

RISK ASSUMPTION LETTER

Ref. No.: W508736760

Date: 06-01-2026

Dear Sir / Madam,

We thank you for placing your confidence with ICICI Lombard for your Insurance needs.

Please find attached herewith Policy No. : 4172/423807283/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : RAMANI KAPILBHAI KANTIBHAI
Date of Birth : XX-XX-1985
Mailing Address : 284 SHUBH LAXMI SOC NR , SARDAR PATEL SCHOOL NANA VARACHHA,407 SKYLARK
 OPP SIPPING MILL NR, SURAT,, SURAT,GUJARAT,SURAT, SURAT,GUJARAT - 395006
Mobile No. : 92*****13
Product Name : Family Shield
Nominee Name : ASMITA K RAMANI
Nominee Relationship with Applicant : SPOUSE
Period of Insurance : From 00:00 hrs 08-Jan-2026 To 23:59 hrs 07-Jan-2027
Policy Duration (years) : 1

Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Pre Existing illness	Abha No
RAMANI KAPILBHAI KANTIBHAI	SELF	28/12/1985	40	Self Employed		

Please go through the details as furnished in the format and the policy document. Please confirm that same are in order. In case there is any discrepancies / variations, you are requested to write back to us immediately at customersupport@icicilombard.com or contact at 24 hour helpline number 1800 2666 for necessary changes / rectification. In the absence of any communication from you in this connection within a period of 15 days of receipt of this letter, we would take it that the issued policy is in order and as per your proposal.

ICICI Lombard General Insurance Company Limited

Family Shield
 IRDA Reg. No. 115
 Mailing Address:
 ICICI Lombard General Insurance Company Limited,
 Interface Building No.: 16, 601 / 602, 6th Floor, New
 Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408
 Registered Office:
 ICICI Lombard House, 414 Veer Savarkar
 Marg, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai - 400 025.

Toll free no.: 1800 2666
 Alternate No.: +918655 222 666 (chargeable)
 Email: customersupport@icicilombard.com
 Website: www.icicilombard.com

UIN : ICILIP22092V032122

Family Shield

PART I OF THE SCHEDULE

Applicant Name	RAMANI KAPILBHAI KANTIBHAI	Policy No.	4172/423807283/00/000
Address	284 SHUBH LAXMI SOC NR , SARDAR PATEL SCHOOL NANA VARACHHA,407 SKYLARK OPP SIPPING MILL NR, SURAT,, SURAT,GUJARAT,SURAT, SURAT,GUJARAT - 395006	Period of Insurance	From 00:00 hrs 08-Jan-2026 To 23:59 hrs 07-Jan-2027
Contact No.	92*****13	Policy Tenure (in Years)	1
Loan Account Number		Loan Tenure	
Loan Sanction Date		Loan Sanction Amount	
Loan Disbursal Date		Basis of SumInsured	
Applicant PAN Number		Nature of Assignment	
Name of Assignee		Status in the Loan	
Alternate Policy No.		GSTIN Number (Customer)	
Previous Policy No.		Previous Policy Period of Insurance	
Nominee Name	ASMITA K RAMANI	Nominee Relationship with Applicant	SPOUSE
Email Address	RA*****@YAHOO.COM	Policy Issued On	21-Jan-2026
Service Branch Name	SURAT	Policy Issuing Office	Prabhadevi, Mumbai
Servicing Branch Address	11th floor, Front road side, Office no 1107 to 1112, Swastik Universal Dumas Road, Piplod, Surat, District Surat, Pin code 395007 GujaratSURAT GUJARAT - 395007	Invoice Number	100126364126

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/ Close relatives/Associates of PEPs*?	No
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Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Pre Existing illness	Abha No
RAMANI KAPILBHAI KANTIBHAI	SELF	28/12/1985	40	Self Employed		

2. Details of the Insured Event along with the Benefits (as per tablebelow):

Cover Name	Sum Insured	Benefit Amount
Accidental Death Benefit	5000000	100% of Sum Insured
Permanent Total Disablement PTD Benefit	5000000	100% of Sum Insured
Permanent Partial Disablement PPD Benefit	5000000	As per disability table
Accidental Hospitalization Expenses Reimbursement Benefit	100000	Up to 100% of Sum Insured
Recovery Benefit	50000	Up to 100% of Sum Insured
Temporary Total Disablement TTD Benefit	15000	The amount shown is the per week Sum Insured available for this cover for duration of upto 104 weeks
Lifestyle Support Benefit	5000	100% of Sum Insured
Physical Rehabilitation Benefit	18000	100% of Sum Insured
Diagnostic Test Benefit	5000	Upto 100% of Sum Insured
Childrens Education Grant Benefit	400000	100% of Sum Insured
Broken Bones Benefit	75000	As per disability table

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UIN : ICIHLP22092V032122

Cover Name	Sum Insured	Benefit Amount
Compassionate Visit Benefit	20000	100% of Sum Insured
Burns Benefit	200000	As per disability table

Premium Details

Basic Premium	5864.42	Stamp Duty	250
Total Tax Payable	0	Total Premium	6114
Place of Supply	GUJARAT		

IL GSTIN Registration No.	HSN/SAC Code	The stamp duty of ₹250 paid vide deface no. CSD11220254045 dated 08-Oct-2025
24AAACI7904G1ZT	997133 / GENERAL INSURANCE SERVICES	

We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule.

Agent / Broker / Intermediary Details					
Name	CHAITALI V SORATHIA	Code	ILGD00005332	Contact No.	9825107361

Important Notes:

- Insurance cover will start only on receipt of full premium (First Installment in case the customer has opted for Periodic Premium Payment option) stated in PART I of the Policy Schedule by ICICI Lombard General Insurance Company Limited.
- Insurance cover is subject to the terms and conditions mentioned in the Policy wordings provided to you with this Certificate.
- On renewal of policy benefits and terms & conditions of policy including premium may be subject to change.
- The above covers would not be applicable for persons occupied in underground mines, explosives and electrical installations on high tension lines unless otherwise covered and stated in the Policy Schedule.
- Major exclusions: Intentional self-injury, suicide or attempted suicide whilst under the influence of intoxicating liquor or drugs, any loss arising from an act of breach of law with or without criminal intent. Please refer to the Policy wordings for a complete list of exclusions.
- For any endorsements such as name correction or change in nominee details, you can contact us at Toll Free Number 1800-2666 or Email us at customersupport@icicilombard.com or visit our nearest branch.
- The claimant can contact us at Toll Free Number 1800-2666 or Email us at customersupport@icicilombard.com for lodging the claim.
- Address for claim notification: IL Health Care, ICICI LOMBARD HEALTHCARE ICICI BANK TOWER, PLOT NO.12, FINANCIAL DISTRICT, NANAKRAM GUDA, GACHIBOWLI, HYDERABAD, ANDHRA PRADESH PIN CODE: 500032



Scan QR for Customer Information Sheet and Policy-wordings

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Customer Information Sheet/ Know Your Policy

Sr.No	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number												
1.	Name of Insurance Product/Policy Family Shield													
2.	Policy Number 4172/423807283/00/000													
3.	Type of insurance Product/Policy Benefit-													
4.	Sum Insured (Basis) INDIVIDUAL SI Individual Sum Insured - Where each member has a separate sum insured under the policy													
5.	Policy Coverages (Policy Number/s) Section A - Infectious Disease Benefits Section A.1 – Specific Vector Borne Disease Benefit For the purpose of this section, specific vector-borne diseases refer to malaria, dengue, chikungunya, kala azar, Japanese encephalitis, filariasis, and Zika fever. <table border="1"> <thead> <tr> <th>Cover Name</th><th>Pay-out</th></tr> </thead> <tbody> <tr> <td>Base Benefit: Specific vector borne diseases related hospitalization benefit</td><td>A 1.1</td></tr> <tr> <td> Section A.2 – Rabies and Tetanus Benefit Base Benefit: Hospitalization benefits related to rabies and tetanus Death benefits related to rabies and tetanus </td><td>A 2.1</td></tr> <tr> <td> Section A.3 – Specific Gastrointestinal Infections Benefit For the purpose of this section, 'Specific Gastrointestinal Infection' means acute inflammatory diarrhea and typhoid fever. Base Benefit: Hospitalization benefits related to specific gastrointestinal infections. Base Benefit: Hospitalization benefits related to specific viral infections. </td><td> A 2.2. A 3.1. A 4.1. </td></tr> <tr> <td> Section A.5 – Specific Nervous System Infections Benefit For the purpose of this section, 'Specific Nervous System Infection' includes meningitis, encephalitis, Creutzfeldt–Jakob disease, and Guillain–Barré syndrome. Base Benefit: Hospitalization benefits related to specific nervous system infections Section B - Hospital Daily Cash Benefit Base Benefit: Hospital Daily Cash Benefit </td><td>A 5.1. B.1</td></tr> <tr> <td>Extension: Intensive Care Unit (ICU) Cash Benefit</td><td>B.2</td></tr> </tbody> </table>	Cover Name	Pay-out	Base Benefit: Specific vector borne diseases related hospitalization benefit	A 1.1	Section A.2 – Rabies and Tetanus Benefit Base Benefit: Hospitalization benefits related to rabies and tetanus Death benefits related to rabies and tetanus	A 2.1	Section A.3 – Specific Gastrointestinal Infections Benefit For the purpose of this section, 'Specific Gastrointestinal Infection' means acute inflammatory diarrhea and typhoid fever. Base Benefit: Hospitalization benefits related to specific gastrointestinal infections. Base Benefit: Hospitalization benefits related to specific viral infections.	A 2.2. A 3.1. A 4.1.	Section A.5 – Specific Nervous System Infections Benefit For the purpose of this section, 'Specific Nervous System Infection' includes meningitis, encephalitis, Creutzfeldt–Jakob disease, and Guillain–Barré syndrome. Base Benefit: Hospitalization benefits related to specific nervous system infections Section B - Hospital Daily Cash Benefit Base Benefit: Hospital Daily Cash Benefit	A 5.1. B.1	Extension: Intensive Care Unit (ICU) Cash Benefit	B.2	
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Extension: Intensive Care Unit (ICU) Cash Benefit	B.2													

4 / 12

	Section C - Accidental Injury Benefits Base Benefit: Death Benefit		C 1.1
	Base Benefit: Permanent Total Disablement (PTD) Benefit		C.1.2
	Base Benefit: Permanent Partial Disablement (PPD) Benefit		C.1.3
	Base Benefit: Temporary Total Disablement (TTD) Benefit		C.1.4
	Base Benefit: Adventure Sports Benefit		C.1.5
	Base Benefit: Children's Education Grant Benefit		C.1.6
	Base Benefit: Orphan Benefit		C.1.7
	Base Benefit: Parental care Benefit		C.1.8
	Base Benefit: Accidental Hospitalization Expenses Reimbursement Benefit		C.1.9
	Base Benefit: Accidental Hospitalization Daily Cash Benefit		C.1.10
	Base Benefit: Common Carrier Accident Benefit		C.1.11
	Base Benefit: Loan Protection Benefit		C.1.12
	Base Benefit: Assault Benefit		C.1.13
	Base Benefit: Mysterious Disappearance Benefit		C.1.14
	Base Benefit: Reconstructive Surgery Benefit		C.1.15
	Base Benefit: Catastrophic Evacuation Benefit		C.1.16
	Base Benefit: Physical Rehabilitation Benefit		C.1.17
	Base Benefit: Loss Of Job		C.1.18
	Base Benefit: Recovery Benefit		C.1.19
	Base Benefit: Diagnostic Test Benefit		C.1.20
	Extension Benefit: Lifestyle Support Benefit		C.2.1
	Extension Benefit: Last Rite Benefit		C.2.2
	Extension Benefit: Counselling Benefit		C.2.3
	Extension Benefit: Repatriation in case of Permanent Disability Benefit		C.2.4
	Extension Benefit: Accidental Pre & Post Hospitalization Expenses Benefit		C.2.5
	Extension Benefit: Air Ambulance Benefit		C.2.6
	Extension Benefit: Comatose Benefit		C.2.7
	Extension Benefit: Broken Bones Benefit		C 2.8
	Extension Benefit: Compassionate Visit Benefit		C 2.9
	Extension Benefit: Burns Benefit		C 2.10
	Extension Benefit: Ambulance Charges Benefit		C 2.11
	Extension Benefit: Chauffeur Cash Benefit		C 2.12
	Extension Benefit: Skill Development Benefit		C 2.13
	Extension Benefit: On Duty Enhanced Benefit		C 2.14
	Extension Benefit: Home Tuition Benefit		C 2.15
	Extension Benefit: Outstanding Bills Payment Benefit		C 2.16
	Extension Benefit: Major Surgery Benefit		C 2.17
6.	Exclusions (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. If the insured person has continuous coverage without any break, the waiting period will	As per Exclusion section of policy wordings	

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	<p>be reduced based on prior coverage</p> <p>4. Pre-existing diseases will be covered after 24 months, provided they are declared at the time of application and accepted by the insurer.</p> <p>3. Maternity (Code – Excl 18)</p> <p>4. Cosmetic or plastic surgery (Code – Excl 08)</p> <p>5. Investigation & evaluation (Code – Excl 04)</p> <p>6. Obesity/Weight control (Code – Excl 06) -</p> <p>7. Rest Cure, rehabilitation and respite care(Code – Excl 05):</p> <p>8. Hazardous or adventure sports (Code – Excl 09).</p> <p>9. Change of gender treatments (Code – Excl 07) -</p> <p>10. Breach of Law (Code – Excl 10):</p> <p>11.Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code – Excl 12)</p> <p>12. Refractive error (Code – Excl 15</p> <p>13. Unproven treatments (Code – Excl 16) -</p> <p>14.Treatments received in health hydros, nature cure clinics, spas or similar establishments etc. (Code – Excl 13)</p> <p>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)</p> <p>16. Excluded providers (Code – Excl 11)</p> <p>31. Specified disease/procedure waiting period (Code – Excl 02) -</p> <p>ii. Specific Exclusions -</p> <p>1. Any physical, or medical condition or treatment or service which is specifically excluded in the Policy Certificate under Special Conditions.</p> <p>2. Dental treatment (except for accidents) and alternative treatments (excluding AYUSH).</p> <p>3. Circumcision unless necessary for the treatment of an underlying diseases</p> <p>4. Any treatment received outside India.</p> <p>5. Hormone replacement therapy.</p>	
	<p>6. Routine medical, dental, eye and ear examinations is not covered unless specifically covered and specified in the Policy Certificate.</p> <p>7. Any medical examination for the purpose of employment or travel.</p>	

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	<p>8. Intentional self-injury, suicide or attempt to suicide.</p> <p>9. Event before policy inception</p> <p>10. Any external congenital anomalies</p> <p>11. While operating air carrier</p> <p>12. Treatment by a family member and self-medication, or any treatment that is not scientifically recognized.</p> <p>13. War, invasion, civil commotion, rebellion, revolution, insurrection, mutiny, arrests, detentions, and participation in political or military activities, including aviation (except as a passenger in a licensed standard aircraft).</p> <p>14. Event due to radio-activity, nuclear etc.</p> <p>Specific exclusions and limitations applicable to Section C (Except Benefit C.1.9 and C.2.5)</p> <p>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)</p> <p>2. Any injury sustained while performing duty in army, navy, air force, paramilitary force, police, or any other such institutions.</p> <p>3. While operating air carrier except as passenger.</p> <p>4. Breach of law or while being involved in any unlawful activity.</p> <p>5. Any injury / illness arising from intentional self-injury, suicide, or attempted suicide.</p> <p>6. Any injury / illness arising whilst under the influence of alcohol or intoxicating drugs or substance abuse of any kind.</p> <p>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.</p> <p>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)</p> <p>9. Event before policy inception</p> <p>10. Expenses incurred on eyeglasses, contact lenses, hearing aids and examination for the prescription or fitting thereof.</p> <p>11. Any Illness, complication or ailment not arising out of or connected to injury.</p> <p>12. Event due to complication of pregnancy, child birth.</p> <p>13. Event due to radio-activity, ionizing radiation, nuclear attack etc.</p>	
	<p>14. Event due to cancer, pregnancy complication etc.</p> <p>15. Circumcision, strictures, vaccination, inoculation, sex change, beauty treatments, intentional self-injury (including general debility), venereal disease, use of intoxicating</p>	

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	<p>drugs, and any illness, injury, death, or disablement directly or indirectly resulting from these.</p> <p>16. Dental treatment, eye treatment and plastic surgery unless medically necessitated as a consequence of an injury sustained in accident during the coverage period.</p> <p>17. Hospitalization unrelated to injuries sustained in an accident during the coverage period.</p> <p>18. Medical expenses not incurred as a direct result of the injury sustained in an accident during the coverage period.</p> <p>19. Routine medical, dental, eye and ear examinations.</p> <p>20. All cosmetic/aesthetic surgeries including but not limited to Lasik surgery.</p> <p>21. Any medical examination or diagnostics or hospitalization for the sole purpose of investigation or employment or travel</p> <p>22. Any injury sustained while working professionally with any animals reptiles or insects.</p> <p>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.</p> <p>24. Any medical expense not incurred in the hospital as defined in the Policy Wordings.</p> <p>Exclusions applicable to Benefits C.1.9 and C.2.5</p> <p>i. Standard Exclusions –</p> <ul style="list-style-type: none"> • 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. As per standard exclusions (Code – Excl 13). As per standard exclusions (Code – Excl 14) • Excluded Providers (Code – Excl 11) <p>ii. Specific Exclusions -</p> <ul style="list-style-type: none"> • 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 	
	<ul style="list-style-type: none"> • 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, 	

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	<p>mutiny, arrests, detentions, political gatherings, and participation in aviation</p> <ul style="list-style-type: none"> 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. <p>The above is an indicative list of exclusions, please refer to the Policy Wordings for detailed description.</p>	
7.	<p><u>Waiting Period</u></p> <p>Initial period when certain diseases/treatments are not covered, starting from the policy's inception.</p> <p>The following waiting periods apply under the policy, unless specified otherwise in the Policy Certificate –</p> <p>Section A – 30 days</p> <p>Section B – 30 days (Except in case of accidents)</p> <p>Section C- No Waiting Period</p>	
8.	<p><u>Financial Limits of coverage</u></p> <p>As per the sum insured opted in the policy</p>	
9.	<p><u>Claims /Claim Procedure</u></p> <ul style="list-style-type: none"> Claims under this policy should be intimated and registered with the Company on our 24x7 toll free helpline 1800 2666 and in writing to our address. The list of documentation required is provided under each specific section. The Insured shall intimate the claims with all the necessary documents to our claim processing team immediately and in any event within 7 days of claim intimation. Customer to send documents to company at :- <p>ICICI Lombard GIC LTD, 1st, 4th, 5th & 6th Floor Varun Towers-II, Opp Hyderabad Public School, Begumpet Hyderabad-500016 Telangana.</p> <p>Download the Claim Form here https://www.icicilombard.com/downloads</p> <p>Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App.</p> <p>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</p> <p>The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p>	
10.	<p><u>Policy Servicing</u></p> <ul style="list-style-type: none"> You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. For details of Company officials kindly visit our https://www.icicilombard.com/customer-support. 	
11.	<p><u>Grievances/Complaints</u></p> <p>In case of any grievance the insured person may contact the Company through</p>	

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	<p>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 Address: 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</p> <p>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution</p> <p>Insured person may also approach the grievance cell at any of the company's branches w of grievance. For branch details, please https://www.icicilombard.com/docs/default-source/policy-wordings-product-brochure/final-grc</p> <p>If Insured person is not satisfied with the redressal of grievance ,insured person may Grievance Redressal Officer of the Company at the details provided in the below link:</p> <p>https://www.icicilombard.com/grievanceredressal.com</p> <p>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 IRDAI Grievance Call Centre(IGCC) at their toll free no. 1800 4254 732 / 155255</p> <p>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/Ombudsma</p>	
12.	<p>Things to remember</p> <p>Free look period: 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</p> <p>Refer to Policy Wordings and Prospectus for details.</p> <p>If you wish to cancel the policy, contact us through our website www.icicilombard.com (Customer Support section), call us toll-free at 1800 2666, or email customersupport@icicilombard.com.</p> <p>Policy Renewal:</p> <ul style="list-style-type: none"> We shall ordinarily renew the Policy except on grounds of , misrepresentation or established fraud or non-disclosure by the Insured, provided the policy is not withdrawn and also subject to moratorium conditions. <p>Migration:</p> <p>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.</p> <p>The Company may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</p> <p>Portability:</p>	

ICICI Lombard General Insurance Company Limited

Family Shield
 IRDA Reg. No. 115
 Mailing Address:

ICICI Lombard General Insurance Company Limited,
 Interface Building No.: 16, 601 / 602, 6th Floor, New
 Link Road, Malad (West), Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

ICICI Lombard House, 414 Veer Savarkar
 Marg, Near Siddhi Vinayak Temple,
 Prabhadevi, Mumbai - 400 025.

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

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	<p>a. 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.</p> <p>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</p> <p>c. The Company shall decide and communicate on the proposal upon receipt of information from Existing insurer within prescribed timelines.</p> <p>Change in Sum Insured: The sum insured can be modified (increase/decrease) only at renewal or anytime, subject to company underwriting. Waiting period restarts for increased sum insured.</p> <p>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.</p> <p>Withdrawal of Policy</p> <p>i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.</p> <p>ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per the regulatory prescriptions, provided the policy has been maintained without a break.</p>	
13.	<p><u>Your Obligations</u></p> <p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>If there is misrepresentation, non-disclosure of material facts, fraud, or non-cooperation in the proposal form, personal statement, medical history, or claim documents, the policy becomes void. In such cases, any benefits obtained through fraudulent means result in the forfeiture of all paid premiums.</p>	

Declaration by the Policy Holder:

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

Place:

Date: _____

Signature:

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

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