

## (a) Policy Schedule (Policy Certificate)

<b>Proposer Name</b>	VARINDERPAL SINGH	<b>Product name</b>	ICICI Lombard Complete Health Insurance
<b>Address</b>	H NO 821 TIBBA SAHIB STREET MAIN GURUDWAR VALI HOSHIARPUR PUNJAB 146001, MOHALLA TIBBA SAHIB, HOSHIARPUR, PUNJAB - 146001	<b>Plan Name</b>	Health_Shield_R
<b>Contact No.</b>	98*****71	<b>Policy No.</b>	4128i/HSRN/182305517/05/000
<b>Email Address</b>	VA*****@GMAIL.COM	<b>Period of Insurance</b>	From 00:00 hrs 08-Oct-2024 To 23:59 hrs 07-Oct-2025
<b>Nominee Name</b>		<b>Policy Tenure</b>	1
<b>Relationship With Policyholder</b>		<b>Alternate Policy No.</b>	4128i/HSRN/182305517/04/000
<b>Appointee Name</b>		<b>LAN No.</b>	NA
<b>Nominee Age</b>	NA	<b>Policy Issuing Office</b>	Prabhadevi
<b>GSTIN No. (Customer)</b>		<b>Policy Issued On</b>	03-Sep-2024
<b>Servicing Branch Address</b>	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA	<b>Previous Policy No.</b>	4128i/HSRN/182305517/04/000
		<b>Invoice No.</b>	100924216079
		<b>Servicing Branch Name</b>	Mumbai

Politically Exposed Person (PEP)/close relative of PEP:	No
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Insured's Name(s)	Date of Birth	Age		Date of Joining	Gender	Relation With Proposer
		Y	M			
VARINDERPAL SINGH	26-Sep-1971	53	0	08-Oct-2019	Male	SELF
ARVINDER KAUR	13-Apr-1971	53	5	08-Oct-2019	Female	SPOUSE
AKSHPREET SINGH	31-Jan-2000	24	8	08-Oct-2019	Male	SON

Insured's Name(s)	Annual Sum Insured (₹)	Pre-existing Illness/ Injury	Optional Add-on Cover*	Special Condition
VARINDERPAL SINGH	700000	None	None	None
ARVINDER KAUR		None	None	None
AKSHPREET SINGH	700000	None	None	None

Plan Details			
Plan Name	Voluntary Co-payment	Zone opted	Guaranteed Cumulative Bonus [GCB]
HSRN_2Adults_1Year,HSRN_Individual_Adult_1Year	0%	Zone C	840000

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%			
36128.81	18	6503.19	6503.19	42632

### Table of Benefits

Covers	Benefits
In Patient Treatment	Upto Annual Sum Insured No room rent capping
Daycare procedures/treatment	All procedures covered up to Annual Sum Insured
Coverage for modern treatments	Upto Annual Sum Insured
Pre Hospitalisation Medical Expenses	30 days
Post Hospitalisation Medical Expenses	60 days
In Patient AYUSH hospitalisation	Upto Annual Sum Insured
Reset Benefit	Unlimited times for different illness and once for same illness
Domestic Road Ambulance Cover	Cashless: Actuals; Reimbursement: 1% of Sum Insured ; maximum up to ₹ 10,000, within annual sum insured
Air Ambulance Cover	Upto Annual Sum Insured
Donor expenses	Upto Annual Sum Insured
Domiciliary hospitalisation	Upto Annual Sum Insured
Home Care Treatment	5% of Annual Sum Insured ; maximum upto ₹ 25,000
Wellness Program	<ul style="list-style-type: none"> <li>Includes wellness program, health assistance, ambulance assistance and discounts on services and products</li> <li>Redemption of points will be through utilisation of services on our mobile application</li> </ul>
Guaranteed Cumulative Bonus [GCB]	20% for every claim free year maximum up to 100% of Annual Sum Insured ; no reduction in case of claims
Preventive Health check up	As per annual sum insured package eligibility
Tele consultations	Unlimited
Incentives associated with vaccination against Pneumococcal disease	2.5% discount on premium if all adults in the policy have been vaccinated with pneumococcal vaccine

GSTIN Reg. No	HSN/SAC code	The stamp duty of ` 1 paid vide deface no. CSD0220242018 dated 10-Apr-2024
27AAACI7904G1ZN	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.

**Important:** Insurance benefit shall become voidable at the option of the company, in the event of any untrue or incorrect statement, misrepresentation non-description of any material particular in the proposal form/ personal statement, declaration and connected documents, or any material information has been withheld by beneficiary or anyone acting on beneficiary's behalf to obtain insurance benefit. Please note that any claims arising out of pre-existing illness/ injury/ symptoms is excluded from the scope of this policy subject to applicable terms and conditions. Refer to policy wordings for the terms and conditions. All disputes are subject to the jurisdiction of Mumbai High Court only. For claims, please call us at our toll free no. 1800 2666 or e-mail to us at [ihealthcare@icicilombard.com](mailto:ihealthcare@icicilombard.com) or write to us at ICICI Lombard GIC, 1st, 4th (Half), 5th and 6th floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad District Hyderabad, Pin code -500016 Telangana.

This policy has been issued based on the details furnished by the policyholder. Please review the details furnished in the policy certificate and confirm that same are in order. In case of any discrepancy/ variation, you are requested to call us immediately at our toll free no. 1800 2666 or write to us at [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com). In the absence of any communication from you within the period of 15 days of receipt of this document, the policy would be deemed to be in order and issued as per your proposal. All refunds and claim payment will be done through NEFT only. In case of addition of member/ increase in sum insured, fresh waiting period will be applicable to new member/ increased sum insured. This policy certificate is to be read with the policy wordings, as one contract or any word or expression to which a specific meaning has been attached in any part of this policy shall bear the same meaning wherever it may appear.



[Click](#) or Scan QR Code for Policy Wordings

## Tax Certificate

To  
 VARINDERPAL SINGH  
 H NO 821 TIBBA SAHIB STREET MAIN GURUDWAR VALI  
 HOSHIARPUR PUNJAB 146001  
 MOHALLA TIBBA SAHIB  
 HOSHIARPUR  
 PUNJAB - 146001

**Subject: Premium certificate for the purpose of deduction under section 80D of Income Tax Act, 1961 and any amendments made thereafter.**

Dear VARINDERPAL SINGH,

This is to certify that the Company has received the premium dated Oct 08, 2024 for Health insurance coverage under "Health Insurance Policy" with the following details.

Policyholder's Name	VARINDERPAL SINGH	Policy Number	4128i/HSRN/182305517/05/000
Policy Start Date	Oct 08, 2024	Policy End Date	Oct 07, 2025
Plan Name	HSRN_2Adults_1Year,HSRN_Individual_Adult_1Year	Total Premium Paid (₹)	42632
GSTIN Number (Customer)		GSTIN Reg.No (ICICI Lombard)	27AAACI7904G1ZN
Servicing Branch Name	Mumbai	Servicing Branch Address	414, ICICI LOMBARD HOUSE, VEER SAVARKAR MARG, NEAR SIDDHI VINAYAK TEMPLE MAIN GATE, PRABHADEVI, MUMBAI, 400025, MAHARASHTRA

Premium Details (₹)				
Basic Premium	IGST		Total Tax Payable	Total Premium
	%			
36128.81	18	6503.19	6503.19	42632

Financial Year	Amount (₹)
2024-2025	42632.00

The product is eligible for deduction u/s 80D of the Income Tax, 1961 and any amendments made there to.

**Sincerely,**  
 For **ICICI Lombard General Insurance Company Ltd.**

*Gaurav Anora*

Authorised Signatory

**Note:** This certificate must be surrendered to the Insurance Company in case of Cancellation of the Policy. In the event of incorrect representation of this declaration, the liability shall be upon

the policyholder.

In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website [www.icicilombard.com](http://www.icicilombard.com) Or call on our toll free no. 1800 2666

**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, P Balu  
Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai -400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Website: [www.icicilombard.com](http://www.icicilombard.com)

UIN - ICILHIP23144V072223

ICICI Lombard Health Care Card



Name : VARINDERPAL SINGH  
Policy No. : 4128i/HSRN/182305517/05/000  
Card No. : 119389682  
Gender : Male Age : 53 DOB : 26-Sep-1971  
Valid Upto : 07-Oct-2025



Toll Free No.: 1800 2666

\*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.

- \*For services like second opinion, doctor appointment, facilitating hospitalization, post hospitalization care, call our Health Assistance Helpline at 040-6674205 (8 AM to 8 PM Monday to Saturday except public holidays).
- This card is not transferable and is valid at network hospitals only
- Use of this card is governed by the policy terms and conditions
- Cashless access to the network provider can only be obtained when accompanied with an authorization letter issued by ICICI Lombard Health Care
- In case of non photo cards, to prove your identity, please produce this card along with any photo id card issued by Government.
- Valid up to policy expiry date or cancellation date whichever is earlier.

**ICICI Lombard Health Care Pays:** Hospitalisation bills for admissible claim, subject to prior approval. In case of emergency, approval can be taken within 24 hours of hospitalization.

**Insured Pays:** All non-medical hospitalization bills and expenses not covered under the policy.

**Mailing Address:** ICICI Lombard Healthcare, 1<sup>st</sup>, 4<sup>th</sup> (Half), 5<sup>th</sup> and 6<sup>th</sup> floors, Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Pin code - 500 016, Telangana.

**Registered Address:** ICICI Lombard House, 414, P. Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

**Fax Number:** (040) 6698 9160/61  
**Email:** ihealthcare@icicilombard.com

**Toll Free Number:** 1800 2666  
**Visit us at:** www.icicilombard.com

Insurance is the subject matter of the solicitation. IRDA Reg.No.: 115. CIN: L67200MH2000PLC129408

\*The mentioned covers are add-ons by paying additional premium and available only if opted by the policyholders.

ICICI Lombard Health Care Card



Name : ARVINDER KAUR  
Policy No. : 4128i/HSRN/182305517/05/000  
Card No. : 119389683  
Gender : Female Age : 53 DOB : 13-Apr-1971  
Valid Upto : 07-Oct-2025



Toll Free No.: 1800 2666

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Mumbai -400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

UIN - ICILIP23144V072223

ICICI Lombard Health Care Card



Name : AKSHPREET SINGH  
Policy No. : 4128/HSRN/182305517/05/000  
Card No. : 119362859  
Gender : Male Age : 24 DOB : 31-Jan-2000  
Valid Upto : 07-Oct-2025



Toll Free No.: 1800 2666

\*Health Assistance Helpline: 040-6674205 (8 am to 8 pm Monday to Saturday except public holidays) for services: Second opinion, doctor appointment, facilitating hospitalization, post hospitalization care.  
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UIN - ICILIP23144V072223

## Health Coupon

### Health Checkup Coupon

Maximum two insured members may avail the coupons in a floater policy in a policy year.



This coupon entitles the Insured to undergo the following tests at our empaneled centres without any charges:

**Call 1800 2666 to fix your appointment**

INSURED_NAME	Health Checkup Date	CARD_NO
VARINDERPAL SINGH		119389682
ARVINDER KAUR		119389683

Policy Number: 4128i/HSRN/182305517/05/000 Valid Up to: 07-Oct-2025



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## Health Check-up Coupons



### How to use your health checkup coupon

- Please call 1800 2666 to book your appointment with diagnostic centres available on our empanelled list.
- Appointment booking timings are between 10:00 AM to 05:00 PM, Monday to Friday.
- Health Check-up can only be availed by calling on the above mentioned number and booking your appointment in advance.
- The health check-up coupon can be availed by the insured member carrying this coupon.



The health check up is non-transferable and cannot be clubbed with any other offer from service provider. To avail this Health Check up, the insured is required to carry the health card to medical diagnostic centers along with Health Check up coupon while going for the health check up. This coupon is valid upto the expiry date of the health insurance policy. ICICI Lombard General Insurance Company Limited. ICICI trade logo displayed above belongs to ICICI Bank and is used by ICICI Lombard GIC Ltd. under license and Lombard logo belongs to ICICI Lombard GIC Ltd. ICICI Lombard General Insurance Company Limited, Registered Office: ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai - 400025. IRDA Reg.No.115. Toll Free 1800 2666. Fax No - 022 61961323. CIN (L67200MH2000PLC129408). Website: [www.icicilombard.com](http://www.icicilombard.com). Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

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## ICICI Lombard Complete Health Insurance- Health 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.	<b><u>Name of Insurance Product/Policy</u></b> ICICI Lombard Complete Health Insurance-Health Shield	
2.	<b><u>Policy Number</u></b> 4128i/HSRN/182305517/05/000	
3.	<b><u>Type of Insurance Product/Policy</u></b> Both Indemnity and Benefit	
4.	<b><u>Sum Insured</u></b> <b>Basis-Floater</b> Sum Insured- Rs. 700000 – where all members under the policy have a single sum insured limit which maybe utilized by any or all members	
5.	<b><u>Policy Coverage (What the policy covers?)</u></b> <b>Expenses in respect of:</b> <b>i. Basic Covers: -</b> <b>1. In-patient Treatment:</b> Up to the Annual Sum Insured for admission longer than 24 consecutive hours. Room Rent charges “Single Private Room” <b>2. Day Care Procedures/Treatment –</b> for a continuous period of less than 24 hours. <b>3. Modern Treatment Expenses –</b> During policy period up to the annual Sum Insured. <b>4.Pre Hospitalization Medical expenses -</b> 30 days before hospitalization up to the Annual sum insured. <b>5. Post Hospitalization Expenses –</b> 60 days after discharge from hospital up to the Annual sum insured. <b>6. In Patient AYUSH Hospitalization-</b> Up to Annual sum insured. <b>7. Reset Benefit –</b> The Sum Insured will be reset up to 100% once a policy year for same illness and Unlimited times for different illness , in case the Annual Sum insured including any guaranteed cumulative bonus (if any), super no claim bonus (if any), sum insured protector (if any) is insufficient as a result of previous claims <b>8. Domestic Road Ambulance –</b> For transfer to the nearest Hospital. In case of cashless claim; it will be covered as per actuals and limited to 1% of Annual Sum Insured maximum up to ` 10,000 in case ambulance services are reimbursed. <b>9. Domestic Air Ambulance Cover -</b> Covers expenses during emergencies up to the annual Sum Insured. <b>10. Donor Expenses -</b> Covers hospitalization expenses for an organ donor, donating to the Insured Person up to Annual Sum Insured. <b>11. Domiciliary Hospitalization -</b> Up to the Annual Sum Insured. <b>12. Home Care Treatment-</b> Up to 5% of Annual Sum Insured subject to a maximum of ` 25,000.	d. benefits covered under the Policy Section d. A. 1  Section d. A. 2  Section d. A. 3  Section d. A. 4  Section d. A. 5  Section d. A. 6  Section d. A. 7  Section d. A. 8  Section d. A. 9  Section d. A. 10  Section d. A. 11  Section d. A. 12

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	<p><b>13. Wellness Program:</b> I. Wellness Program  II. Health Assistance  III. Ambulance Assistance  IV. Discounts on services and products  Wellness points earned by the Insured Person can be redeemed by availing services such as out-patient consultations, purchase of pharmaceutical drugs/ medicines, undergoing diagnostic tests, purchase of health supplements etc. through our mobile application</p> <p><b>14. Guaranteed Cumulative bonus(GCB) - A</b> Get a 20% Cumulative Bonus of the Annual Sum Insured each claim-free year, up to a max of 100% if the policy is continuously renewed with us. No reduction to the cumulative bonus even in case of a claim.</p> <p><b>15. Preventive Health Check Up –</b> Insured person(s) aged 21 years and above can avail a preventive health check-up as per the plan eligibility. One coupon will be provided per insured person subject to maximum of 2 coupons for floater policy</p> <p><b>16. Teleconsultation(s) –</b> Unlimited tele-consultations will be provided; 24 * 7 and 365 days a year</p> <p><b>17. Incentives associated with vaccination against Pneumococcal disease -</b>  Discount of 2.5% on premium in case all adult members in the policy have been vaccinated with the conjugate pneumococcal vaccine in the one year prior to policy start date</p>	<p>Section d. A. 13</p> <p>Section d. A. 14</p> <p>Section d. A. 15</p> <p>Section d. A. 16</p> <p>Section d. A. 17</p>
06.	<p><b>Exclusions (What does the policy not cover)</b>  <b>i. Standard Exclusion</b>  <b>1. Code- Excl01- Pre-Existing Diseases -</b>  a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with insurer.  b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.  c) If the Insured Person is continuously covered without any break as defined by IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage  d) Coverage after the expiry of specified months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.</p> <p><b>2. Code- Excl02- Specified Disease/Procedure waiting period</b>  a) Expenses for listed conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage post first policy inception. Not applicable for claims arising due to an accident.  b) In case of enhancement of sum insured the exclusion reapplies for increased sum insured.  c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, the longer waiting period shall apply.  d) The waiting period for listed conditions shall apply even if</p>	<p>e. Exclusions under the policy  i. Standard exclusions</p> <p>ii. Specific Exclusions (Other than those as specified under e.i. above</p>

	<p>contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break as defined by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>List of specific diseases/procedure:</p> <ol style="list-style-type: none"> <li>1. Cataract</li> <li>2. Benign prostatic hypertrophy</li> <li>3. Myomectomy, Hysterectomy unless because of malignancy</li> <li>4. All types of Hernia, Hydrocele</li> <li>5. Fissures &amp;/or Fistula in anus, haemorrhoids/piles</li> <li>6. Arthritis, gout, rheumatism and spinal disorders</li> <li>7. Joint replacements unless due to accident</li> <li>8. Sinusitis and related disorders</li> <li>9. Stones in the urinary and biliary systems</li> <li>10. Dilatation and curettage , Endometriosis</li> <li>11. All types of Skin and internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant</li> <li>12. Dialysis required for chronic renal failure</li> <li>13. Surgery on tonsils, adenoids and sinuses</li> <li>14. Gastric and Duodenal erosions &amp; ulcers</li> <li>15. Deviated Nasal Septum</li> <li>16. Varicose Veins/ Varicose Ulcers</li> </ol> <p><b>* 2 years after policy inception, the maximum liability arising out of any Claim from a cataract treatment claim shall be restricted to up to 10% of the Annual Sum Insured subject to a maximum of ₹1 Lakh per eye.</b></p> <p>3.For treatment of the below mentioned illness within 90 days from the first policy commencement date unless they are pre-existing and disclosed at the time of underwriting</p> <ol style="list-style-type: none"> <li>i.Hypertension</li> <li>ii.Diabetes</li> <li>iii.Cardiac Conditions</li> </ol> <p>a) This exclusion does not apply if the Insured Person has continuous coverage for more than twelve months.</p> <p>b) The waiting period also applies to increased sum insured with higher coverage subsequently.</p>	
	<p><b>4.Code- Excl03-30-day waiting period -</b></p> <ol style="list-style-type: none"> <li>a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</li> <li>b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</li> <li>c) The referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</li> </ol>	

## **ii. Permanent Exclusions**

### **i. Code- Excl04:** - Investigation & Evaluation

- a) Admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Diagnostic expenses unrelated or not incidental to the current diagnosis and treatment.

### **ii. Code- Excl05:** Exclusion Name: Rest Cure, rehabilitation and respite care For admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- a) Custodial care at home or in a nursing facility for personal assistance by skilled nurses or non-skilled persons.
- b) Any services for people who are terminally ill to address their physical, social, emotional and spiritual needs.

### **iii. Code- Excl06:** Obesity/ Weight Control

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- a) Surgery to be conducted based on Doctor advice
- b) The surgery/Procedure conducted should be supported by clinical protocols
- c) The member has to be 18 years of age or older and
- d) Body Mass Index (BMI);  
  - >= 40 or
  - >= 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - a) Obesity-related cardiomyopathy
    - b) Coronary heart disease
    - c) Severe Sleep Apnea
    - d) Uncontrolled Type2 Diabetes

### **iv. Code- Excl07:** Change of Gender treatments

&nbsp;Including surgery, to change body characteristics to the opposite sex.

### **v. Code- Excl08:** Cosmetic or plastic Surgery

Excluded unless for reconstruction due to an accident, burn(s), cancer, or as part of medically necessary treatment. It must be certified by the attending medical practitioner to remove a direct health risk

### **vi. Code- Excl09:** Hazardous or Adventure sports

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

### **vii. Code- Excl10:** Breach of law

Expenses for or consequent to committing or attempting to commit a breach of law with criminal intent.

### **viii. Code- Excl11:** Excluded Providers



Expenses incurred towards treatment in any hospital / by any Medical Practitioner / other provider specifically excluded by the Insurer, disclosed on the website notified to the policyholders are not admissible. However, in case of life threatening situations or an accident, expenses up to the stage of stabilization are payable but not the complete claim.

Click here for the list of delisted hospital as on the website

<https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf>

**ix. Code- Excl12:** Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

**x. Code- Excl13:** Treatments received in health spas, 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.

**xi. Code- Excl14:** Dietary supplements and substances that can be purchased without prescription, not limited to vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalisation claim or day care procedure.

**xii. Code- Excl15:** Refractive Error: For correction of eye sight due to refractive error less than 7.5 dioptries

**xiii. Code- Excl16:** Unproven Treatments: Services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

**xiv. Code- Excl17:** Sterility and Infertility: Expenses related to, sterility and infertility. This includes:

- a) Any type of contraception, sterilization
- b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- c) Gestational Surrogacy
- d) Reversal of sterilization

**xv. Code- Excl18: Maternity:**

- a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy.
- b) Expenses towards miscarriage (unless due to an accident and lawful medical termination of pregnancy during the policy period)

### **iii. Specific Exclusion**

- a) Any ailment/ illness/ injury/ condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions
- b) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or cost of cochlear implant(s) unless necessitated by an accident or required intra-operatively.

	<p>cosmetic services related to disease, disorder and conditions related to natural teeth and gingiva except if required due to an Accident.</p> <p>d) Personal comfort, cosmetics, convenience and hygiene related items and services</p> <p>e) Acupressure, acupuncture, magnetic and other therapies</p> <p>f) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident.</p> <p>g) Expenses for venereal disease or any sexually transmitted disease except HIV.</p> <p>h) Screening, counselling or treatment relating to external birth defects and external congenital Illnesses or defects or anomalies.</p> <p>i) Treatment taken outside the country, unless Worldwide Cover has been opted for.</p> <p>j) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise)</p> <p>k) Any injury or illness arising from/attribution to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority</p> <p>l) For illness or injury not limited to the likes of nuclear weapons/materials or ionizing radiation, contamination by radioactivity or similar events.</p>	
<b>Optional Benefits (As opted by the Insured):</b>		

7.	<p><b>Waiting period</b></p> <p><b><u>- Time period during which specified diseases/treatments are not covered</u></b></p> <p><b><u>- It is counted from the beginning of the policy coverage</u></b></p> <ul style="list-style-type: none"> <li>Initial waiting period: 30 days for all illnesses (except hospitalization due to injury)</li> <li>Specific waiting periods: First 24 months, for specific Illness and treatment. (please refer to the policy wordings for the complete list)</li> <li>Pre-Existing Diseases: Declared &amp; accepted pre-existing diseases will be covered after 24 months of continuous coverage.</li> <li>Expense related to hypertension, diabetes and cardiac conditions within 90 days from the policy commencement date unless they are PED (Below waiting periods are applicable only if these covers are opted for)</li> </ul> <ul style="list-style-type: none"> <li>Critical Illness : 90 days</li> <li>Worldwide Cover : 24 months</li> <li>BeFit : 30 days</li> </ul>	<p>e.i.4 Standard exclusions</p> <p>e.i.2</p> <p>e.i.1</p> <p>e.i.3</p> <p>Section d.B.15</p> <p>Section d.B.7</p>
8.	<p><b><u>Financial limits of coverage</u></b></p> <p><b><u>Sub-limit (It is a pre- defined limit and the insurance company will not pay any amount in excess of this limit)</u></b></p>	

	<b><u>Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured)</u></b>	

	<p><b>Zone Based Pricing –</b>          Premium depends on your chosen zone. If treatment is conducted in a higher zone, co-payment applies. There will be no zone based co-payment for Zone A and Zone D</p> <table border="1"> <thead> <tr> <th>Zone</th><th>Treatment taken in zone</th><th>Zone based</th></tr> </thead> <tbody> <tr> <td rowspan="4">Zone B</td><td>Zone A</td><td>8%</td></tr> <tr> <td>Zone B</td><td>Nil</td></tr> <tr> <td>Zone C</td><td>Nil</td></tr> <tr> <td>Zone D</td><td>8%</td></tr> <tr> <td rowspan="4">Zone C</td><td>Zone A</td><td>16%</td></tr> <tr> <td>Zone B</td><td>8%</td></tr> <tr> <td>Zone C</td><td>Nil</td></tr> <tr> <td>Zone D</td><td>16%</td></tr> </tbody> </table> <p><b><u>Deductible (It is a specified amount:</u></b>  <b><u>- Up to which an insurance company will not pay any claim, and</u></b>  <b><u>- Which will be deducted from total claim amount (if claim amount is more than the specified amount)</u></b></p> <p>Not Applicable  <b><u>Any other limit (as applicable)</u></b>          Not Applicable</p>	Zone	Treatment taken in zone	Zone based	Zone B	Zone A	8%	Zone B	Nil	Zone C	Nil	Zone D	8%	Zone C	Zone A	16%	Zone B	8%	Zone C	Nil	Zone D	16%	
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9.	<p><b>Claims/claims procedures</b></p> <p><b>Turn Around Time(TAT) for claim settlements-</b>          For reimbursements claims- TAT shall be 14 days (on receiving complete request) for a claim to be paid or to be deemed inadmissible.          For cashless claims- TAT for response to the pre authorization request will be within 2 hours of receiving the complete request.</p> <p><b>Claims Procedure-</b></p> <p><b>Cashless (Pre-Authorization) Procedure;</b>  <b>Step 1 –</b> Get your treatment at our network hospital, submit a copy of health card and photo ID proof at Hospital Insurance desk during admission.</p>	<p>g.3. Claims Service Guarantee          (Other terms and conditions)</p> <p>g.1. Claims Service Guarantee          (Other terms and conditions)</p>																					

**Step 2** – The hospital sends an approval request for your cashless admission along with relevant documents (cashless pre-authorization form, investigation reports, past consultation papers (as applicable), copy of health card and photo ID proof, etc.)

**Step 3** – Request will be processed as per policy terms and conditions

**Step 4** – While you avail treatment the claim payment is settled directly to the Provider/Hospital

**Step 5** – You can check and track your claim status live on IL TakeCare app or WhatsApp

Find our extensive list of hospitals providing cashless services on our website <https://www.icicilombard.com/health-insurance/health-claim/partner-hospital> or on the IL TakeCare App.

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>

Notify us 48 hours before planned admission or within 24 hours for emergencies when using cashless services.

Non-medical and non-payable expenses are your responsibility.

#### **Reimbursement Procedure;**

**Step 1** – Get treatment at a non-network hospital by self-paying all the treatment costs. Collect all treatment and expenses related documents.

**Step 2** – Send us the claim documents along with the claim form. You can also emboss the original documents and submit an e-claim on the ILTakecare app. if an e-claim is submitted please retain all the original documents and produce if asked by Insurance to submit in original hard copy.

**Step 3** – The claim will be processed as per policy terms and conditions

**Step 4** – The approved amount in the claim would be reimbursed to you Insurer needs to be notified of any planned Hospitalization at least 48 hours before admission and 24 hours after admission in the case of emergency hospitalisation.

We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible.

The relevant documents can be sent to  
 ICICI Lombard Health Care,  
 1st, 4th (Half), 5th and 6th floors,  
 Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016

We are to be provided with a duly completed 'Claim Form' and the requisite claim documents, as soon as practicable, latest within 30 days from the date of discharge from the Hospital, failing which we will have the right to treat the claim as inadmissible.

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	<p>Varun Towers- II, Opp. Hyderabad Public school, Begumpet, Hyderabad, District Hyderabad, Telangana Pin code -500016</p> <p><b>Download the Claim Form here -</b> <a href="https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf">https://echannel-wf.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/claim-form-greater-then-1-lac.pdf</a></p>	
10.	<p><b>Policy Servicing</b></p> <p>- You may contact us on our Toll Free no: 1800 2666, or email to <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a> or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services.</p> <p>- For details of Company officials kindly visit our website <a href="https://www.icicilombard.com/customer-support">https://www.icicilombard.com/customer-support</a>.</p>	f.General terms and conditions
11.	<p><b>Grievances/Complaints</b></p> <ul style="list-style-type: none"> <li>• In case the insured is aggrieved in any way, the insured person should do the following:</li> <li>• Call us on our toll free no. 1800 2666 or email us at <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a></li> <li>• There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution,</li> <li>• If you are not satisfied with the resolution provided, you may approach us at the subsection "Grievance Redressal" on our website <a href="https://www.icicilombard.com/grievance-redressal">https://www.icicilombard.com/grievance-redressal</a> (Customer Support section).</li> <li>• If you are not satisfied with the resolution then You may successively write to Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations &amp; finally Director-services and Business development at the following address:</li> </ul> <p>ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, P Balu Marg, Off Veer Savarkar Road, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.</p> <ul style="list-style-type: none"> <li>• In case your complaint is not fully addressed, you may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDAI. <a href="http://www.irda.gov.in">www.irda.gov.in</a>.</li> </ul>	f.16. General terms and conditions
12.	<p><b>Things to remember</b></p> <p><b>Free Look cancellation:</b></p> <p>You may cancel the insurance within 15 days from the beginning of the policy by giving Us 15 days' written notice for the cancellation by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period. The free look period shall be 30 days in case of electronic policies and policies sourced through distance mode (if the Policy Tenure is 3 years or more). (Please refer to the Policy Wordings and the Prospectus for more details) If you wish to cancel the Policy, You may contact us through Our <a href="http://www.icicilombard.com">website www.icicilombard.com</a> (Customer Support section) or call us at toll Free no: 1800 2666, or email to <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a>.</p> <p><b>Policy Renewal</b> - We shall ordinarily renew the Policy except on grounds of moral hazard, misrepresentation or fraud or non-cooperation by the Insured.</p> <p><b>Migration and Portability –</b></p> <p>The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and</p>	<p>f. General terms and conditions-15</p> <p>f.General terms and conditions-10</p> <p>f.General terms and conditions-8 and 9</p>

	<p>has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.</p> <p>For Detailed Guidelines on portability, kindly refer the link  <a href="https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987">https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987</a></p> <ul style="list-style-type: none"> <li>• In case you are keen on migrating or outward porting kindly contact us at <a href="mailto:customersupport@icicilombard.com">customersupport@icicilombard.com</a></li> </ul> <p><b>Change in Sum Insured-</b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b>Zone Based Pricing -</b> Premium will be computed basis zone chosen by Insured Person. Zone based co-payment will be applicable in case treatment is taken in a higher zone</p> <p><b>Moratorium Period-</b> After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period, no health Insurance policy shall be contestable except for prover fraud and permanent exclusions specified in the policy contract.</p>	<p>f.General terms and conditions-28</p> <p>f.ii.Specific Terms and Clauses-18</p> <p>f.General terms and conditions-12</p>
13.	<p><b>Your Obligations</b></p> <ul style="list-style-type: none"> <li>• Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</li> <li>• The Policy shall be null and void and no benefit shall be payable if any information shared by you in any form is untrue or incorrect/suppressed, or if there is any misrepresentation, non-disclosure of material facts, fraud or non-cooperation by You in the proposal form, personal statement, medical history, declaration, and connected documents, or a claim is found to be fraudulent or any fraudulent means or devices are used by You or any one acting on Your behalf to obtain any Benefit under this Policy.</li> <li>• Please disclose all material information (Including Pre-Existing Diseases) before buying the Policy.</li> <li>• For us to fulfill any claims, it's crucial for you to comply with the policy terms, pay premiums on time, and follow the specified claims procedures.</li> <li>• Please inform us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be) Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim.</li> </ul>	f. General terms and conditions

Declaration by the Policy Holder:

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

Place:

Signature of the Policy Holder

Date:

**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, P Balu  
Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai -400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: [customersupport@icicilombard.com](mailto:customersupport@icicilombard.com)

Website: [www.icicilombard.com](http://www.icicilombard.com)

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

**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, P Balu  
Marg, Off Veer Savarkar Road, Near  
Siddhi Vinayak Temple, Prabhadevi,  
Mumbai - 400025.

ICICI Lombard Complete Health Insurance

Toll free no.: 1800 2666

Alternate No.: +918655 222 666 (chargeable)

Email: customersupport@icicilombard.com

Website: www.icicilombard.com

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ICICI Lombard House, 414, P Balu  
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ICICI Lombard Complete Health Insurance

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Website: [www.icicilombard.com](http://www.icicilombard.com)

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