Name: ICICI Lombard General Insurance Company Ltd

Registration no: 115

S. No.	Particulars	Description
1	**Name of Insurance Product / Policy**	FAMILY SHIELD
2	**Unique Identification Number (UIN)**	ICIHLIP22092V032122
3	**Type of Insurance Product / Policy**	Benefit
4	**Policy Coverage (What the policy covers?)**	**Basic covers** • Specific Vector Borne Disease related Hospitalization Benefit • Rabies and Tetanus related Hospitalization Benefit • Rabies and Tetanus related Death Benefit • Specific Gastro Intestinal Infections Hospitalization Benefit • Specific Viral Infections Hospitalization Benefit • Specific Nervous System Infections Hospitalization Benefit • Hospital Daily Cash Benefit • Accidental Death Benefit • Permanent Total Disablement (PTD) Benefit • Permanent Partial Disablement (PPD) Benefit • Temporary Total Disablement (TTD) Benefit • Adventure Sports Benefit • Children's Education Grant Benefit • Orphan Benefit • Parental Care Benefit • Accidental Hospitalization Expenses Reimbursement Benefit • Accidental Hospitalization Daily Cash Benefit • Common Carrier Accident Benefit • Loan Protection Benefit • Assault Benefit • Mysterious Disappearance Benefit • Reconstructive Surgery Benefit • Catastrophic Evacuation Benefit • Physical Rehabilitation Benefit • Loss of Job Benefit • Recovery Benefit • Diagnostic Test Benefit **Optional covers** • Intensive Care Unit (ICU) Cash Benefit • Lifestyle Support Benefit • Last Rites Benefit • Counseling Benefit • Repatriation in case of Permanent Disability Benefit • Accidental Pre & Post Hospitalization Expenses Benefit • Air Ambulance Benefit • Comatose Benefit • Broken Bones Benefit • Compassionate Visit Benefit • Burns Benefit • Ambulance Charges Benefit • Chauffeur Cash Benefit • Skill Development Benefit • On Duty Enhanced Benefit • Home Tuition Benefit

S. No.	Particulars	Description
		• Outstanding Bills Payment Benefit • Major Surgery Benefit
5	**Exclusions and limitations (What the policy does not cover)**	Exclusions and limitations applicable to Section B i. Standard Exclusions - 1. 30-day waiting period (Code – Excl 03) 2. Pre-existing Diseases (Code – Excl 01) 3. Maternity (Code – Excl 18) 4. Cosmetic or plastic surgery (Code – Excl 08) 5. Investigation & evaluation (Code – Excl 04) 6. Obesity/Weight control (Code – Excl 06) - 7. Rest Cure, rehabilitation and respite care (Code – Excl 05): 8. Hazardous or adventure sports (Code – Excl 09). 9. Change of gender treatments (Code – Excl 07) - 10. Breach of Law (Code – Excl 10): 11.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12) 12. Refractive error (Code – Excl 15) 13. Unproven treatments (Code – Excl 16) - 14. Treatments received in heath hydros, nature cure clinics, spas or similar establishments etc. (Code – Excl-13) 15. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code – Excl 14) 16. Excluded providers (Code – Excl 11) 17. Specified disease/procedure waiting period (Code – Excl 02) - ii. Specific Exclusions - 1. Any physical, or medical condition or treatment or service which is specifically excluded in the Policy Certificate under Special Conditions. 2. Dental treatment (except for accidents) and alternative treatments (excluding AYUSH). 3. Circumcision unless necessary for the treatment of an underlying diseases 4. Any treatment received outside India. 5. Hormone replacement therapy. 6. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate. 7. Any medical examination for the purpose of employment or travel. 8. Intentional self-injury, suicide or attempt to suicide. 9. Event before policy inception 10. Any external congenital anomalies 11. While operating air carrier 12. Treatment by a family member and self-medication, or any treatment that is not scientifically recognized. 13. War, invasion, civil commotion, rebellion, revolution, insurrection, mutiny, arrests, detainments, and participation in political or military activities, including aviation (except as a passenger in a licensed standard aircraft). 14. Event due to radio-activity, nuclear etc. Specific exclusions and limitations applicable to Section C (Except Benefit C.1.9 and C.2.5) 1. War, invasion, foreign hostilities, civil unrest, rebellion, revolution, insurrection, mutiny, arrests, detentions, political gatherings, and participation in aviation (excluding passenger travel in licensed standard aircraft) 2. Any injury sustained while performing duty in army, navy, air force, paramilitary force, police, or any other such institutions.

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		3. While operating air carrier except as passenger. 4. Breach of law or while being involved in any unlawful activity. 5. Any injury / illness arising from intentional self-injury, suicide, or attempted suicide. 6. Any injury / illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind. 7. 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. 8. Injury sustained whilst engaging in adventure sports (This exclusion shall not apply if Benefit C.1.5 is in force for the insured person) 9. Event before policy inception 10. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof. 11. Any Illness, complication or ailment not arising out of or connected to injury. 12. Event due to complication of pregnancy, child birth. 13. Event due to radio-activity, ionizing radiation, nuclear attack etc. 14. Event due to cancer, pregnancy complication etc. 15. Circumcision, strictures, vaccination, inoculation, sex change, beauty treatments, intentional self-injury (including general debility), venereal disease, use of intoxicating drugs, and any illness, injury, death, or disablement directly or indirectly resulting from these. 16.Dental treatment, eye treatment and plastic surgery unless medically necessitated as a consequence of an injury sustained in accident during the coverage period. 17. Hospitalization unrelated to injuries sustained in an accident during the coverage period. 18.Medical expenses not incurred as a direct result of the injury sustained in an accident during the coverage period. 19. Routine medical, dental, eye and ear examinations. 20. All cosmetic/aesthetic surgeries including but not limited to Lasik surgery. 21. Any medical examination or diagnostics or hospitalization for the sole purpose of investigation or employment or travel. 22.Any injury sustained while working professionally with any animals reptiles or insects. 23. Any injury or illness caused or transmitted by viruses, parasites, bacteria, or other microorganisms, including those introduced or caused by bites of insects, reptiles, animals, or other vectors. 24. Any medical expense not incurred in the hospital as defined in the Policy Wordings. Exclusions applicable to Benefits C.1.9 and C.2.5 i. Standard Exclusions – • Unproven treatment (Code - Excl 16); • Maternity (Code - Excl 18); • Sterility and infertility :(Code - Excl 17); • Cosmetic or plastic surgery (Code - Excl 08); • Investigation and evaluation (Code - Excl 04); • Hazardous or adventure sports (Code – Excl 09); • Breach of Law (Code – Excl 10); • Treatment for alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12); • Rest Cure, rehabilitation and respite care (Code – Exc 05); • Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. • Treatments received in health hydros, nature cure clinics, etc. (Code – Excl 13) • Dietary supplements and substances that can be purchased without prescription (Code – Excl 14) • Excluded Providers (Code – Excl 11)

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		ii. Specific Exclusions - • All dental treatment or dental surgery of any kind unless necessitated due to an accident. • Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate. • Event prior to policy inception • Any external congenital anomalies • Any injury / illness occurring whilst engaging in any adventure sports as an Amateur. Any event which occurs while operating air carrier other than as passenger. • War, invasion, foreign hostilities, civil unrest, rebellion, revolution, insurrection, mutiny, arrests, detentions, political gatherings, and participation in aviation (excluding passenger travel in licensed standard aircraft) • Any Injury sustained while performing duty in army, navy, air force, paramilitary force, police or any other such institution. • While operating air carrier other than as passenger • Any injury / illness arising from intentional self- Injury, suicide or attempted suicide. • Any illness, complication or ailment not arising out of or connected to injury. The above is an indicative list of exclusions, please refer to the Policy Wordings for detailed description.
6	**Documents required for issue of policies**	All proposals will be evaluated based on multiple criteria, including age, occupation, sum insured, and financial eligibility. After this assessment, the following document will be required: • Duly completed and signed proposal form and declarations, including complete medical history and disclosure of all pre-existing diseases/conditions. • KYC documents and verifications as applicable, including proof of identity, address and age, photograph, PAN/Form 60 and bank details where required. • Pre-policy medical examination reports or additional medical/financial information, if requested during underwriting. • Nominee details, relationship and age proof of insured members, and documents required for selected covers, as applicable. • Final requirements remain subject to underwriting, eligibility and applicable KYC/AML guidelines.
7	**Basic documents and verifications required for claim settlement**	**<u>Specific Vector Borne Disease related Hospitalization Benefit</u>:** • Duly filled claim form • Hospital Discharge summary duly signed and attested by treating doctor confirming the diagnosis and period of Hospitalization • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the • Hospital • Laboratory Reports confirming the diagnosis of Specific Vector Borne Disease, • as follows: o Dengue - NS1 antigen test or Ig M- Elisa test o Malaria – Peripheral Smear Test confirming the presence of Malarial parasites o Chickungunya - Presence of IgM and IgG anti chikungunya antibodies o Kala-Azar - Direct Agglutination Test or Rapid dipstick test or ELISA for detecting IgG, Anemia, Leucopenia, thrombocytopenia and Hypergammaglobulinemia o Japanese encephalitis - Ig M antibody detection in serum or cerebrospinal fluid o Zika Fever – PCR report confirming the diagnosis o Filariasis - Antigen detection in blood sample or IgG4 antibody detection using routine assays **<u>Rabies and Tetanus related Hospitalization Benefit:</u>** • Duly filled claim form • Hospital Discharge summary duly signed and attested by treating doctor confirming

S. No.	Particulars	Description
		• the diagnosis and period of Hospitalization • In case of incomplete and / or inconclusive Discharge Summary, Certificate from • Treating Doctor (under whom the insured was admitted) mentioning the details of • Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital **Rabies and Tetanus related Death Benefit:** • Duly filled claim form • Duly attested death certificate issued by municipal authorities • Cause of Death certificate from the treating physician • Out- patient consultation paper wherever applicable • Indoor case papers of treating hospital, if available • Certificate from treating doctor confirming the diagnosis **Specific Gastro Intestinal Infections Hospitalization Benefit:** • Duly filled claim form • Hospital Discharge summary duly signed and attested by treating doctor confirming • the diagnosis and period of Hospitalization • In case of incomplete and / or inconclusive Discharge Summary, Certificate from • Treating Doctor (under whom the insured was admitted) mentioning the details of • Diagnosis, Investigations and Date & Time of Admission and Discharge from the • Hospital • Laboratory Reports confirming the diagnosis of Specific Gastro Intestinal • Infections, as follows: o Acute Inflammatory Diarrhoea – Routine Stool Examination confirming the presence of RBCs and Pus Cells in stools o Typhoid Fever - Presence of Salmonella Typhiin Blood / Urine / Stool sample **Specific Viral Infections Hospitalization Benefit:** • Duly filled claim form • Hospital Discharge summary duly signed and attested by treating doctor confirming the diagnosis and period of Hospitalization • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • Laboratory Reports confirming the diagnosis of Specific Viral Infections, as follows: o Viral Hepatitis: ♣ Hepatitis A - Positive HAV IgM antibody test ♣ Hepatitis B – Positive HBsAg Test ♣ Hepatitis C – Positive HCV RNA test ♣ Hepatitis E - IgG / IgM Antibody Test confirming diagnosis o Measles – IgG / IgM Antibody Test o Mumps – IgG / IgM Antibody Test o Poliomyelitis – Throat swab / Stool / CSF culture for Poliovirus o Avian Influenza: Laboratory test of a Throat Swab confirming the diagnosis o Swine Influenza: Laboratory test of a Throat Swab confirming the diagnosis **Specific Nervous System Infections Hospitalization Benefit:** • Duly filled claim form • Hospital Discharge summary duly signed and attested by treating doctor confirming the diagnosis and period of Hospitalization • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • Laboratory Reports confirming the diagnosis of Specific Nervous System Infection, as follows:

S. No.	Particulars	Description
		o Meningitis: CSF Examination confirming thediagnosis of Meningitis o Encephalitis: EEG / MRI / CSF / Examination confirming the diagnosis of Meningitis o Creutzfeldt–Jakob disease: MRI / CSF Examination / Electroencephalography confirming the diagnosis o Guillain–Barré syndrome: EMG / CSF Examination confirming the diagnosis Hospital Daily Cash Benefit & Intensive Care Unit (ICU) Cash Benefit: • Duly filled claim form • Hospital Discharge summary filled and attested by Hospital • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • First Information Report (F.I.R.) copy / Medico-legal case papers - Notarized/ Attested by a gazetted officer in case of an Injury **Accidental Death Benefit:** • Claim Form • MLC or FIR • Cause of Death Certificate and Death Certificate by municipal corporation • Post Mortem Report • Viscera / Chemical Analysis / Forensic Report • Police Final Charge Sheet / Court Final Order • Spot / Inquest Panchnama • Indoor case papers, if available **Permanent Total Disablement (PTD)Benefit:** • Claim Form • MLC or FIR • Police Final Charge Sheet / Court Final Order • Spot / Inquest Panchnama • Disability Certificate issued by civil or government Hospital mentioning the details of the disability • Indoor case papers, if available • Medical Certificate **Permanent Partial Disablement (PPD)Benefit:** • Claim Form • MLC or FIR • Police Final Charge Sheet / Court Final Order • Spot / Inquest Panchnama • Disability Certificate issued by civil or government Hospital • Indoor case papers, if available • Medical Certificate **Temporary Total Disablement (TTD)Benefit:** • Claim Form • MLC • FIR • Medical Certificate • Fitness Certificate • Income Documents (ITR/Form 16, as applicable) **Adventure Sports Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or Benefit C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of Injury) • Proof of participation in adventure sports such as tickets and details of the company carrying out such activities **Children's Education Grant Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or Benefit C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of Injury) • Bonafide Certificate from the educational institute certifying the enrolment of the Insured Person's child in his/her educational course • Proof of relationship of children with Insured Person such as passport/Aadhar card with full DOB /election card / PAN card • Age proof of children such as passport/Aadhar card with full DOB /election card / PAN card **Orphan Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) • Death Certificate of the Insured's spouse • Proof of relationship of children with insured such as passport/Aadhar card with full DOB/election card/PAN card • Age proof of children such as passport/Aadhar card withfull DOB/election card/PAN card

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		Parental Care Benefit: • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Proof of relation such as passport, birth certificate school/college leaving certificate of Insured Person **Accidental Hospitalization Expenses Reimbursement Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary **Accidental Hospitalization Daily Cash Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary • Certificate from Medical Practitioner **Common Carrier Accident Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Proof of Travel (Ticket or boarding pass) **Loan Protection Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Loan Sanction Letter & Loan Disbursement Letter • Original amortization schedule on disbursal letter, statement of account as on date of loss **Assault Benefit:** • Claim Form • MLC • FIR • Police Final Charge Sheet • Spot / Inquest Panchnama • Hospital Discharge Summary • Indoor case papers, if available Mysterious Disappearance Benefit: • Claim Form • FIR (Police certificate confirming disappearance) • Police Final Charge Sheet • Spot / Inquest Panchnama **Reconstructive Surgery Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary **Catastrophic Evacuation Benefit:** Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary **Physical Rehabilitation Benefit:** • Claim Form • Complete Medical bills containing the expenses incurred on Physical Rehabilitation • Certificate from treating doctor stating the need for Physical Rehabilitation Certificate from the Physical Therapist certifying the course of treatment **Loss of Job Benefit**: • Documentation requirement mentioned against Benefit C.1.2 (Permanent Total Disablement (PTD) Benefit) or C.1.3(Permanent Partial Disablement (PPD) Benefit) (As per the nature of injury) • Certificate from the employer of the Insured confirming the termination / dismissal, with the reasons for the same. Appointment letter • Last 3 Months Salary Slip • Form 16 • Contact details of employer-phone no. mobile no., email ID, contact person in HR/Admin/Personnel dept. Appointment letter Employer if Re employed **Recovery Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary **Diagnostic Test Benefit:** • Claim Form • Prescription from the treating doctor indicating the diagnostic tests to be undertaken • Complete Medical bills containing the expenses incurredon Diagnosis Reports of the diagnostic tests Lifestyle Support Benefit:

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		Documentation requirement mentioned against Benefit C.1.2 (Permanent Total Disablement (PTD) Benefit) or against Benefit C.1.3 (Permanent Partial Disablement (PPD) Benefit) **Last Rites Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) • All original bills associated with the repatriation expenses **Counseling Benefit:** Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or Benefit C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of Injury) • Proof of counselling sessions along with councilor's prescription or certificate **Repatriation in case of Permanent Disability Benefit:** • Documentation requirement mentioned against Benefit C.1.2 Permanent Total Disablement (PTD) Benefit) • All original bills associated with the repatriation expenses **Accidental Pre & Post Hospitalization Expenses Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Discharge Summary • All receipts & bills related to pre and post Hospitalization • Certificate from Medical Practitioner **Air Ambulance Benefit:** • Claim Form • MLC or FIR • Discharge Summary • All receipts related to availing of any Ambulance services • Certificate from Medical Practitioner mentioning the requirement of Air Ambulance services **Comatose Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary • Certificate from Medical Practitioner mentioning the neurological condition of the insured **Broken Bones Benefit:** • Claim Form • Indoor Case Papers (In case of Hospitalization), if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • Certificate from Medical Practitioner **Compassionate Visit Benefit:** • Claim Form • MLC or FIR • All receipts related to availing of any Travel Service through a licensed Common Carrier **Burns Benefit:** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • Certificate from Medical Practitioner mentioning the details of the burns injury suffered by the insured **Ambulance Charges Benefit:** • Claim Form • Discharge Summary • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • All receipts related to availment of any Ambulance services • Certificate from Medical Practitioner **Chauffeur Cash Benefit:** • Documentation requirement mentioned against Benefit C.1.4 (Temporary Total Disablement (TTD) Benefit) • Bills certifying use of Taxi or Chauffeur services **Skill Development Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Relevant bills to confirm enrolment in a skill development course.

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		On Duty Enhanced Benefit: • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Certificate from the employer establishing that the insured person was Employed and On-Duty at the time of accident **Home Tuition Benefit:** Documentation requirement mentioned against Benefit C.1.4 (Temporary Total Disablement (TTD) Benefit) • Relevant bills to confirm engagement of Home Tuition services **Outstanding Bills Payment Benefit:** • Documentation requirement mentioned against Benefit C.1.1 (Accidental Death Benefit) or C.1.2 (Permanent Total Disablement (PTD) Benefit) (As per the nature of injury) • Copies of outstanding medical insurance premium, electricity and telephone bills **Major Surgery Benefit** • Claim Form • Indoor Case Papers, if available • MLC or FIR • All Diagnostic Reports • Complete Hospital bills • Discharge Summary • In case of incomplete and / or inconclusive Discharge Summary, Certificate from Treating Doctor (under whom the insured was admitted) mentioning the details of Diagnosis, Investigations and Date & Time of Admission and Discharge from the Hospital • Certificate from Medical Practitioner
8	**FAQ**	https://www.icicilombard.com/health-insurance/family-shield