SECURE MIND

Customer Information Sheet/ Know Your Policy

This document provides key information about your policy. You are advised to go through your policy document.

Sr. No	Description	Policy Clause Number
1.	**Name of Insurance Product/ Policy** Secure Mind	
2.	**Policy Number** XXXX	
3.	**Type of Insurance Product/ Policy** This is a Benefit Policy	
4.	**Sum Insured Basis** **This is an individual policy where sum insured mentioned is for the insured as per policy certificate** Sum Insured- XXXX Sum Insured Basis - XXXX	
5.	**Policy Coverage (Policy Clause Number/s)** **Section I : MAJOR MEDICAL ILLNESS & PROCEDURES** • First Diagnosis of the below-mentioned Illnesses specifically described below: ○ Cancer of specified severity ○ Kidney failure requiring regular dialysis; ○ Multiple Sclerosis with persisting symptoms; or ○ Benign Brain Tumor ○ Parkinson's Disease before the age of 50 years ○ Alzheimer's Disease before the age of 50 years ○ Last stage Liver Disease • Undergoing the specified surgical procedure for the first time, as detailed below: ○ Major Organ/ Bone Marrow Transplant; ○ Open heart replacement or repair of heart valves; ○ Open chest CABG; ○ Surgery of Aorta; • Occurrence of the following medical events for the first time specifically described below:	Part II of the Schedule Clause 2. Benefits Under the Policy 2.1 Section I 2.2 Section II 2.3 Section III

	○ Stroke resulting in permanent symptoms; ○ Permanent Paralysis of Limbs; ○ First Heart Attack- of specified severity ○ Major Burns; ○ Loss of Speech; ○ Deafness ○ Coma of Specified Severity **Section II: PERSONAL ACCIDENT** • Accidental Death - Solely and directly due to an injury, within 12 months from the date of accident. • Permanent Total Disablement (PTD) - Solely and directly due to an injury with a period of 12 months from the date of the accident. **Section III: LOSS OF JOB** Insured event: In this section, the term "Insured Event" refers to the insured person experiencing termination from employment, dismissal, temporary suspension or retrenchment during the policy period due an illness or injury resulting from an accident following the employer's rules and regulations. • The Policy coverage will end if a claim is accepted for Major Medical Illness Procedure or Personal Accidents (any 1). In such cases, no benefits will be paid under other sections of this policy This cover maybe opted at policy inception by Salaried Individuals only. (Please refer the policy wordings for complete details)	
6	**Exclusions (What the policy does not cover):** The Company shall not be liable under this policy for, • Any Pre-existing Disease - Any Insured Event resulting in connection with any Pre-existing Disease. • For events in this section that occurred before the policy started or within the first three months of coverage. • Any medical procedure or treatment, which is not medically necessary or not performed by a Doctor • Payment under more than one of the categories specified (Death or Permanent Total Disablement) in the benefit payable in respect of the Insured. • For any Permanent Total Disability if medical care, treatment, or advice was recommended or received from a doctor, or if the insured suffered or had the disability before the policy period started. • Payment of compensation in respect of death, injury or disablement of Insured Person ○ From intentional self-injury, suicide or attempted suicide. ○ Whilst under the influence of intoxicating liquor or drugs. ○ Payment of compensation in respect of death or Permanent Total	Part II Of The Schedule Clause 2.1.4 Exclusions Applicable To Section I Clause 2.2.3 Exclusions Applicable To Section II Clause 2.3.3 Exclusions Applicable To Section III

	Disablement arising/resulting from any Illness to anyone Insured. The Company shall not be liable to make any payment under Section III (Loss of Job) • If the insured is terminated, dismissed, temporarily suspended, or retrenched from employment due to dishonesty, fraud, or poor performance. • Unemployment at the time of inception of the policy period or arising within first three months of inception of the policy period. • No claims for unemployment will be considered for casual, temporary, seasonal, or contractual jobs, or for employees not on the direct rolls of the employer. • Under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured as a result of any reason other than that arising from an illness or injury due to an accident. (Please refer policy wordings for complete details).	
	GENERAL EXCLUSIONS APPLICABLE TO THE POLICY: The Company shall not be liable for any loss or damage under this Policy: 1. Arising or resulting from the Insured committing any breach of the law with criminal intent 2. Events directly or indirectly related to war, invasion, acts of foreign enemies, hostilities (whether war is declared or not), civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all Heads of State and citizens of any nation and acts of terrorism. 3. Events directly or indirectly caused from ionizing radiation or contamination by radioactivity from nuclear fuel, nuclear waste, or the combustion of nuclear fuel. The term "combustion" includes any self-sustaining process of nuclear fission 4. Directly or indirectly caused by or arising from nuclear weapon materials. 5. Directly or indirectly caused from usage, consumption or abuse of alcohol and/or drugs. 6. Arising out of or as a result of any act of self-destruction or self-inflicted injury, attempted suicide or suicide. 7. Any consequential or indirect loss or expenses arising out of or related to any Insured Event. 8. Arising out of or resulting directly or indirectly due to or as a consequence of pregnancy or treatment traceable to pregnancy and childbirth, abortion and its consequences, tests and treatment relating to infertility and invitro fertilization. 9. Arising out of or resulting directly or indirectly while serving in any branch	

	of the Military or Armed Forces of any country during war or warlike operations 10. The policy excludes any loss, damage, cost, or expenses arising directly or indirectly from an act of terrorism. This includes losses regardless of other contributing causes or events. Additionally, it excludes losses related to actions taken to control, prevent, suppress or in a nay way relating to action taken with respect to any act of terrorism. (Please refer policy wordings for complete details)	
7	**Waiting Period** • **Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage** **Initial Waiting Period** • The Major Medical Illness and Procedures benefit and Loss of Job benefit will have a waiting Period of three months. • The Insured is covered for Accidental Death and Permanent Total Disability from Day 1 of Policy Inception. **Specific Waiting Period: NA** **Pre-Existing Diseases:** Any Insured Event arising on account of or in connection with any Pre-Existing Disease will not be covered.	Part II of The Schedule Clause 2.1.4 Exclusions Applicable To Section I Clause 2.2.3 Exclusions Applicable To Section II Clause 2.3.3 Exclusions Applicable To Section III
8	**Financial Limits of coverages** **I Sub-limit (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 claim amount is more than the specified amount):** 30 days deductible shall be applicable under section III Loss of Job **IV Any Other limit** NA	
9	**Claims / Claims Procedure**	Part II of the

	The settlement of claims would be done by the Company within 15 days after the receipt claim along with claim form and necessary documents, any rejections if done, would be provided with proper reasons by the Company. 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. List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf **Download the Claim Form here** - https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf	Schedule Clause 4.6 Settlement/Rejection of Claim
10	**Policy Servicing** Contact us via: Website: https://www.icicilombard.com/customer-support IL TakeCare App WhatsApp: 7738282666 Toll-free number: 1800 2666 Email: customersupport@icicilombard.com For details of Company officials kindly visit our website For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support In case You are aggrieved in any way, You may contact us through Our website www.icicilombard.com (Customer Support section “Grievance Redressal”) or call us at toll Free no: 1800 2666, or email to customersupport@icicilombard.com	PART III OF SCHEDULE Standard Terms and Conditions Clause 18 Grievances
11	**Grievances/ Complaints** In case of any grievance the insured person may contact the Company through Website: www.icicilombard.com Toll free: 1800 2666 Email: customersupport@icicilombard.com ICICI Lombard General Insurance Co. Ltd. Ground floor- Interface 11, Sixth floor- Interface 16 ,	

	Office no 601 & 602, New linking Road, Malad (West), Mumbai – 400064 There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. For branch details, please visit https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-gro-mapping.pdf. If Insured person is not satisfied with the redressal of grievance ,insured person may contact the grievance redressal officer at the details provided in the below link: https://www.icicilombard.com/grievanceredressal.com If Insured person is not satisfied with the redressal of grievance, the insured person may also approach Insurance Regulatory and Development Authority of India (IRDAI) through the Bima Bharosa Portal - https://bimabharosa.irdai.gov.in/ or IRDA Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255 Insured may also approach Insurance Ombudsman, subject to vested jurisdiction, for the redressal of grievance. Details of Insurance Ombudsman offices are available at IRDAI website: www.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	
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 and stamp duty charges."	Part III of the schedule Clause 14. Free Look Up Period

	Policy Renewal: • A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured, provided the policy is not withdrawn and also subject to Moratorium conditions as provided in the policy. • . The Company shall condone a delay in renewal up to the grace period from the due date of renewal without considering such condonation as a break in policy • Waiting periods will not be applicable (subject to No Break In Policy) • **Migration and Portability**: In case of migration of this policy with the Company, 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. ○ The insured has the choice to port his / her policies from one Insurer to another. *An Insured 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.* 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 The company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines. This benefit is not applicable for enhanced 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 Company on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits	Section 4.5 Terms of Renewal Part III of the Schedule Clause 15. "Renewal Notice" Part II Clause 1 Grace period & Renewal **PART III OF SCHEDULE** Standard Terms and Conditions CLAUSE 20,21 **PART III OF SCHEDULE** Standard Terms and Conditions CLAUSE 19
13	**Your Obligations** **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-	PART III OF SCHEDULE Standard Terms

	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 behalf to obtain any benefit under this Policy.	and Condition s 1. Incontestabilit y and Duty of Disclosure

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.