions”. 6. Any claim made without a medical certificate from the treating Medical Practitioner evidencing the diagnosis of such Critical Illness. 7. Any Critical Illness traceable to pregnancy, childbirth, abortion, or related consequences.	
	Section A: **Benefit 2: ICU Benefit (Add on)**	Part III of Wordings Under Section A 2.3
	1. Any ICU hospitalization where the appearance of first (signs/symptom/ diagnosis) of the infection or advice for surgery was done during or prior to the initial waiting period of 90/120/150 days (as specified on the Policy Schedule) shall not be considered payable under this Benefit. 2. We shall not consider any domiciliary/Home ICU care under this Benefit. Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly 3. Any physical, medical or treatment or service that is specifically excluded in the Policy Schedule under the head “Special Conditions”. 4. Any claim made without a medical certificate from the treating Medical Practitioner mandating the stay in ICU. 5. Any claim traceable to pregnancy, childbirth, abortion, or related consequences. 6. ICU admissions on account of Sterility/Infertility or any plastic surgery for cosmetic purpose. 7. ICU admission due to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. 8. ICU admission directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. 9. ICU admission on account of Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. 10. ICU admission on account of Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) 11. Any ICU admission arising from or attributed to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or	

	requisition of or damage by or under the order of any government or public local authority 12. Any ICU admission caused by or contributed to by nuclear weapons/materials or contributed to, by/arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel	
	Section A: **Benefit 3: Cancer Restore Benefit (Add On)**	Part III of Wordings Under Section A 3.2
	• No claim shall be payable within the waiting period of 3 years from the date of diagnosis of first Major Cancer. • In the event of death of the insured during the 3 years waiting period, the claim shall not be payable.	
	Section B: **Benefit: 4: Major Surgical Procedures (Add On)**	Part III of Wordings Under Section B 4.2
	1. Any covered Surgery/Surgical Procedure arising out of an Illness diagnosed/contracted prior to Risk Inception Date or arising within the waiting period of 90/120/150 days as specified in policy schedule. However, no Waiting Period will be applicable in case of any Surgical Procedure arising out of/due to an Accident during the Period of Cover. 2. Any Surgery/Surgical Procedure arising out of an Accident which occurred prior to Risk Inception Date. 3. Any Pre-Existing Disease(s) or any disability arising out of a Pre- Existing Disease or any complication arising therefrom. Any Critical Illness or Surgery/Surgical Procedure arising out of any external Congenital Anomaly 4. Any of the covered Surgery/Surgical Procedure performed which was otherwise deemed unnecessary, or against standard health practices. 5. Any Unproven/Experimental treatment. 6. Any Surgery/Surgical Procedure performed solely 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 medical / Surgical Procedure.	
	Section C: Personal Accident (Add On) **Benefit 5: Accidental Death Benefit** **Benefit 6: Permanent Total Disablement (PTD) Benefit:** **Benefit 7 : Permanent Partial Disablement (PPD) Benefit:**	Part III of Wordings Under Section C

	1. War, invasion, act of foreign enemy hostilities or warlike operations (whether war be declared or not) or civil commotion or rebellion, revolution, insurrection, mutiny, arrests, detainments of all kinds and political gatherings, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft. 2. 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 3. Any event which occurs whilst the Insured Person is operating or learning to operate any aircraft or common carrier, or performing duties as a member of the crew on any aircraft, or scheduled airlines or is engaging in aviation, or whilst the Insured Person is mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airline anywhere in the world. 4. Breach of law/ statutory provisions or while being involved in any unlawful activity. 5. 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. 6. Any Injury / Illness arising from intentional self- Injury, suicide or attempted suicide. 7. Any Injury / Illness arising from a failure to take reasonable precautions to avoid a claim under the Policy. 8. Any Injury / Illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind. 9. 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. 10. Any Injury that has occurred prior to the commencement of Policy of Benefit whether or not the same has been treated, or medical advice, diagnosis, care or treatment has been sought. 11. Any Illness, complication or ailment not arising out of or connected to Injury. 12. 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 Person resulting directly from, or indirectly caused by, or contributed to or aggravated or prolonged by, childbirth or pregnancy or in consequence thereof. 13. Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, Illness or Hospitalization of Insured Person due to an insect or mosquito bite.	5.2

	14. 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. (Note: Please refer to the policy clauses for the full listing of Exclusions)	
	GENERAL EXCLUSIONS	Part IV of Wordings
	1. Any physical, medical treatment or service that is specifically excluded in the Policy Schedule under the head “Special Conditions”. 2. Any breach of the law by the Insured Person with a criminal intent. 3. 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. 4. 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. 5. 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. 6. Use or misuse of intoxicating drugs and/or alcohol. 7. Participation (aggravation) in any kind of strike, processions, riots etc. 8. Any act of self-destruction or self-inflicted injury, attempted suicide or suicide and deliberate participation of the Insured in an illegal or criminal act with criminal intent. 9. 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 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. 13. Any natural peril (including but not limited to storm, tempest, avalanche, earthquake, volcanic eruptions, hurricane, or any other kind of natural hazard). (Note: Please refer to the policy clauses for complete detailss)	

7	**Waiting Period** • **Time period during which specified diseases/treatments are not covered** • **It is counted from the beginning of the policy coverage** Following Waiting Periods are available under the Policy. The waiting period shall be applicable as mentioned in the policy certificate. **Initial Waiting Period:** Section A: Benefit 1 – 90/120/150 Days Benefit 2 – 90/120/150 Days Benefit 3 – There is a 3 Year waiting period from the date of first diagnosis of a major cancer Section B: Benefit 4 – 90/120/150 Days Section C: Benefit 5,6,7 – No Waiting Period **Specific Waiting Periods**: **NA** **Pre-Existing Diseases:** Any Pre-Existing Disease(s) or any disability arising out of a Pre- Existing Disease or any complication arising therefrom will not be covered.	Part III of Wordings Section A Section B Section C & Policy Certificate
8	**Financial Limits of coverages** **I Limits (It is a predefined limit and the insurance company will not pay any amount in excess of this limit) :** NA **II Co-payment (It is a specified amount/ percentage of the admissible claim amount to be paid by policyholder/ insured)** NA **III Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount (if claim amount is more than the specified amount)** NA **IV Any Other limit** NA	
9	**Claims/ Claims Procedure** • The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of necessary document**,**	Part V of Wordings

	• 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 email us at customersupport@icicilombard.com Along with the completed and signed Claim form the Insured must provide all the relevant documents specified in the Policy wordings, within 30 days. • The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limits, if any, and as specifically defined in Policy Schedule.	"Standard General Terms and Clauses" Clause No. 3 :Claim Settlement" & "Specific Terms and Conditions" Clause No. 3 "Claim Procedure"
10	**Policy Servicing** Call Us at toll free number: 1800 2666 or email us at customersupport@icicilombard.com If You are not satisfied with the resolution then You may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager-Operations & finally Director-services and Business development at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025 For details of Company officials kindly visit our website For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support	
11	**Grievances/ Complaints** "In case of any grievance the insured person may contact the Company through	Part V of Wordings

	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 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 (IRDA) 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 IRDA website: www.irdaindia.org, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman"	"General Terms Conditions" Clause No. "Redressal Grievances"
12	**Things to Remember** **Free Look Cancellation:** "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	Part V of Wordings "General Terms and Conditions" Clause No. 6 "Cancellation/ Termination"

	and stamp duty charges." (Note: Kindly refer policy wordings for cancellations as per the Refund Grid) **Policy Renewal** The Renewal premium should be paid to us on or before the date of expiry of the Policy and in no case later than the Grace Period which is fifteen days where premium payment mode is monthly and thirty days in all other cases from the expiry of the Policy. We will not be liable to pay for any Claim arising out of an Insured Event that occurs during the Grace Period. Renewals will not be denied except on grounds of misrepresentation, established fraud, non-disclosure of material facts. We may, revise the Renewal premium payable under the Policy or the terms of Benefit, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no Break In Policy. **Migration and Portability:** **Migration:** In case of migration of health insurance policy with the same Insurer, the insured can transfer the credits gained to the extent of the Sum Insured and benefits available in the previous policy to the migrated policy. The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months. **Portability:** a. The insured has the choice to port his / her policies from one Insurer to another. b. The insured is entitled to transfer the credits gained to the extent of the sum insured and the benefits available in the previous policy, subject to the underwriting policy of the Company c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. d. This benefit is not applicable for enhanced sum insured.	Part V of Wordings "Specific Terms and Conditions" Clause No. 2 "Terms of Renewal" Part I of Wordings "General Definitions" Definition No. 23 "Waiting Period" Part V of Wordings "General Terms and Conditions" Clause No. 7 "Migration" & Clause No.8 "Portability"

	e. A policyholder desirous of porting his/her policy to another insurer shall apply to such insurer to port the entire policy along with all the members of the family, if any, at least 30 days before, but not earlier than 60 days from the due date for renewal **Change in Sum Insured:** Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company subject to revised proposal form. For any increase in Sum Insurance, the waiting period and survival period if any shall start afresh only for the enhanced portion of the sum insured. **Moratorium Period:** 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 insurer 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 sum insureds of first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from date of enhancement of sum insured only on the enhanced limits	Clause No. 3 of " VII Additional clauses available under this policy" Part V of Wordings General Terms and Conditions" "Standard General Terms and Clauses" Clause No 11
13	**<u>Your Obligations</u>** Please disclose all material information (Including Pre-existing illnesses) before buying the Policy. • 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. • Cooperation from the Insured Person/ Claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim	Part V of Wordings "General Terms and Conditions" "Standard General Terms and Clauses"

		Clause No. 1 “Disclosure of Information”

Declaration by the Policy Holder:

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

Place:

Date: _____ Signature of the Policy Holder

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