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 (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1.	**Name of Insurance Product/Policy:** Ride Safe Travel Insurance	
2.	**Policy Number:** XXXXXX	
3.	**Type of Insurance Product/Policy:** Both Indemnity and Benefit	
4.	**Sum Insured (Basis):** Individual Sum Insured -Rs XXX -Where each member has a separate sum insured under the policy)	
5.	**Policy Coverage (What the policy covers?)** **Hospitalization expenses for Injury** • Due to an accidental Injury during the policy period **Mobility Cover** • Necessary medical aids expenses for injuries during travel, including wheelchair, crutches etc. **Hospital Daily Allowance** • Daily payout on hospitalization due to an accidental injury **OPD Treatment** • Outpatient treatment for accidental injury **Ambulance & Emergency Evacuation** • Due to accidental injury **Personal Accident Accidental Death** • Accidental death during the travel period **Permanent Total Disability** • Resulting from accident involving undetectable spinal damage. **Permanent Partial Disability**	 Cover 1 Extension 1a Cover 2 Cover 3 Cover 4 Cover 5 Cover 5.A Cover 5.B

	• Resulting from an accident providing sum insured for irrecoverable losses resulting in loss of use or physical separation of specified body parts	
	Temporary Total Disability • Disability resulting from an accident preventing employment.	Cover 5.C
	Cost of Clothing damage Cover • Benefit for loss/ damage to clothes particularly uniforms worn during an accident	Cover 5.D
	Modification Expenses • For the insured's home/ vehicle due to accident induced incapacitation, reimbursing reasonable charges based on a treating medical practitioner's recommendation	Cover 5.E
	Repatriation of Remains • In the unfortunate event of the death of the insured, cost of transporting the remains of the deceased insured back to the Country/Place of Residence	Extension to cover 5
	Missed Flight • Due to delayed public transport or accident	Cover 6
	Loss of Baggage & personal effects • Actual loss of luggage and personal possessions during travel period.	Cover 7
	Financial emergency Cash • Actual loss due to theft of travel funds, provided a police complaint is filed. Excludes compensation already covered by carriers, hotels, or service providers, as well as loss of valuables or securities.	Cover 8
	Emergency hotel requirement • Cost of hotel stay, up to the specified limit, due to an insured person or covered passenger suffering injury, illness, or hospitalization during the travel period, limited to one claim per coverage period and is applicable when a disabling condition requires extended stay.	Cover 9 B
	Loss of home content • Actual loss or damage from burglary or attempted burglary of insured property contents. For attempted burglary, the	Cover 10

	coverage is limited to repairing or replacing locks, doors, or windows. Valuation for jewellery and precious items is based on their market value. **Operator driven Cancellations** • Cancellations of pre-paid/common carrier tickets by the operator. Amount will be a flat amount or a percentage of ticket value, whichever is higher/lower. This includes cancellations due to mechanical breakdowns. **Mismatch in Carrier** • Mismatch in common carrier type. Amount is fixed, capped as per Part I of the policy schedule, determined by a flat amount or a percentage of the ticket value, or the difference between ticket amounts of the two carriers, with the maximum payout restricted to the specified limit in Part I of the policy **Collision damage Waiver** • Insured's out-of-pocket cost on a self-driven rental vehicle, covering accidental damage, collisions, or theft during the travel period, limited to specified charges and applicable within the territory defined in the Certificate of Insurance/Part I of the policy schedule, under the "Collision Damage Waiver" cover.	Cover 11 Cover 12 Cover 13
6.	**GENERAL EXCLUSIONS (APPLICABLE TO ALL COVERS UNDER THE POLICY) (**what the policy does not cover) • Events before the insurance period or after its expiry. • Fraudulent claims or wilful acts by the insured. • Travel against medical advice, specified treatments, terminal prognosis, or military operations. • Intentional self-injury, suicide, intoxication, criminal activities, and venereal diseases. • Losses due to war, rebellion, or radioactive hazards. • Damage arising from illegal activities or nuclear properties. • Violation of local laws and regulations. • Alternative treatments other than AYUSH are not covered. **Cover specific exclusions** **Hospitalization expenses for injury/ accidental medical expense** • No coverage for illness treatment, pre-existing conditions, or cosmetic procedures. • Excludes spa, convalescence, and physiotherapy expenses.	Cover 1

	• Limits routine tests, vaccinations (except post-animal bite), and supplements. • Restricts personal comfort and hygiene items. • No coverage for scenarios without active treatment. • Alternative treatments other than AYUSH. • Out-of-pocket expenses for medical aids unless specified under 'Hospitalization expenses due to Injury.	
	Hospital Daily Allowance • No coverage for dental treatment unless due to an accident or specified in the policy. • Alternative treatments not covered under AYUSH, except in recognized government or accredited institutes. • Excludes cosmetic/plastic/aesthetic surgeries, including lasik, unless due to an accident. • No coverage for intentional self-injury, suicide, or suicide attempts.	Cover 2
	OPD Treatment • Any Pre- existing disease	Cover 3
	Ambulance & Emergency Evacuation • Evacuation due to any reason other than an accident or a natural catastrophe.	Cover 4
	Repatriation of remains • Death arising from intentional self-injury / suicide / attempted suicide	Cover 6
	Missed Flight • Any claim occurring due to negligence of the Insured resulting in delay of the Common Carrier scheduled to reach the specified destination	Cover 7
	Loss of baggage & Personal effects • No reimbursement for loss refunded by the common carrier or provider. • Excludes loss of valuables, money, securities, or electronic equipment unless specified. • No coverage for partial loss or non-permanent loss of luggage and personal possessions. • Not liable for loss arising from detention, confiscation, or distribution by authorities. • Loss due to theft, burglary, or mugging must be reported to police within 24 hours for coverage	Cover 8
	Financial Emergency & Emergency Hotel Requirement	

	• Any facts or matters of which the Insured Person was aware or should have been aware might result in a claim being made under this Cover. • Any extension opted in furtherance of business or personal reasons. **Loss of home content** • No coverage for burglary involving the Insured. • Items not specified or accepted aren't covered. • Unoccupied premises over 30 days not insured. • Illegal, kept, or forfeitable property is excluded. • Theft without forcible entry is not covered. • Excludes loss due to riot, strike, or terrorism. **Operator driver Cancellation** • Cancellations other than the ones initiated by the Operator of the common carrier. For example, natural calamities or cancellations due to or initiated by the insured. **Mismatch In Carrier** • Any mismatch in common carrier not ascertained or confirmed by the common carrier aggregator **Collision damage waiver** We will not reimburse the excess - • Costs unrelated to externally caused damage, like mechanical failure or wear and tear. • Rentals from non-Car Rental Company vehicles. • Damage due to self-inflicted injury, alcohol, or non-prescribed drugs. • Damage from unnecessary danger, except to save a life. • Violation of rental terms, including illegal activities. • Costs covered by the rental company, its insurer, or a third party	Cover 9 Cover 10 Cover 11 Cover 12 Cover 13
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:** Not Applicable **Specific Waiting periods (Not applicable for claims arising due to an accident):** Not Applicable	

	Pre-existing diseases: Not Applicable	
8.	**Financial limits of coverage:** **i. Sub-limit** (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit) The policy will pay only up to the limits specified against the covers in Part 1 of the policy schedule. **ii. Co-payment:** (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured) The Co-payment is specific to each coverage and is outlined in Part 1 of the policy schedule **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) The deductible is specific to each coverage and is outlined in Part 1 of the policy schedule **iv. Any other limit (as applicable)** - Not Applicable	
9.	**Claims:** In the event of a payable claim, We shall make such payment through Cashless facility or provide Reimbursement of benefits, up to an amount as specified for said cover. **Turn Around Time(TAT) for claim settlements-** The settlement of reimbursement claims would be done by Us within 15 days after the receipt of claim along with claim form , any rejections if done, would be provided with proper reasons by us. If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will decide within 1 hour of the actual receipt of such pre authorization request. Further, we shall grant final authorization within three hours of the receipt of discharge authorization request from the hospital	Claim Procedure: General- Settlement/ Rejection of claim Claim Procedure: General

	Claims Procedure- Details of in-house claim processing team/TPA are as provided in the policy certificate. Our Toll Free– 1800 2666 Email Id- customersupport@icicilombard.com	
10.	**Policy Servicing:** • You may contact us through our website www.icicilombard.com (Customer Support section) or call us at toll Free no: 1800 2666, or email us at customersupport@icicilombard.com.	Claim Procedure: General
11.	**Grievances/Complaints:** ln 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 lnsured 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. lf lnsured 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 lf lnsured 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.irdai.gov.in, or on the Company's website at www.icicilombard.com or on https://www.cioins.co.in/Ombudsman	Standard terms and conditions (24)

12	**Things to remember:** **Cancellation of the Policy** - The insured may cancel the policy at any time during the term, by giving 7 days notice in writing. The Insurer shall a. refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period. b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts ,established fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or established fraud. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy. **Migration and Portability:** Not Applicable **Change in Sum Insured:** Not Applicable	General terms and conditions (02)
12.	**Your Obligations :** • The Policy shall be null and void and no benefit shall be payable in the event of untrue or incorrect statements, misrepresentation or established fraud or non-disclosure of any material facts in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being established as fraudulent or if it is established that any fraudulent means or devices being used by the Insured or any one acting on his behalf to obtain any benefit under this Policy.	Standard terms and conditions (1) .

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.