

RISK ASSUMPTION LETTER

Ref. No.: W323594966

Date: 14-06-2024

Dear Sir / Madam,

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

Please find attached herewith Policy No. : 4172/348233400/00/000 , which has been issued based on the details furnished by the applicant in the proposal form

Name of the Applicant : DYNATECH SYSTEMS PRIVATE LIMITED
Date of Birth : XX-XX-1991
Mailing Address : NR SHILAJ CROSSING ROAD, B 18,,TIMES CORPORATE PARK, THALTEJ ROAD,
THALTEJ,, AHMEDABAD,GUJARAT - 380059
Mobile No. : 99*****44
Product Name : Family Shield
Nominee Name : Vishva Vatsal Patel
Nominee Relationship with Applicant : SPOUSE
Period of Insurance : From 00:00 hrs 14-Jun-2024 To 23:59 hrs 13-Jun-2025
Policy Duration (years) : 1

Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Pre Existing illness
Patel Vatsalkumar	EMPLOYEE	22/07/1995	28		

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.

Family Shield

PART I OF THE SCHEDULE

Applicant Name	DYNATECH SYSTEMS PRIVATE LIMITED	Policy No.	4172/348233400/00/000
Address	NR SHILAJ CROSSING ROAD, B 18,,TIMES CORPORATE PARK, THALTEJ ROAD, THALTEJ,, AHMEDABAD,GUJARAT - 380059	Period of Insurance	From 00:00 hrs 14-Jun-2024 To 23:59 hrs 13-Jun-2025
Contact No.	99*****44	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)	24AAGCD4299M1Z5
Previous Policy No.		Previous Policy Period of Insurance	
Nominee Name	Vishva Vatsal Patel	Nominee Relationship with Applicant	SPOUSE
Email Address	HA*****@GMAIL.COM	Policy Issued On	18-Jun-2024
Service Branch Name	JAIPUR	Policy Issuing Office	Prabhadevi, Mumbai
Servicing Branch Address	ICICI Lombard G I C Ltd.,3rd Floor, Plot No.-09, Basant Bahar,Gopalpura Fly-over,Tonk Road, Jaipur-302018JAIPUR RAJASTHAN - 302018	Invoice Number	1006241680835

Politically Exposed Person (PEP)/close relative of PEP:	No
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Insured Details

Name of the Insured	Relationship with Applicant	Date Of Birth	Age in Years	Occupation	Pre Existing illness
Patel Vatsalkumar	EMPLOYEE	22/07/1995	28		

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

Cover Name	Sum Insured	Benefit Amount
Death Benefit	500000	100% of Sum Insured
Permanent Total Disablement PTD Benefit	500000	100% of Sum Insured
Permanent Partial Disablement PPD Benefit	500000	As per disability table
Accidental Hospitalization Expenses Reimbursement Benefit	50000	Up to 100% of Sum Insured
Temporary Total Disablement TTD Benefit	5000	The amount shown is the per week Sum Insured available for this cover for duration of upto 104 weeks

Premium Details

Basic Premium	928.87	Stamp Duty	25
IGST %	18.0	IGST Amount	167.20
Total Tax Payable	167.2	Total Premium	1096
Place of Supply	GUJARAT		

ICICI Lombard General Insurance Company Limited

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 : ICILHIP22092V032122

IL GSTIN Registration No.	HSN/SAC Code	The stamp duty of ₹25 paid vide deface no. CSD4520241123 dated 30-Jan-2024
08AAACI7904G1ZN	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	SQUARE INSURANCE BROKERS PRIVATE LIMITED	Code	DB69717	Contact No.	9829884210

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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Family Shield

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.	<u>Name of Insurance Product/Policy</u> Family Shield													
2.	<u>Policy Number</u> 4172/348233400/00/000													
3.	<u>Type of insurance Product/Policy</u> Both Indemnity and Benefit- Indemnity (Where insured losses are covered up to the Sum Insured under the policy). Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event). Both Indemnity and Benefit (where policy has elements of both the above)													
4.	<u>Sum Insured (Basis)</u> INDIVIDUAL SI Individual Sum Insured - Where each member has a separate sum insured under the policy													
5.	<u>Policy Coverages (Policy Number/s)</u> 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><tr><td>Cover Name</td><td>Pay-out</td></tr><tr><td>Base Benefit: Specific vector borne diseases related hospitalization benefit</td><td></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></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.</td><td></td></tr><tr><td>Base Benefit: Hospitalization benefits related to specific viral infections.</td><td></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</td><td></td></tr></table>	Cover Name	Pay-out	Base Benefit: Specific vector borne diseases related hospitalization benefit		Section A.2 – Rabies and Tetanus Benefit Base Benefit: Hospitalization benefits related to rabies and tetanus Death benefits related to rabies and tetanus		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.		Section A.5 – Specific Nervous System Infections Benefit For the purpose of this section, 'Specific Nervous System Infection' includes meningitis, encephalitis, Creutzfeldt–Jakob		
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	<p>disease, and Guillain–Barré syndrome.</p> <p>Base Benefit: Hospitalization benefits related to specific nervous system infections</p> <p>Section B - Hospital Daily Cash Benefit Base Benefit: Hospital Daily Cash Benefit</p> <p>Extension: Intensive Care Unit (ICU) Cash Benefit</p> <p>Section C - Accidental Injury Benefits Base Benefit: Death Benefit</p> <p>Base Benefit: Permanent Total Disablement (PTD) Benefit</p> <p>Base Benefit: Permanent Partial Disablement (PPD) Benefit</p> <p>Base Benefit: Temporary Total Disablement (TTD) Benefit</p> <p>Base Benefit: Adventure Sports Benefit</p> <p>Base Benefit: Children's Education Grant Benefit</p> <p>Base Benefit: Orphan Benefit</p> <p>Base Benefit: Parental care Benefit</p> <p>Base Benefit: Accidental Hospitalization Expenses Reimbursement Benefit</p> <p>Base Benefit: Accidental Hospitalization Daily Cash Benefit</p> <p>Base Benefit: Common Carrier Accident Benefit</p> <p>Base Benefit: Loan Protection Benefit</p> <p>Base Benefit: Assault Benefit</p> <p>Base Benefit: Mysterious Disappearance Benefit</p> <p>Base Benefit: Reconstructive Surgery Benefit</p> <p>Base Benefit: Catastrophic Evacuation Benefit</p> <p>Base Benefit: Physical Rehabilitation Benefit</p> <p>Base Benefit: Loss Of Job</p> <p>Base Benefit: Recovery Benefit</p> <p>Base Benefit: Diagnostic Test Benefit</p> <p>Extension Benefit: Lifestyle Support Benefit</p> <p>Extension Benefit: Last Rite Benefit</p> <p>Extension Benefit: Counselling Benefit</p> <p>Extension Benefit: Repatriation in case of Permanent Disability Benefit</p> <p>Extension Benefit: Accidental Pre & Post Hospitalization Expenses Benefit</p> <p>Extension Benefit: Air Ambulance Benefit</p> <p>Extension Benefit: Comatose Benefit</p> <p>Extension Benefit: Broken Bones Benefit</p> <p>Extension Benefit: Compassionate Visit Benefit</p> <p>Extension Benefit: Burns Benefit</p> <p>Extension Benefit: Ambulance Charges Benefit</p> <p>Extension Benefit: Chauffeur Cash Benefit</p> <p>Extension Benefit: Skill Development Benefit</p> <p>Extension Benefit: On Duty Enhanced Benefit</p> <p>Extension Benefit: Home Tuition Benefit</p> <p>Extension Benefit: Outstanding Bills Payment Benefit</p> <p>Extension Benefit: Major Surgery Benefit</p>		<p>B.1</p> <p>B.2</p> <p>C 1.1</p> <p>C.1.2</p> <p>C.1.3</p> <p>C.1.4</p> <p>C.1.5</p> <p>C.1.6</p> <p>C.1.7</p> <p>C.1.8</p> <p>C.1.9</p> <p>C.1.10</p> <p>C.1.11</p> <p>C.1.12</p> <p>C.1.13</p> <p>C.1.14</p> <p>C.1.15</p> <p>C.1.16</p> <p>C.1.17</p> <p>C.1.18</p> <p>C.1.19</p> <p>C.1.20</p> <p>C.2.1</p> <p>C.2.2</p> <p>C.2.3</p> <p>C.2.4</p> <p>C.2.5</p> <p>C.2.6</p> <p>C.2.7</p> <p>C 2.8</p> <p>C 2.9</p> <p>C 2.10</p> <p>C 2.11</p> <p>C 2.12</p> <p>C 2.13</p> <p>C 2.14</p> <p>C 2.15</p> <p>C 2.16</p> <p>C 2.17</p>
6.	<p>Exclusions (What the policy does not cover)</p> <p>Exclusions and limitations applicable to Section B</p>		<p>As per Exclusion section of policy wordings</p>

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	<p>i. Standard Exclusions -</p> <ol style="list-style-type: none"> 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, as defined by IRDAI (Health Insurance) Regulations, the waiting period will be reduced based on prior coverage 4. Pre-existing diseases will be covered after 24 months, provided they are declared at the time of application and accepted by the insurer. 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. (Code – Excl 12) as per regulatory standard exclusions 12. Refractive error (Code – Excl 15 13. Unproven treatments (Code – Excl 16) - 14. (Code – Excl 13) as per regulatory standard exclusions 15. (Code – Excl 14) as per regulatory standard exclusions 16. Excluded providers (Code – Excl 11) 31. Specified disease/procedure waiting period (Code – Excl 02) - <p>ii. Specific Exclusions -</p> <ol style="list-style-type: none"> 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. 	
	<p>6. Routine medical, dental, eye and ear examinations is not covered unless specif covered and specified in the Policy Certificate.</p>	

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	<p>7. Any medical examination for the purpose of employment or travel.</p> <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,</p>		

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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. As per standard exclusions (Code – Excl 13). As per standard exclusions (Code – Excl 14)
- Excluded Providers (Code – Excl 11)

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,

	<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 30 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> <ul style="list-style-type: none"> In case the insured is aggrieved in any way, the insured person should do the 	

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Website: www.icicilombard.com

	<p>In case the insured is aggrieved in any way, the insured person should do the following:</p> <ul style="list-style-type: none"> • Call us on our toll free no. 1800 2666 (Senior Citizen Included) or email us at customersupport@icicilombard.com. • There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution • Grievance may also be lodged at IRDAI integrated Grievance Management System - https://ligms.irda.gov.in • If you are not satisfied with the resolution provided, you may approach us at the subsection "Grievance Redressal" on our website https://www.icicilombard.com/grievance-redressal (Customer Support section). • If you are not satisfied with the resolution then You may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025. <p>If you are not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. Ombudsmen are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in website of the company www.icicilombard.com or from any of the offices of the company.</p>	
12.	<p><u>Things to remember</u></p> <p>Free look period: You will be given a period of 15 days or 30 days (only if the Policy Tenure is 3 years or more and is sold through distance marketing) from the date of receipt of the Policy document to review its terms and conditions. Wherein, if you disagree to any of the terms or conditions of the Policy, you have the option to return the Policy stating the reasons for your objection, when you will be entitled to</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>a) Refund of the premium paid, subject only to a deduction of the expenses incurred by the Company (if any) on medical examination, stamp duty charges etc.</p> <p>b) Where the risk is already commenced and the option of return of the policy is exercised by the Policyholder, a deduction towards the proportionate premium for period on cover.</p> <p>c) Where only a part of the insurance coverage has commenced, a proportionate premium commensurate with the insurance coverage during such period.</p> <p>Benefits payable under this policy will be paid within 30 days of the receipt of last necessary documents required for the settlement of the claim.</p> <p>Policy Renewal:</p> <ul style="list-style-type: none"> • The Policy may be renewed by mutual consent, the Renewal premium should be paid before the Grace Period of 30 days from the expiry of the Policy. • The Policy can be renewed or migrated, wherever applicable, under the prevailing product or its nearest substitute (in case of withdrawal of the prevailing Product) approved by IRDAI. <p>Migration:</p>	

ICICI Lombard General Insurance Company Limited

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 : ICILHIP22092V032122

	<p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. You can do this by applying for migration of the policy at least 30 days (if the Policy Tenure is 3 years or more) before the policy renewal date</p> <p>In case You are desirous of migrating or outward porting your policy, kindly contact customersupport@icicilombard.com. For detailed guidelines on migration, kindly refer the https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987.</p> <p>Portability: The policyholder can switch to another insurer by applying at least 45 days before, but not 60 days from the policy renewal date, as per IRDAI portability guidelines. If the person has coverage without lapses under any Indian General/Health insurer, they will receive continuity in waiting periods as per IRDAI portability guidelines. For detailed guidelines on portability, the link: https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</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 eight continuous years, no look-back is applied. The moratorium covers the sums insured for the first policy. After enhancing sums insured, the eight-year rule starts anew from the enhancement date. After the Moratorium Period ends, the policy is indisputable, except for proven fraud and permanent exclusions stated in the policy contract.</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 of the Policy Holder

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

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