Name: ICICI Lombard General Insurance Company Ltd
Registration no: 115

<table>
<tr><th>S. No.</th><th>Particulars</th><th>Description</th></tr>
<tr><td>1</td><td>Name of Insurance Product / Policy</td><td>PERSONAL PROTECT</td></tr>
<tr><td>2</td><td>Unique Identification Number (UIN)</td><td>ICIPAIP22076V042122</td></tr>
<tr><td>3</td><td>Type of Insurance Product / Policy-</td><td>Retail Personal Accident (Benefit)</td></tr>
<tr><td>4</td><td>Policy Coverage (What the policy covers?)</td><td>Basic covers:<table><tr><td>Death resulting from Accident</td></tr><tr><td>Permanent Total Disablement (PTD) resulting from Accident</td></tr><tr><td>Permanent Partial Disablement (PPD) resulting from Accident</td></tr><tr><td>Temporary Total Disablement (TTD) resulting from Accident</td></tr><tr><td>Accidental Hospital Confinement Allowance Benefit</td></tr><tr><td>Accidental Hospitalization Expenses Reimbursement</td></tr><tr><td>Convalescence Benefit</td></tr><tr><td>Double Benefit</td></tr></table>Optional covers:<table><tr><td>Carriage of Dead Body</td></tr><tr><td>Medical Benefits Extension</td></tr><tr><td>Hospital Daily Allowance Extension</td></tr><tr><td>Permanent Total Disablement Improvement Benefit Extension</td></tr><tr><td>Permanent Partial Disablement Improvement Benefit Extension</td></tr><tr><td>Children's Education Grant Extension</td></tr><tr><td>Ambulance Charges Extension</td></tr><tr><td>Funeral Expenses Extension</td></tr><tr><td>Repatriation of Remains Extension</td></tr></table></td></tr>
<tr><td>5</td><td>Exclusions and limitations (What the policy does not cover)</td><td>A. STANDARD EXCLUSIONS
For Extension 2 & 3 of Section A following exclusions shall apply:
1. Maternity (Code – Excl. 18)
2. Breach of law (Code – Excl. 10)
3. Change of Gender Treatments (Code – Excl. 07)
4. Cosmetic or Plastic Surgery (Code – Excl. 08)
5. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons (Code – Excl. 13).
6. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them.</td></tr>
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7. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof (Code – Excl. 12)
8. Dental treatment, eye treatment unless necessitated as a consequence of an Injury.
9. Refractive error (Code – Excl. 15)
10. Investigation & Evaluation (Code – Excl. 04)

B. SPECIFIC EXCLUSIONS

The Company shall not be liable for:

i) Any other payment to the Insured Person after a claim under Benefit 1 Section A of Part I of the Schedule to this Policy has been admitted and become payable. However, amounts relating to Extensions under Section - A viz. Carriage of Dead Body, Medical Benefits, Children's Education Grant, Ambulance Charges, Funeral Expenses and Repatriation of Remains, if applicable would be payable in addition.

ii) Payment of compensation relating to Medical Expenses unless covered by way of appropriate extensions.

iii) Payment of any claim for Hospitalization where such Hospitalization does not commence within 7 days of Accident, provided that the Accident occurs within the Policy Period/Policy Year.

iv) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person.
   a) from intentional self-injury, suicide or attempted suicide;
   b) whilst under the influence of intoxicating liquor or drugs;
   c) While in air carrier other than as passenger in common carrier
   d) directly or indirectly caused by venereal disease
   e) arising or resulting from the Insured Person committing any breach of law.

v) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person
   a. from Participation in adventure sports/professional sports as per policy wordings.

vi) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person due to, or arising out of, or directly or indirectly connected with or traceable to, 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 all kinds.

vii) Radioactivity, nuclear weapons etc. as per policy wordings. c. Whilst working in underground mines or explosives magazines, or involving electrical installation with high tension supply, or as jockeys or circus personnel,or engaged in activities like racing on wheels or horseback, big game hunting, mountaineering, winter sports, rock climbing, pot holing, bungee jumping, skiing, ice hockey, ballooning, hang gliding, river rafting, polo and persons whilst engaged in occupation / activities of similar hazard

viii) Claim due to childbirth or pregnancy or in consequence thereof as per policy wordings

ix) Nuclear, Chemical, Biological Terrorism Exclusion as per policy wordings

x) Payment of compensation in respect of death, disablement (whether of a permanent nature or of a temporary nature), Injury, disease, illness, Hospitalization of Insured Person while serving in any branch of the military or armed forces of any country during War or warlike operations.

xi) Claim beyond SI limit as per policy.

xii) If the Company alleges that by reason of any of the above exclusions i.e. any loss, cost or expenses is not covered by this Policy, the onus of proving the contrary shall be upon the Insured Person/ or any such person acting on behalf of the Insured Person, as the case may be.

xiii) For Extension 2 & 3 of Section A, the following exclusions shall apply
   a. disease, Injury, death or disablement directly or indirectly due to War, invasion, act of foreign enemy hostilities or warlike operations (whether War be declared or not) or civil commotion or rebellion, military, naval or air service
   b. hunting, steeple chasing, revolution, insurrection, mutiny, engaging in aviation other than as a passenger (fare paying or otherwise) in any licensed standard type of aircraft.

		c. Circumcision or strictures, vaccination, inoculation, intentional self-injury, (which expression shall cover also general debility, "run down" conditions), venereal disease, d. Use of intoxicating drugs, liquors or any diseases, Injury, death or disablement directly or indirectly due to any one or more of them. e. Dental treatment, eye treatment unless necessitated as a consequence of an Injury. f. Any Injury present prior to the commencement of Policy Period. Any Injury existing before the Policy Start Date as stated in Part I of the Schedule to this Policy, whether or not if the same has been treated, or for which medical advice, diagnosis, care or treatment has been sought before the commencement of this Policy. Any illness, complication or ailment arising out of or connected to such Injury. g. Any Hospitalization not arising out of an Injury. h. Payment of compensation relating to Medical Expenses not incurred in a Hospital. The above is indicative list of exclusions, please refer 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 • KYC documents and verifications as applicable, including identity, address, age and recent photograph; PAN/Form 60 and bank details where required under applicable rules. • Final requirements remain subject to underwriting, product eligibility and applicable KYC/AML guidelines.
7	**Basic documents and verifications required for claim settlement**	**1.In case of Death resulting from Accident** a) PA Claim form duly filled & signed by the nominee b) Policy Copy c) Death certificate - Notarized/ Attested by a gazetted officer d) F.I.R - Notarized/ Attested by a gazetted officer (Police Final charge sheet/ Court Final order - Notarized/ attested by a Gazetted Officer - if applicable - notarized/ Attested by a gazetted officer) e) Spot and/or Inquest Panchnama - Notarized/ Attested by a gazetted officer f) Post Mortem Report - Notarized/ Attested by a gazetted officer i. Viscera Analysis Report/ Chemical analysis report/ Forensic Science Lab report - If applicable - notarized/ Attested by gazetted officer] g) Other Document as per Case details - Copy of Treatment papers; if hospitalized, Website Links/ Newspaper cuttings, Other references h) If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant i) Cancel Cheque with NEFT Mandate form - duly filled in by the claimant and bank j) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it. **2.In case of Permanent Total Disablement/Permanent Partial Disablement & Permanent Total Disablement Improvement Benefit Extension/Permanent Partial Disablement Improvement Benefit Extension** a) PA Claim form duly filled & signed by Insured/ Claimant b) Policy Copy c) MLC OR F.I.R OR PANCHNAMA- Notarised/ Attested by a gazetted officer d) Disability Certificate issued by Authorised civil surgeon- Original/ Notarised/ Attested by a gazetted officer i. Treatment papers, X-rays films / laboratory test reports and other diagnostic reports to support the claim and percentage of disability e) Medical report f) Colour Photograph of the injured reflecting disability g) If claim amount> 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant

h) Other Document as per Case details - Copy of Treatment papers; if hospitalised, Website Links/ Newspaper cuttings,

Other references

i) Cancel Cheque with NEFT Mandate form - duly filled in by the claimant
j) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it.

3 In case of Temporary Total Disablement resulting from an Injury

a) Policy Copy
b) Claim form duly filled & signed by the claimant
c) FIR/ MLC - attested by a gazetted officer
d) Copy of treatment papers and diagnostic reports like Discharge summary, consultation and follow-up records etc (which would support the claim) - attested by a gazetted officer/ stamped by hospital authority
e) Original Medical Certificate [Medical Practitioner's certificate confirming the Injury and advising rest/ unfit to work for specified number of days (confirming 'to' and 'from' date]
f) Original Fitness Certificate - (Medical Practitioner's certificate confirming the date from which Injured can join back his duties) - after the fitness date has been achieved
g) Original Employee Cum Leave Certificate from the employer
h) If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant Cancel Cheque and NEFT Mandate form - duly filled in by the claimant
i) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it

4 Carriage of dead body / funeral expenses / repatriation of remains

i) Documents as enumerated under Section 7 B1(i) of the Policy related to lnsured Person's death
ii) Original receipts of expenses incurred for carriage of dead body / funeral expenses / repatriation of remains
iii) If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
iv) Cancel Cheque and NEFT Mandate form - duly filled in by the claimant
v) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it

5 **Medical Benefit**

a. Policy Copy
b. All documents related to Death/ PTD / PPD/ TTD, as the case may be
c. Medical report
d. Prescriptions
e. Medical & Investigation Bills
f. Discharge Card
g. If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant
h. Cancel Cheque and NEFT Mandate form - duly filled in by the claimant
i. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it

6 **Hospital Daily Allowance**

a. All documents related to Death/ PTD / PPD/ TTD, as the case may be
b. Discharge Card
c. If claim amount is more than 1lakh, AML Documents - Pan Card Copy,

		Residence Proof, 2 Passport size colour photos of claimant d. Cancel Cheque and NEFT Mandate form - duly filled in by the claimant e. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it 7 **Children Education Grant** a. All documents related to accidental death/ PTD, as the case may be b. Letter from Head / Principal or Identity Card of School attended by the child(ren) c. If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant d. Cancel Cheque and NEFT Mandate form - duly filled in by the claimant e. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it 8 **Ambulance Charges** a. Policy Copy b. Claim form duly filled & signed by the claimant c. Original receipts of expenses incurred for Ambulance Charges d. If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant e. Cancel Cheque and NEFT Mandate form - duly filled in by the claimant f. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it 7B) 2 Benefits under Section B 1. Policy Copy 2. Claim form duly filled & signed by the Claim form duly filled & signed by the claimant 3. F.I.R. and Panchnama wherever applicable (original or certified copies) 4. Medical & Investigation report 5. Prescriptions 6. Medical & Investigation Bills 7. Discharge Card 8. If claim amount is more than 1lakh, AML Documents - Pan Card Copy, Residence Proof, 2 Passport size colour photos of claimant 9. Cancel Cheque and NEFT Mandate form - duly filled in by the claimant 10. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it Please refer the policy wordings for detailed description.
8	**FAQ**	https://www.icicilombard.com/info-center/faqs?page=Personal%20Protect&tab=tab-general