



Date - 11/03/2021

Bhavana Thakur
DUMMY ADDRESS 1,
DUMMY ADDRESS 2,

~
DUMMY ADDRESS 3,
MUMBAI,
MAHARASHTRA-400101

MOBILE NUMBER: 8806391944
Email ID: bhavana.thakur@iciciprulife.com

Dear Sir/Madam,

This is your health insurance policy. It is a legal document. Please read it carefully. We have highlighted some important points regarding your policy that you should keep in mind.

Policy Details

Policy Details	Life Assured 1
Policy Name	ICICI Pru Heart-Cancer Protect
Policy Number	93310833
Name of Life Assured	Bhavana Thakur
Cancer Sum Assured(Rs.)	2,00,000
Policy Term	20 Years
Premium Instalment for first year(Rs.)	590
Premium Instalment for second year(Rs.)	621
Payment Frequency	Every year
Premium Payment Term	20 Years
Next Due Date	March 11, 2022

In case of any discrepancies in the above details please inform us immediately.

Making a Claim

The claimant can speak to us on 1860-266-7766 and we will assist the claimant through the entire process.

You have purchased this plan from

Name : Sharad Phalke
Address :POKHARI LIMBA GANESH BEED BID Maharashtra 431126

Code/License No. : 01411061

Contact No. : 9975756346

You Have a Refund Option (Free Look Period)

You have a free look period of 15 days to review your policy document from the date you receive it (30 days in case of electronic policies or policies obtained through distance mode). In this period if you are not satisfied with your policy terms and conditions, you may return the policy to us with reasons for cancellation. We will cancel the policy and refund the premium paid after deduction of Stamp duty, proportionate risk premium and expenses for medical tests, if any. For Unit linked life insurance policies, we may repurchase the units at the applicable price on the date of cancellation.

If your policy is Regular Pay, for your convenience we recommend that you register for auto-debit to pay future premiums, if any. In order to do so we request you to please complete the ECS/ Direct Debit form available on the website and send it to us and all your future premiums will be debited directly from your bank account electronically.

In case of any queries or clarifications required, please feel free to contact your advisor or reach us at any of our service centres mentioned below. We will be happy to assist you.

Warm regards,

Authorised Signatory

Visit us at

www.iciciprulife.com

Write to us at:

ICICI Prudential Life Insurance Co. Ltd.
Unit No. 1A & 2A, Raheja Tipco Plaza,
Rani Sati Marg, Malad (E), Mumbai 400097.

Email us at

lifeline@iciciprulife.com

Customer Service Helpline

1860 266 7766

Policy Schedule ICICI Pru Heart-Cancer Protect UIN 105N154V03

Non-inked Non-participating health individual pure risk product

This Policy is the evidence of a contract between ICICI Prudential Life Insurance Company Limited (Us/We/ Company) and the Policyholder (You) referred to below. This Policy is issued on the basis of the details provided by You in the Proposal Form submitted along with the required declarations, personal statement, applicable medical reports, the first premium deposit and any other information and documentation which constitute evidence of the insurability of the Life Assured for the issuance of the Policy.We agree to provide the benefits set out in this Policy subject to its terms and conditions.

Details of Policy Holder					
Bhavana Thakur					
Details of the Life Assured					
Name :		Bhavana Thakur			
Communication Address :		Dummy Address 1, Dummy Address 2, .., Dummy Address 3, MUMBAI, Maharashtra-400101			
Date of Birth :	July 24, 1991	Age in Years :	29	Age Admitted :	YES
Details of the Nominee/Appointee					
Name of Nominee : Mr.Swapnil Chaudhari			Name of Appointee* : NA		
Relationship with the life Assured: Husband			Relationship with the Nominee : NA		
Nominee Age : 32					

*Applicable only if Nominee is less than 18 Years old

Policy Details			
Policy Number	93310833	Periodicity of Payment of Premium	Yearly
Policy Term (In Years)	20	Premium Payment Term (In Years)	20
Policy Acceptance Date	March 11, 2021	Premium Payment Option	Regular Pay
Maturity Date	March 11, 2041	Due date of Last Premium	March 11, 2040
Policy sourced by Distance Marketing	N	Total instalment premium for first year (Rs.):	590
Category	Non-Medical	Total instalment premium from second year onwards (Rs.):	621
Policy Issue Date	March 11, 2021		
(C) Policy Benefit Details			
Sum Assured for Cancer(₹)	2,00,000		

Goods and Service tax and/or cess(if any)

Benefits payable and other conditions: As specified in the policy document

Policy Schedule, terms and conditions of the Policy and the endorsements by Us, if any, shall form an integral part of this contract and shall I

The Policy shall stand cancelled by Us, without any further notice, in the event of dishonour of the first premium deposit.

Signed for and on behalf of the ICICI Prudential Life Insurance Company Limited, at Head Office, Mumbai on March 11, 2021 (Issue Date).

Digitally signed by ASHISH RAVINDRA RAO
Date: 2021.03.13 02:12:14 IST
Reason: Digitally Signed
Location: Mumbai

Authorised Signatory
Stamp Duty of Rs.40 /- (FORTY RUPEES) paid by CSD/256/2021/637 dated 20th Feb 2021.

Please immediately inform Us about any change in address or contact details.
This is an output of a digitally signed print file
Please examine the policy and approach Us immediately in case of any discrepancies.

I _____(Name), having received the information I _____(Name), have explained the
with respect to the above,have understood the above illustration before above illustration and the terms and conditions of this product to
entering into the contract. the Policyholder.

Policyholder's Signature : _____
Place :
Date :

Marketing official's Signature :
Company Seal :
Place :
Date :

ICICI Prudential Life Insurance Company Limited.
1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai - 400025
www.iciciprulife.com



Benefit Illustration for Heart/Cancer Protect

Name/Buyer : Mrs. BHAVANA THAKUR Application Number : OC6055769
Date Of Birth(Age)of Life Assured 1 : 24-Jul-1991 (29 Years) Gender of Life Assured 1 : Female
Smoker/Non-Smoker : Non-Smoker

Product Features

Name of the Product(Unique Identification No.) : ICICI Pru Heart/Cancer Protect(105N154V03)
Tag Line : Non-linked Non-participating health individual pure risk product
Policy Term : 20 years Premium Payment Option : Regular Pay
Premium Frequency : Yearly Premium Payment Term : 20 years
Benefit Option : Cancer Family Benefit : No
Loyalty Benefit : Yes Sales Channel : Agency
Hospital Benefit : No Increasing Cover Benefit : No
Income Benefit : No Sum Assured for Cancer for Life Assured 1 : 200000

	Life Assured 1
Benefit	Cancer
Tax Benefit	80D
First year's instalment premium (exclusive of taxes)	Rs. 500
First year's instalment premium (inclusive of taxes)	Rs. 591
Total installment premium payable (inclusive of taxes)	Rs. 591
Instalment premium payable from second year onwards (exclusive of taxes)	Rs. 526
Instalment premium payable from second year onwards (Inclusive of taxes)	Rs. 622

Surrender :

No surrenders are allowed in case of Regular Pay.

In case of Single Pay, Surrender Value will be calculated as :

Surrender Value = Surrender Value Factor X Single Premium.

Disclaimers

1. The premium calculated above is based on the data provided by you.
2. This document is for benefit illustration purpose only and should be read in conjunction with the sales literature and policy document.
3. ICICI Pru Heart / Cancer Protect is only the name of the policy and does not in any way indicate the quality of the policy, its future prospects or returns.
4. Surrenders are not allowed in case of Regular Pay policies
5. The Policyholder shall be required to pay all Indirect taxes and applicable cesses as per prevailing tax laws. Tax laws are subject to amendments from time to time.
6. Tax benefits would be available as per the prevailing Income Tax laws.



PREMIUM RECEIPT

Name of Policy Holder Bhavana Thakur

Policy Name ICICI Pru Heart-Cancer Protect

Policy Number	Receipt Number	Date of Receipt
93310833	L3721550	March 10, 2021

Premium Details (₹)		Payment Details	
Premium Installment(A)	500.00	Frequency of Payment	Yearly
Goods and Services tax / Cess(B)	90	Cheque / Transaction No .	13374748
Premium Amount received(A+B)	590	Cheque / Transaction Date	NA
		Bank Name	NA

Balance Premium (₹)		The amount indicated as 'balance in deposit' (if any) will be adjusted towards the next premium or refunded to you as applicable
Balance in deposit	-1	

Consolidated revenue stamp duty paid: Notification No - Mudrank - V3.00CSD/336/2019 649/19 -15/02/2019

Income Tax Benefits :

Tax benefits under this health insurance policy is available under section 80D-

Please note :

- For premium payments (including top-ups) aggregating Rs.50,000 or more in a year, updating PAN details is mandatory. Option of submitting Form 60/61 is available in case of no PAN.
- The risk of the company under this policy starts with effect from the date of the issuance of this policy March 11,2021 or the date of encashment of the first premium deposit, whichever is later.
- In any case, the Policy shall stand cancelled in case of non-encashment of the First Premium Deposit by the Company.
- This is an authenticated Receipt/Intimation/Statement. In case of any discrepancies, kindly notify us within 14 working days through any of our touch points mentioned on page 1 of the policy document.
- NRI customers are requested to retain a copy of the instrument/proof of transaction of the payment of premium. Such copy of instrument/proof of transaction would be required to be produced at time of any payments request from you. It would help us in confirming the source/form of receipt of premium , which could aid the process of repatriation at the Authorized dealer's end.
- Goods and Services tax and/or cess(if any).Tax laws are subject to amendments from time to time.

Other details :

UIN - Unique Identification Number specified by ICICI Pru Heart-Cancer Protect 105N154V03

Leave Travel Concession benefit can be availed on the premiums paid for this policy during October 12, 2020 to March 31, 2021 subject to prevailing tax laws.

SI No	Title	Description	Policy Clause Number
1	Product Name	ICICI Pru Heart / Cancer Protect	
2	What am I covered for	<p>Your policy provides coverage for diagnosis of listed conditions under Cancer cover.</p> <p>1. Lump sum payout: We shall pay the following on diagnosis of the listed conditions (as mentioned under section C-5)</p> <ul style="list-style-type: none"> • 25% of Sum Assured on Minor condition • 100% of Sum Assured on Major condition less earlier Minor condition claim payouts, if any <p>2. Waiver of Premium: We shall waive all future premiums under the Policy on:</p> <ol style="list-style-type: none"> 1. A claim of Minor claim; or 2. Upon the diagnosis of Permanent Disability (PD is defined under Section C-6) of the Life Assured due to an Accident. 	Section C-1
3	What are the major exclusions in the policy:	<p>Exclusion for listed conditions:</p> <p>In addition to the condition specific exclusions mentioned section C-5, the following exclusions shall apply to the listed conditions of Cancer cover:</p> <ol style="list-style-type: none"> i. Pre-existing Disease means any condition, ailment, injury or disease: <ol style="list-style-type: none"> a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement. ii. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness. iii. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same. iv. Any covered event or its signs or symptoms having occurred within the waiting period. v. Existence of any Sexually transmitted diseases. vi. Self-inflicted injuries, suicide, insanity, and 	Section D-8,

insurer. (4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of mis-statement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation.

Explanation - For the purposes of this sub-section, the mis-statement of or suppression of fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer, the onus is on the insurer to show that had the insurer been aware of the said fact no life insurance policy would have been issued to the insured. (5) Nothing in this section shall prevent the insurer from calling for proof of age at anytime if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the life insured was incorrectly stated in the proposal."

		<p>deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.</p> <p>vii. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner.</p> <p>viii. Radioactive contamination due to nuclear accident.</p> <p>ix. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.</p> <p>Exclusions for Permanent Disability due to Accident</p> <p>PD due to accident should not be caused by the following:</p> <ul style="list-style-type: none">i. Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of medical practitioner; orii. Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; oriii. The Life Assured with criminal intent, committing any breach of law; oriv. Due to war, whether declared or not or civil commotion; orv. Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport. <p><i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</i></p>	Section D-10, C-6
4	Waiting period	<p>Initial waiting Period:</p> <p>a. The benefit shall not apply or be payable in respect of any listed conditions of which the symptoms have occurred or for which care,</p>	Section D-7

		<p>treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the Date of commencement of risk or three months from the policy revival date where the policy has lapsed for more than three months.</p> <p>b. In the event of occurrence of any of the scenarios mentioned above, where it is established that the Life Assured was diagnosed to have any one of the listed conditions during the waiting period for which a claim could have been made, the Company will refund the premiums from the Date of commencement of risk of the policy or from the date of revival as applicable and the policy will terminate with immediate effect.</p> <p>c. No waiting period applies if any of the listed conditions occur due to accident.</p> <p>Pre-existing diseases: Not covered</p>	
5	Payment basis	Fixed amount on the occurrence of a covered event	
6	Loss Sharing	Not Applicable	
7	Renewal Conditions	Not applicable	
8	Renewal Benefits	Not Applicable	
9	Cancellation	<p>This policy would be cancelled, and no claim or refund would be due to You if:</p> <ul style="list-style-type: none">You have not correctly disclosed details about current and past health status ORHave otherwise encouraged or participated in any fraudulent claim under the policy.	Section F - 4
10	Claims	<p>For Cashless service Not available</p> <p>For reimbursement of claim: Intimation of any claim will need to be accompanied by relevant documents as mentioned below:</p> <ul style="list-style-type: none">a. Claimant statement formb. Original Policy Documentc. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summariesd. A precise diagnosis of the treatment for which a claim is made	Section F-9

Note 1. Cheque/DD should be drawn in favour of "ICICI Prudential Life Insurance Co. Ltd." only. Please mention application no. and name of the proposer behind the cheque/DD. 2. In the event of non-realization of first premium deposit, the policy, if issued, shall be treated as cancelled/void from inception. 3. Incase of non-acceptance/withdrawal of this application for insurance, the company shall return the first premium deposit without any interest and after deducting the expenses incurred on the medical test/examination. 4. Please note that a copy of PAN card of Form60/61 as applicable shall be required for premium payment in cash of Rs. 50,000/- or more. You are requested to pay cash only at the authorized collection point and not to advisor or employee. The company will not be responsible for any loss in this regard. 5. Please submit a cash authority letter along with the cash if you are depositing the cash through a third party. 6. Payments made through credit cards can be accepted only if the card is issued in the name of the relevant proposer/policy holder.

Payout Mode

Mode selected would be used by the company to makepayout(s) to the proposer. Payout would be in accordance and subject to the terms and conditions of the policy.

Account Type : **SAVING**

Bank Name : **ICICI BANK LTD SWARGATE (SRG) (SANGLI BANK) ICIC0000566**

Branch : **ICICI BANK LTD SWARGATE (SRG) (SANGLI BANK) ICIC0000566**

Account Number : **056601534384**

MICR Code : **411229024**

IFSC Code : **ICIC0000566**

Do you wish to set the preference month for renewal premium as November: **NA**

Note 1. Please provide a cancelled copy of your cheque if any of the above payout option is selected. 2. In case of non credit to my bank account with or without assigning any reasons there of or if the transaction is delayed or not effected at all for reasons of incomplete/incorrect information, I would not hold ICICI Prudential Life Insurance Co. Ltd. responsible. 3. Further, the company reserves the right to use any alternative payout option in spite of opting for Direct Credit option.

Declaration & Authorization

I/We hereby authorize ICICI Prudential Life Insurance Co. Ltd. to assess the health status and conduct screening/confirmation/telephonic verification/reconfirmation of the life/lives to be assured including the health status through medical examinations which may include Laboratory tests, Cardiology, Radiological investigations and other medical tests including blood tests to detect bacterial/viral/fungal infections if required by the Company. I/We hereby give my/our consent to undergo HIV1/2 test. I/We am/are aware that this test is only for screening purpose and not confirmatory for HIV/AIDS.The Company is hereby authorized to share my information on confidential basis with Data Repositories for underwriting and claims assessment purpose only.

1. I hereby declare, on my behalf and on behalf of all persons proposed to be insured, that the above statements, answers and/or particulars given by me are true and complete in all respects to the best of my knowledge and that I am authorized to propose on behalf of these other persons. 2. I undersatand that the information provided by me will form the basis of the insurance policy, is subject to the Board approved underwriting policy of the insurer and that the policy will come into force only after full payment of the premium chargeable. 3. I further declare that I will notify in writing any change occuring in the occupation or general health of the life to be insured/proposer after the proposal has been submitted but before communication of the risk acceptance by the company. 4. I declare that I consent to the company seeking medical information from any doctor or hospital who/which at any time has attended on the person to be insured/proposer or from any past or present employer concerning anything which affects the physical or mental health of the person to be insured/proposer and seeking information from any insurer to whom an application for insurance on the person to be insured/proposer has been made for the purpose of underwriting the proposal and/or claim settlement. 5. I authorize the company to share information pertaining to my proposal including the medical records of the insured/proposer for the sole purpose of underwriting the proposal and/or claims settlement and with any Governmental and/or Regulatory authority.

I understand that in case of fraud or misstatement by me/us, the policy shall be treated by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

I hereby consent to receiving information from Central KYC registry through SMS or email on the above registered number or email address.

Date : **Mar 10, 2021**

This is electronically generated proposal/application form, doesnot require signature.

Place : **MAHARASHTRA**

The Insurance Laws (Amendment) Act, 2015

Section 41 Prohibition of rebates: (1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer: *Provided that* acceptance by an insurance agent of commission in connection with a policy of life insurance taken out by himself on his own life shall not be deemed to be acceptance of a rebate of premium within the meaning of this sub-section if at the time of such acceptance the insurance agent satisfies the prescribed conditions establishing that he is a bona fide insurance agent employed by the insurer. (2) Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Section 45 Policy not to be called in question on ground of mis statement after three years: (1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. (2) A policy of life insurance may be called in question at anytime within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. Explanation I. For the purposes of this sub-section, the expression 'fraud' means any of the following acts committed by the insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy: (a) the suggestion, as a fact of that which is not true and which the insured does not believe to be true; (b) the active concealment of a fact by the insured having knowledge or belief of the fact; (c) any other act fitted to deceive; and (d) any such act or omission as the law specially declares to be fraudulent. Explanation II. Mere silence as to facts likely to affect the assessment of the risk by the insurer is notfraud, unless the circumstances of the case are such that regard being had to them, it is the duty of the insured or his agent, keeping silence to speak, or unless his silence is, in itself, equivalent to speak. (3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer. Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. Explanation. - A person who solicits and negotiates a contract of insurance shall be deemed for the purpose of the formation of the contract, to be the agent of the

Full Name : SWAPNIL CHAUDHARI		Gender : MALE	
Date Of Birth : Sep 07,1988		Relationship with Life Assured/Proposer : HUSBAND	
Proposer / Life Assured KYC Details			
IT Proof : PANCARD - AVQPT0144D		Source Of Funds : SALARY	
Address Proof : AADHAAR CARD COPY		ID Proof : PAN CARD	
ID Number : AVQPT0144D		Objective Of Taking This Policy : SAVING AND PROTECTION	
Age Proof : PAN CARD		Would You Like To Share Your Portfolio/Fund Details With Your Advisor/Agent : YES	
Is The Premium Paid By A Person Other Than Proposer : NO			
Health Details of Life Assured			
Suppressing facts or giving wrong information will adversely impact payment of your claim.			
Height : 5 feet 4 inches			
Weight : 54(Kgs)			
Have you gained or lost more than 5 kg weight in the last 6 months other than weight loss program/pregnancy related? No			
Do You Consume Or Have Ever Consumed Narcotics? : NO			
In the last two years, have you consumed tobacco in the form of cigarette / beedi or chewable tobacco? : NO			
Have you or your spouse ever been tested positive for Sexually transmitted diseases/HIV/AIDS? : No			
Has your insurance application or reinstatement application, for life insurance, accident, medical or health related insurance ever been declined, postponed, withdrawn or accepted at extra premium due to health/medical grounds? : NO			
Have any two or more of your first degree relatives i.e. parents, sisters or brothers suffered from any form of cancer or precancerous condition or Sudden death before the age 50 years? : NO			
Is your occupation associated with hazards like exposure to chemicals(e.g. benzene, nickel compounds, vinyl chloride, etc.), ionizing radiations, mining, dusts (e.g. leather or wood dusts, silica, asbestos, etc.), industrial processes (aluminium production, iron and steel founding, etc.) : NO			
Have you ever suffered or are suffering from any of the following signs or symptom or taken consultation or been advised to undergo regular medical consultation/investigations or treatment including hospitalization or advised regular treatment for : NO			
Recurrent cough, hoarseness of voice or difficulty in swallowing for a continuous period of 15 days, Loss of consciousness for more than 15 minutes, Black outs (loss of consciousness), dizziness, Transient Ischemic Attack, stroke, Persistent headache, muscle weakness, paralysis, epileptic fits or Sudden loss of vision or hearing for a continuous period of 15 days : NO			
Any form of malignant/benign tumour or growth, blood cancer, sarcoma, pre-cancerous conditions or non-healing ulcers of mouth, stomach/intestine, any other non-healing ulcer, abnormal growth, tumour, nodes, cyst or lump in any part of the body : NO			
Have you undergone any investigations in the last 2 years, for ailments or symptoms related to Cancer or pre-cancerous condition for e.g. Endoscopy/ Ultrasound/CT scan/Mammography/PAP smear/Biopsy etc excluding normal results of Executive/Annual / Regular health checkup : NO			
Menstrual abnormalities, endometriosis, fibroids, recurrent miscarriage, any spotting or unusual bleeding or have you ever received any consultation or treatment for painful vaginal bleeding or discharge ? : NO			
Product Details			
Product Name : ICICI Prudential Heart/Cancer Protect		Policy Term (in yrs) : 20	
Premium Payment Term(in Yrs) : 20		Guaranteed Maturity Benefit/Guaranteed Surrender Benefit/Sum Assured on Maturity (in INR) : N.A.	
Sum Assured/Modal Income (in INR) : 2,00,000		Premium (in INR) : 591	
Coverage Option : Cancer			
Mode : YEARLY			
Particulars of the first premium deposit			
Mode Of Deposit : DEBIT CARD		Amount : 591	
Bank : ICIVC			

		<p>e. Cancelled Cheque for processing electronic payment</p> <p>In addition, the Company may call for additional documents which are deemed by the Company to be relevant.</p> <p>Claims documents from outside India are only acceptable in English language, unless specifically agreed otherwise, and duly authenticated.</p> <p>For Reimbursement of Claim :</p> <table><tr><th>Turn Around Time</th><th>IRDAI TAT</th></tr><tr><td>Raising Requirements</td><td>15 Days</td></tr><tr><td>Non investigation Claims</td><td>30 Days</td></tr><tr><td>Investigation Claims</td><td>180 Days</td></tr></table>	Turn Around Time	IRDAI TAT	Raising Requirements	15 Days	Non investigation Claims	30 Days	Investigation Claims	180 Days	
Turn Around Time	IRDAI TAT										
Raising Requirements	15 Days										
Non investigation Claims	30 Days										
Investigation Claims	180 Days										
11	Policy Servicing/ Grievances/Complaints	<ul style="list-style-type: none">• Company Officials <p>Our internal grievance redressal committee at the address mentioned below:</p> <p>ICICI Prudential Life Insurance Co. Ltd.</p> <p>Address: ICICI Pru Life Towers, 1089, Appasaheb Marathe Marg, Prabhadevi, Mumbai-400025</p> <ul style="list-style-type: none">• IRDAI/(IGMS/Call Centre) <p>IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255</p> <p>Email ID: complaints@irda.gov.in</p> <p>You can also register your complaint online at http://www.igms.irda.gov.in/</p> <p>Address for communication for complaints by fax/paper:</p> <p>Consumer Affairs Department Insurance Regulatory and Development Authority of India Sy No. 115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad – 500032</p> <ul style="list-style-type: none">• Ombudsman list	Section G-1								
			G- 2								

12	Insured's Rights	<p>Free look:</p> <p>If you are not satisfied with the terms and conditions of this Policy, please return the Policy Document to Us, with reasons for cancellation within</p> <p>i. 15 days from the date you received it, ii. 30 days from the date you received it, in case of electronic policies or if your Policy is purchased through Distance Marketing</p> <p>On cancellation of the Policy during the freelook period, We will return the premium paid subject to the following deductions:</p> <p>i. Stamp duty under the Policy ii. Expenses borne by the Company on medical examination, if any iii. Proportionate risk premium for the period of cover</p> <p>The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.</p> <ul style="list-style-type: none">Implied renewability - Not ApplicableMigration and Portability: Not ApplicableIncrease in SI during the Policy term - Not allowedTurn Around Time (TAT) for issue of Pre- Auth and settlement of Reimbursement:<ul style="list-style-type: none">Non investigation claims – 30 daysInvestigation claims – 180 days	Section D-1
13	Insured's Obligations	<ul style="list-style-type: none">Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.Disclosure of Material Information during the policy period such as change in occupation - Not applicable	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Application Number : **OC6055769**



Sales details

LOB/Agent Code : **01411061** Agent/AFSM Name : **SHARAD PHALKE**

Channel Code : **AG**

IN UNIT-LINKED INSURANCE POLICIES(ULIPs), THE INVESTMENT RISK IN INVESTMENT PORTFOLIO IS BORNE BY THE POLICY HOLDER.
IMPORTANT GUIDELINES:
1) Insurance is contract of utmost good faith between the Insurer and the Insured. The Proposer and the Life to be Assured are required to disclose all facts in response to the question in this application form. 2) Any cancellation/alteration is to be signed by the Proposer/Life to be Assured as applicable. 3) For adding nominee(s) or assignee to the policy please refer to the servicing forms available on the website.
I/We understand the importance of disclosing all material information and confirm that I/we shall share details which are true and correct, failing which the company reserves the right to cancel the policy and/or repudiate any claims under the policy and initiate appropriate action.

Proposer / Life Assured Basic Details

Full Name : **MS. BHAVANA THAKUR** Father's Name: **PRAKASH THAKUR**

Mother's Name: **CHHAYA THAKUR** Spouse Name: **SWAPNIL**

Gender : **FEMALE** Date Of Birth : **Jul 24,1991**

Marital status : **MARRIED**

Proposer/Policy Owner Electronic Insurance Account(eiA)

Do you have an Electronic Insurance Account?: **NO** Insurance Repository : **NO PREFERENCE**

Do you wish to convert your ICICI Prudential policies into electronic policies : **YES**

Proposer / Life Assured Personal Details

Relationship With The Life Assured : **SELF** Education : **GRADUATE**

Occupation : **SALARIED** Organization Type: **PVT LTD**

Name Of Organization : **ICICI PRUDENTIAL LIFE INSURANCE COMPANY** Annual Income : **INR 3,00,000**

Politically Exposed : **NO** (Politically Exposed Persons (PEPs) are individuals who have been entrusted with Prominent public functions in a foreign country, Example, Heads of the State or Governments, Senior Politicians, Senior Government/Judicial/Military officials, Senior Executives of State Owned Corporations, important political party officials, etc - including the family Members and close relatives).

Contact Details

Mailing Address : **DUMMY ADDRESS 1, DUMMY ADDRESS 2, DUMMY ADDRESS 3, MUMBAI- 400101, MAHARASHTRA, INDIA**

Email ID : **BHAVANA.THAKUR@ICICIPRULIFE.COM** Mobile Number : **8806391944**

Permanent Address : **DUMMY ADDRESS 1, DUMMY ADDRESS 2, DUMMY ADDRESS 3, MUMBAI- 400101, MAHARASHTRA, INDIA**

Nationality : **INDIAN** Resident Status : **RESIDENT INDIAN**

Previous Policy Details

Details of Life Insurance/Mediclaim/Health/Personal Accident policies of the Life to be Assured held/applied with ICICI Prudential Life Insurance Company Limited/other companies. (Have any such proposals on your life / application for reinstatement ever been accepted with extra premium, postponement, decline, withdrawal, non completion, been offered on modified terms.): **NO**

Company Name	Policy Number / Application Number	Base Sum Assured (in Rs)	Proposal Date	Policy decision

If The Life To Be Assured Is A Student/Housewife, Please Provide Insurance Details Of Parents/Husband/Siblings : **NO**

Nominee Details

7. In case repudiation is on ground of mis-statement and not on fraud, the premium collected on policy till the date of repudiation shall be paid to the insured or legal representative or nominee or assignees of insured, within a period of 90 days from the date of repudiation.

8. Fact shall not be considered material unless it has a direct bearing on the risk undertaken by the insurer. The onus is on insurer to show that if the insurer had been aware of the said fact, no life insurance policy would have been issued to the insured.

The insurer can call for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof of age of life insured. So, this Section will not be applicable for questioning age or adjustment based on proof of age submitted subsequently.

Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

PART-B

Definitions:

1. **Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means age at last birthday.
3. **Appointee** means the person appointed by You to receive the benefits payable under the Policy till Your Nominee is a minor.
4. **Claimant** means the person entitled to receive the Policy benefits and includes the You, the nominee, the assignee, the legal heir, the legal representative(s) or the holder(s) of succession certificate as the case may be.
5. **Date of commencement of risk** is the later of Policy Issue Date or Policy Acceptance Date.
6. **Sum Assured:** The Sum Assured payable under your Policy, is as specified in Policy Schedule and is subject to terms and conditions as indicated in Part C Clause 1 and 2.
7. **Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
 - a) Internal Congenital Anomaly
Congenital anomaly which is not in the visible and accessible parts of the body.
 - b) External Congenital Anomaly
Congenital anomaly which is in the visible and accessible parts of the body
8. **Date of Maturity/Termination** means the date specified in the Policy Schedule on which the term of the Policy ends.
9. **Distance Marketing** means every activity of solicitation (including lead generation) and sale of insurance products through the following modes: (i) voice mode, which includes telephone-calling (ii) short messaging service (SMS) (iii) electronic mode which includes e-mail, internet and interactive television (DTH) (iv) physical mode which includes direct postal mail and newspaper and magazine inserts and (v) solicitation through any means of communication other than in person.
10. **Diagnosis** shall mean diagnosis made by a physician based upon but not limited to radiological, clinical, and histological or laboratory tests acceptable to Us.
11. **Grace Period** means the time granted by Us from the due date for the payment of premium, without any penalty / late fee, during which time the policy continues with risk cover without interruption, as per the terms of the policy. The grace period for payment of premium is 15 days for monthly mode of premium payment and 30 days for other frequencies of premium payment.
12. **Hospital:** A hospital means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act Or complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - has qualified medical practitioner(s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;

13. Hospitalisation

Hospitalisation means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

14. Illness

Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 4. it continues indefinitely
 - 5. it recurs or is likely to recur

15. Injury: Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

16. Life Assured means the person named in the Policy Schedule on whose life the Policy has been issued.

17. Medical advice: Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

18. Medical Practitioner: A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of licence.

19. Nominee means the person named in the Policy Schedule who has been nominated by You to receive benefits in respect of this Policy.

20. Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

21. Policy means the contract of Insurance entered into between You and Us as evidenced by the "Policy document".

22. Policy Acceptance Date means the date as specified in the Policy Schedule, from which this policy was effected.

23. Policy document means this document, the Proposal Form, the Policy Schedule and any additional information/document(s) provided to Us in respect of the Proposal Form, and any endorsement issued by Us.

24. Policy Issue Date means the date as mentioned in the Policy Schedule.

25. Policyholder or the Proposer or You or Your means the owner of the Policy at any point of time.

26. Policy Term means the period between the Policy Acceptance Date and the Date of Maturity specified in the Policy Schedule.

27. Policy Schedule means the policy Schedule and any endorsements attached to and forming part of this Policy.

28. Premium means the instalment premium in case of Regular Pay or single premium in case of Single Pay specified in the Policy Schedule which is payable/has been received under the Policy.

Appendix III – Section 45 – Policy shall not be called in question on the ground of misstatement after three years

Provisions regarding policy not being called into question in terms of Section 45 of the Insurance Act, 1938, as amended from time to time are as follows:

1. No Policy of Life Insurance shall be called in question on any ground whatsoever after expiry of 3 years from
 - a) the date of issuance of policy or
 - b) the date of commencement of risk or
 - c) the date of revival of policy or
 - d) the date of rider to the policywhichever is later.
2. On the ground of fraud, a policy of Life Insurance may be called in question within 3 years from
 - a) the date of issuance of policy or
 - b) the date of commencement of risk or
 - c) the date of revival of policy or
 - d) the date of rider to the policywhichever is later.

For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which such decision is based.

3. Fraud means any of the following acts committed by insured or by his agent, with the intent to deceive the insurer or to induce the insurer to issue a life insurance policy:
 - a) The suggestion, as a fact of that which is not true and which the insured does not believe to be true;
 - b) The active concealment of a fact by the insured having knowledge or belief of the fact;
 - c) Any other act fitted to deceive; and
 - d) Any such act or omission as the law specifically declares to be fraudulent.
4. Mere silence is not fraud unless, depending on circumstances of the case, it is the duty of the insured or his agent keeping silence to speak or silence is in itself equivalent to speak.
5. No Insurer shall repudiate a life insurance Policy on the ground of Fraud, if the Insured / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.
6. Life insurance Policy can be called in question within 3 years on the ground that any statement of or suppression of a fact material to expectancy of life of the insured was incorrectly made in the proposal or other document basis which policy was issued or revived or rider issued. For this, the insurer should communicate in writing to the insured or legal representative or nominee or assignees of insured, as applicable, mentioning the ground and materials on which decision to repudiate the policy of life insurance is based.

priority will depend on dates of delivery of such notices. Any dispute in this regard as to priority should be referred to Authority.

13. Every assignment or transfer shall be deemed to be absolute assignment or transfer and the assignee or transferee shall be deemed to be absolute assignee or transferee, except
- where assignment or transfer is subject to terms and conditions of transfer or assignment OR
 - where the transfer or assignment is made upon condition that
 - the proceeds under the policy shall become payable to policyholder or nominee(s) in the event of assignee or transferee dying before the insured OR
 - the insured surviving the term of the policy

Such conditional assignee will not be entitled to obtain a loan on policy or surrender the policy. This provision will prevail notwithstanding any law or custom having force of law which is contrary to the above position.

14. In other cases, the insurer shall, subject to terms and conditions of assignment, recognize the transferee or assignee named in the notice as the absolute transferee or assignee and such person
- shall be subject to all liabilities and equities to which the transferor or assignor was subject to at the date of transfer or assignment and
 - may institute any proceedings in relation to the policy
 - obtain loan under the policy or surrender the policy without obtaining the consent of the transferor or assignor or making him a party to the proceedings

Disclaimer: This is a simplified version of Section 38 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

- 29. Pre-existing condition:** Pre-existing Disease means any condition, ailment, injury or disease:
- That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- 30. Premium Payment Term** means the period specified in the Policy Schedule during which Premium is payable.
- 31. Proposal Form** means a form to be completed by You for availing an insurance policy, and to furnish all Material information required by Us to assess risk and to decline or to undertake the risk, and in the event of acceptance of risk, to determine the rates, advantages, terms and conditions of a cover to be granted.
Explanation: "Material" shall mean and include all important, essential and relevant information that enables Us to take an informed decision while underwriting the risk.
- 32. Regulator** is the authority that has regulatory jurisdiction and powers over the Company. Currently the Regulator is Insurance Regulatory and Development Authority of India (IRDAI).
- 33. Regular Pay** means premiums need to be paid regularly throughout the Policy Term.
- 34. Revival of the Policy** means restoration of Policy benefits.
- 35. Revival Period** means the period of five consecutive years from the due date of the first unpaid premium, during which period You are entitled to revive the Policy.
- 36. Single Pay** means premium needs to be paid once at the start of the Policy.
- 37. Surgery or Surgical Procedure:** Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 38. Surrender** means complete withdrawal/termination of the Policy by You.
- 39. Surrender Value** means an amount, if any, that becomes payable in case of surrender in accordance with the terms and conditions of the Policy.
- 40. We or Us or Our or Company** means ICICI Prudential Life Insurance Company Limited.
- 41. You or Your** means the policyholder of the Policy at any point of time.

PART – C

Brief Policy Description:

1. Benefits payable:

Your policy provides coverage for diagnosis of listed conditions under Cancer cover.

- 1.1. We shall pay lump sum amount upon diagnosis of either listed Minor conditions or Major conditions as mentioned in section C-5. The lump sum amount will be a percentage of the Sum Assured and is calculated as per the table below:

Level	Payout (as % of Sum Assured)
Minor Condition	25%
Major Condition	100% less earlier Minor condition claim payouts, if any

1. You can raise multiple claims till the total payout does not exceed 100% of the Sum Assured.
 2. Claim will be admissible only if the Life Assured is diagnosed for the first ever occurrence of any of the listed conditions.
 3. For the multiple Minor conditions claims to be admissible, there needs to be a period of at least 6 months between the date of diagnosis of a Minor condition claim and date of diagnosis of subsequent Minor condition claim. However this requirement of 6 months is not applicable in case of diagnosis of a major condition claim following a minor condition claim.
 4. For multiple Minor condition claims from the same organ will not be admissible. For the purpose of claim, each group of the following sites are treated as one organ.
 1. Basal cell and squamous skin cancer
 2. Corpus uteri, vagina, fallopian tubes, cervix uteri, ovary
 3. Colon and rectum
 4. Penis, testis
 5. Stomach and esophagus
 5. The Policy shall terminate on payment of 100% of Sum Assured, and all rights, benefits and interests under the Policy shall stand extinguished.
6. The benefit amount may be taxable as per the prevailing tax laws.

1.2. Waiver of Premium:

We shall waive all future premiums and the policy will continue for the remaining policy term with the remaining Sum Assured and other Benefits, if any under the Policy on:

1. A Minor condition claim; or
2. Upon the diagnosis of Permanent Disability (PD is defined in section C-6 below) of the Life Assured due to an Accident.

This benefit is available only if the Policy is in force as on the date of diagnosis of the condition/ at the time of accident.

2. Increasing Cover Benefit: Not applicable

Appendix II – Section 38 – Assignment and Transfer of Insurance Policies

Assignment or transfer of a policy should be in accordance with Section 38 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. This policy may be transferred/assigned, wholly or in part, with or without consideration.
2. An Assignment may be effected in a policy by an endorsement upon the policy itself or by a separate instrument under notice to the Insurer.
3. The instrument of assignment should indicate the fact of transfer or assignment and the reasons for the assignment or transfer, antecedents of the assignee and terms on which assignment is made.
4. The assignment must be signed by the transferor or assignor or duly authorized agent and attested by at least one witness.
5. The transfer of assignment shall not be operative as against an insurer until a notice in writing of the transfer or assignment and either the said endorsement or instrument itself or copy thereof certified to be correct by both transferor and transferee or their duly authorised agents have been delivered to the insurer.
6. Fee to be paid for assignment or transfer can be specified by the Authority through Regulations.
7. On receipt of notice with fee, the insurer should Grant a written acknowledgement of receipt of notice. Such notice shall be conclusive evidence against the insurer of duly receiving the notice.
8. If the insurer maintains one or more places of business, such notices shall be delivered only at the place where the policy is being serviced.
9. The insurer may accept or decline to act upon any transfer or assignment or endorsement, if it has sufficient reasons to believe that it is
 - a. not bonafide or
 - b. not in the interest of the policyholder or
 - c. not in public interest or
 - d. is for the purpose of trading of the insurance policy.
10. Before refusing to act upon endorsement, the Insurer should record the reasons in writing and communicate the same in writing to Policyholder within 30 days from the date of policyholder giving a notice of transfer or assignment.
11. In case of refusal to act upon the endorsement by the Insurer, any person aggrieved by the refusal may prefer a claim to IRDAI within 30 days of receipt of the refusal letter from the Insurer.
12. The priority of claims of persons interested in an insurance policy would depend on the date on which the notices of assignment or transfer is delivered to the insurer; where there are more than one instruments of transfer or assignment, the

- a) parents or
- b) spouse or
- c) children or
- d) spouse and children
- e) or any of them

the nominees are beneficially entitled to the amount payable by the insurer to the policyholder unless it is proved that policyholder could not have conferred such beneficial title on the nominee having regard to the nature of his title.

14. If nominee(s) die after the policyholder but before his share of the amount secured under the policy is paid, the share of the expired nominee(s) shall be payable to the heirs or legal representative of the nominee or holder of succession certificate of such nominee(s).
15. If policyholder dies after maturity but the proceeds and benefit of the policy has not been paid to him because of his death, his nominee(s) shall be entitled to the proceeds and benefit of the policy.
16. The provisions of Section 39 are not applicable to any life insurance policy to which Section 6 of Married Women's Property Act, 1874 applies or has at any time applied where nomination is intended to be made to spouse or children or spouse and children under Section 6 of MWP Act, it should be specifically mentioned on the policy. In such a case only, the provisions of Section 39 will not apply.

Disclaimer: This is a simplified version of Section 39 of the Insurance Act, 1938 as amended from time to time. The policyholders are advised to refer to The Insurance Act, 1938 as amended from time to time for complete and accurate details.

3. Hospital Benefit: Not applicable

4. Income Benefit: Not applicable

5. Listed conditions covered under Cancer cover are as follows:

5.1. Listed Minor conditions

1. Carcinoma-in-Situ of any organ (except skin)

- i. Carcinoma in situ (CIS) means the focal autonomous new growth of carcinomatous cells confined to the cells in which it originated and has not yet resulted in the invasion and/or destruction of surrounding tissues. 'Invasion' means an infiltration and/or active destruction of normal tissue beyond the basement membrane.
- ii. The diagnosis of the Carcinoma in situ must always be supported by a histopathological report.
- iii. Furthermore, the diagnosis of Carcinoma in situ must always be positively diagnosed upon the basis of a microscopic examination of the fixed tissue, supported by a biopsy result. Clinical diagnosis does not meet this standard.
- iv. In the case of the cervix uteri, Pap smear alone is not acceptable and should be accompanied with cone biopsy or colposcopy with the cervical biopsy report clearly indicating presence of CIS.
- v. Clinical diagnosis or Cervical Intraepithelial Neoplasia (CIN) classification which reports CIN I, and CIN II (where there is severe dysplasia without carcinoma in situ) does not meet the required definition and are specifically excluded.
- vi. All CIS of the skin are specifically excluded.
- vii. This coverage is available to the first occurrence of CIS of same organ. Multiple claims from same organ will not be admissible.

2. Early stage Cancers

Early Stage Cancer shall mean first ever diagnosis with the presence of one of the following malignant conditions:

- I. Any malignant tumor of the thyroid, positively diagnosed with histological confirmation and characterised by the uncontrolled growth of malignant cells and invasion of tissue, which is histologically classified as T1N0M0 according to the TNM classification system, or another equivalent classification
- II. Prostate tumor should be histologically described as TNM Classification T1a or T1b or T1c are of another equivalent classification.
- III. Chronic lymphocytic leukaemia classified as Rai Stage I or II;
- IV. Basal cell and Squamous skin cancer that has spread to distant organs beyond the skin,
- V. Hodgkin's lymphoma Stage I by the Cotswold's classification staging system.
- VI. All tumors of the urinary bladder histologically classified as T1N0M0 (TNM Classification)

The Diagnosis must be based on histopathological features and confirmed by a Pathologist. Pre-malignant lesions and conditions, unless listed above, are excluded.

5.2. Listed Major condition

3. Cancer of Specified Severity

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded –

- All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.
- Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- Malignant melanoma that has not caused invasion beyond the epidermis;
- All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- Chronic lymphocytic leukaemia less than RAI stage 3
- Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

6. Permanent Disability(PD) due to accident

For the purpose of Permanent Disability, following conditions shall apply:

- a. Benefit because of Permanent Disability due to accident will be applicable if the Life Assured is unable to perform at least 3 of the following 6 activities of daily work:
1. Mobility: The ability to walk a distance of 200 meters on flat ground.
 2. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.
 3. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
 4. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.
 5. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.

Appendix I – Section 39 – Nomination by policyholder

Nomination of a life insurance Policy is as below in accordance with Section 39 of the Insurance Act, 1938 as amended from time to time. The extant provisions in this regard are as follows:

1. The policyholder of a life insurance on his own life may nominate a person or persons to whom money secured by the policy shall be paid in the event of his death.
2. Where the nominee is a minor, the policyholder may appoint any person to receive the money secured by the policy in the event of policyholder's death during the minority of the nominee. The manner of appointment to be laid down by the insurer.
3. Nomination can be made at any time before the maturity of the policy.
4. Nomination may be incorporated in the text of the policy itself or may be endorsed on the policy communicated to the insurer and can be registered by the insurer in the records relating to the policy.
5. Nomination can be cancelled or changed at any time before policy matures, by an endorsement or a further endorsement or a will as the case may be.
6. A notice in writing of Change or Cancellation of nomination must be delivered to the insurer for the insurer to be liable to such nominee. Otherwise, insurer will not be liable if a bonafide payment is made to the person named in the text of the policy or in the registered records of the insurer.
7. Fee to be paid to the insurer for registering change or cancellation of a nomination can be specified by the Authority through Regulations.
8. On receipt of notice with fee, the insurer should grant a written acknowledgement to the policyholder of having registered a nomination or cancellation or change thereof.
9. A transfer or assignment made in accordance with Section 38 shall automatically cancel the nomination except in case of assignment to the insurer or other transferee or assignee for purpose of loan or against security or its reassignment after repayment. In such case, the nomination will not get cancelled to the extent of insurer's or transferee's or assignee's interest in the policy. The nomination will get revived on repayment of the loan.
10. The right of any creditor to be paid out of the proceeds of any policy of life insurance shall not be affected by the nomination.
11. In case of nomination by policyholder whose life is insured, if the nominees die before the policyholder, the proceeds are payable to policyholder or his heirs or legal representatives or holder of succession certificate.
12. In case nominee(s) survive the person whose life is insured, the amount secured by the policy shall be paid to such survivor(s).
13. Where the policyholder whose life is insured nominates his

		Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel : 0612-2680952 Email:- bimalokpal.patna@gbic.co.in	Bihar and Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 2nd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel: 020-41312555 Email: bimalokpal.pune@gbic.co.in	State of Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

6. Blindness - permanent and irreversible - Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.

b. Provided that the disability should have lasted for at least 180 days without interruption and must be deemed permanent by a Company empanelled Medical Practitioner.

c. PD only due to accident is covered. The accident resulting in PD must be sudden, unforeseen and involuntary event caused by external, visible and violent means.

d. The Policy must be in-force at the time of accident.

7. Maturity Benefit:

No benefit will be payable upon the maturity of the Policy

8. Death Benefit:

No benefit will be payable upon death of the Life Assured

9. Premium Payment

- You are required to pay Premiums on the due dates and for the amount mentioned in the Policy Schedule.
- The grace period for payment of premium is 15 days for monthly frequency of premium payment and 30 days for other frequencies of premium payment. In case of occurrence of the covered events during the grace period, We will pay the benefits as per the terms and conditions of the Policy.
- If any premium instalment is not paid within the grace period then the Policy shall lapse and all cover under the Policy will cease.
- You are required to pay Premiums for the entire Premium Payment Term.
- We are not under any obligation to remind You about the premium due date, except as required by applicable regulations.
- If Single Pay option has been chosen by You, only one Premium is to be paid and no future Premiums are payable.
- The loading based on premium paying modes are mentioned below:

Premium paying modes	Loading as a % of Premium
Yearly	NA
Half-yearly	3.5%
Monthly	6%

- You may pay Premium through any of the following modes(as permitted by the Regulator/Us from time to time) :

- Cash
- Cheque
- Demand Draft
- Pay Order
- Banker's cheque
- Internet facility as approved by the Company from time to time
- Electronic Clearing System / Direct Debit
- Credit or Debit cards held in your name

- ix. Amount and modalities will be subject to our rules and relevant legislation or regulation
- x. Any payment made towards first or renewal premium is deemed to be received by Us only when it is received at any of Our branch offices or authorized collection points and after an official printed receipt is issued by Us.
- xi. No person or individual or entity is authorized to collect cash or self-cheque or bearer cheque on Our behalf.
- xii. Cheque or demand drafts must be drawn only in favour of ICICI Prudential Life Insurance Company Limited.
- xiii. Please ensure that You mention the application number for the first premium deposit and the policy number for the renewal premiums on the cheque or demand draft.
- xiv. Where Premiums have been remitted otherwise than in cash, the application of the Premiums received will be conditional on the realization of the proceeds of the instrument of payment, including electronic mode.
- xv. If You suspend payment of premium for any reason whatsoever, We will not be held liable. In such an event, benefits, if any, will be available only in accordance with the Policy terms and conditions.
- xvi. Premiums need to be paid only for the chosen premium payment term. Once premiums have been paid for the premium payment term, the policy benefits will continue for the term of the policy.

LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330/1 Fax:- 0522-2231310 Email:- bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552/6960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@gbic.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane
NOIDA	Office of Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15 Noida Distt - Gautam Buddh Nagar U.P - 201 301 Tel: 0120-2514250 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshihar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad,

DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23237532/23239633 Fax : 011-23230858 Email: bimalokpal.delhi@gbic.co.in	Delhi.
GUWAHATI	Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204/2132205 Fax:- 0361-2732937 Email:- bimalokpal.guwahati@gbic.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- bimalokpal.hyderabad@gbic.co.in	Andhra Pradesh, Telangana, Yanam and part of the Territory of Pondicherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 -2740363 Fax: 0141 - Bimalokpal.jaipur@gbic.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, CC 27 / 2603, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759/9338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulam@gbic.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4, C.R. Avenue, 4th Floor, KOLKATA - 700 072. TEL : 033-22124340/22124339 Fax : 033-22124341 Email:- bimalokpal.kolkata@gbic.co.in	West Bengal, Bihar, Sikkim, Jharkhand and Andaman and Nicobar Islands.

PART D

1. Free look Period (15 / 30 days refund policy)

You have an option to review the Policy following receipt of the Policy Document. If you are not satisfied with the terms and conditions of this Policy, please return the Policy Document to Us, with reasons for cancellation within

- i. 15 days from the date you received it,
- ii. 30 days from the date you received it, in case of electronic policies or if your Policy is purchased through Distance Marketing

On cancellation of the Policy during the freelook period, We will return the premium paid subject to the following deductions:

- i. Stamp duty under the Policy
- ii. Expenses borne by the Company on medical examination, if any
- iii. Proportionate risk premium for the period of cover

The Policy shall terminate on payment of this amount and all rights, benefits and interests under this Policy will stand extinguished.

2. Paid-up Value: There is no paid-up value under this Policy.

3. Premium Guarantee:

3.1 For Regular Pay policy: The premiums are guaranteed for a block of three (3) years after which they can be revised for a block of three (3) years with prior approval from IRDAI. Any revision in the Premium rates shall be notified to you at least three months prior to the date of such revision. If you are not willing to continue the Policy with the revised premium, the Policy will lapse and no benefits shall become payable thereafter.

The revision in premiums, shall not be based on any individual policy claim experience.

3.2 For Single Pay policy, the premium is guaranteed for the entire policy term.

4. Surrender Value

Surrender means voluntary termination of the Policy by you.

For Regular Pay surrender is not allowed and hence no benefit shall be payable on surrender of the Policy.

For Single Pay: Surrender Value will be calculated as given below.

$$\text{Surrender Value} = (\text{Surrender Value Factor}) \times \text{Single Premium}$$

Surrender Value factors are as given below:

Policy year of Surrender	Surrender Value Factor
Year one	30%
Year two	25%
Year three	15%
Year four	10%

Year five	NA
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The Policy will terminate on surrender and all the rights / title and interest under the Policy shall stand extinguished.

Surrender value may be taxable as per the prevailing tax laws.

The bases for computing Surrender Value factors will be reviewed from time to time and the factors applicable to existing business may be revised subject to the prior approval of the IRDAI.

5. Revival:

A policy, which has lapsed for non-payment of premium within the days of grace may be revived subject to the following conditions:

1. No benefit is payable for an event which occurred or symptoms of which first occurred or were first diagnosed during the period when policy was in lapsed condition.
2. The application for revival is made within 5 years from the due date of the first unpaid premium and before the termination date of the policy. Revival will be based on the prevailing Board approved underwriting policy.
3. A waiting period of 3 months will be applicable for any revivals after 3 months from the due date of the first unpaid premium.
4. No waiting period will be applicable for any revival within 3 months of the due date of the first unpaid premium.
5. The policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the prevailing Board approved underwriting policy.

The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. The interest rate applicable in December 2019 is 7.97% p.a. compounded half yearly.

The revival of the policy may be on terms different from those applicable to the policy before premiums were discontinued.

The Company reserves the right to refuse to re-instate the policy. The revival will take effect only if it is specifically communicated by Us to You.

Any change in revival conditions will be subject to prior approval from IRDAI and will be disclosed to You.

6. Survival Period:

There is no Survival period under this Policy

7. Waiting Period

- a. The benefit shall not apply or be payable in respect of any listed conditions of which the symptoms have occurred or for which care, treatment, or advice was recommended by or received from a Physician, or which first manifested itself or was contracted during the first six months from the Date of commencement of risk or three months from the policy revival date where the policy has lapsed for more than three months.
- b. In the event of occurrence of any of the scenarios mentioned above, where it is established that the Life Assured was diagnosed to have any one of the listed conditions during the waiting period for which a claim could have been made, the Company will refund the premiums from Date of commencement of risk of the policy or from the date of revival as applicable and the policy will terminate with immediate effect.
- c. No waiting period applies if any of the listed conditions occur due to accident.

Office of the Ombudsman	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.: - 079-27546150/139 Fax:- 079-27546142 Email:- bimalokpal.ahmedabad@gbic.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase Bengaluru – 560025 Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@gbic.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor 6, Malviya Nagar, Opp Airtel Office Near New Market, Bhopal - 462 023 Tel.: - 0755-2769201/202 Fax:- 0755-2769203 Email:- bimalokpal.bhopal@gbic.co.in	Madhya Pradesh and Chattisgarh.
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: - 0674-2596461/2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@gbic.co.in	Orissa.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: - 0172-2706196/6468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@gbic.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and UT of Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: - 044-24333668/24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@gbic.co.in	Tamil Nadu and Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL FREE NO:155255

Email ID: complaints@irda.gov.in

You can also register your complaint online at <http://www.igms.irda.gov.in/>

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

9th floor, United India Towers, Basheerbagh

Hyderabad – 500 029, Andhra Pradesh

Fax No: 91- 40 – 6678 9768

2. Insurance Ombudsman:

The Central Government has established an office of the insurance Ombudsman for redressal of grievances with respect to life insurance policies.

As per Rule 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if:

- The grievance has been rejected by the grievance redressal machinery of the Insurance Company;
- A period of one year from the date of rejection by the Insurance Company has passed; and
- If any other judicial authority has not been approached.

In case if You do not receive any reply or if You are not satisfied with Our decision/ resolution, You may approach the Insurance Ombudsman if the grievance pertains to:

- Any partial or total repudiation of claims;
- The premium paid or payable in terms of the Policy;
- Any claim related dispute on the legal construction of the Policy in so far as such dispute relate to claims;
- Delay in settlement of claims; or
- Non-issue of Policy document to customers after receipt of premiums.

A complaint is required to be made in writing to the office of the Insurance Ombudsman giving full details of the complaint and the contact information of complainant.

We have given below the details of the existing offices of the Insurance Ombudsman. You may approach the respective Ombudsman as per Your location.

We request You to regularly check Our website at www.iciciprulife.com or the website of the IRDAI at www.irda.gov.in for updated contact details.

8. Exclusions for the listed conditions:

In addition to the condition specific exclusions mentioned section C-5, the following exclusions shall apply to the listed conditions:

- i. Pre Existing Diseases are not covered. Pre-existing Disease means any condition, ailment, injury or disease:
 - a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- ii. Any investigation or treatment for any Illness, disorder, complication or ailment arising out of or connected with the pre-existing Illness shall be considered part of that pre-existing illness.
- iii. No benefits will be payable for any condition(s) which is a direct or indirect result of any pre-existing conditions unless Life Assured has disclosed the same at the time of proposal or date of revival whichever is later and the Company has accepted the same.
- iv. Any covered event or its signs or symptoms having occurred within the waiting period.
- v. Existence of any Sexually transmitted diseases
- vi. Self-inflicted injuries, suicide, insanity, and deliberate participation of the Life Assured in an illegal or criminal act with criminal intent.
- vii. Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a medical practitioner.
- viii. Radioactive contamination due to nuclear accident.
- ix. Any illness due to a congenital defect or disease which has manifested or was diagnosed before the Insured attains aged 17.

9. Exclusion for Hospital Benefit: Not applicable

10. Exclusions for Permanent Disability due to Accident

- i. PD due to accident should not be caused by the following:
 - Attempted suicide or self-inflicted injuries while sane or insane, or whilst the Life Assured is under the influence of any narcotic substance or drug or intoxicating liquor except under the direction of medical practitioner; or
 - Engaging in aerial flights (including parachuting and skydiving) other than as a fare paying passenger or crew on a licensed passenger-carrying commercial aircraft operating on a regular scheduled route; or
 - The Life Assured with criminal intent, committing any breach of law; or
 - Due to war, whether declared or not or civil commotion; or
 - Engaging in hazardous sports or pastimes, e.g. taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.
- ii. The accident shall result in bodily injury or injuries to the Life Assured independently of any other means. Such injury or injuries shall, within 180 days of the occurrence of the accident, directly and independently of any other means cause the PD of the Life Assured. In the event of PD of the Life Assured

- after 180 days of the occurrence of the accident, the Company shall not be liable to pay this benefit.
- iii. The Company shall not be liable to pay this benefit in case PD of the Life Assured occurs after the date of termination of the policy.

11. Loan

We will not provide loans under this Policy.

12. Riders

No riders are available under this Policy.

13. To whom benefits are payable

Benefits are payable to the Policyholder or to the assignee(s) where an endorsement has been recorded in accordance with Section 38 of the Insurance Act, 1938 and as amended from time to time. In case of death of the Policyholder or assignee(s) as mentioned above, benefits are payable either to the Nominee(s) where a valid nomination has been registered by the Company (in accordance with section 39 of the Insurance Act, 1938 and as amended from time to time), or to the executors, administrators or other legal representatives who obtain representation to the estate of the Policyholder or to such person or persons as directed by a court of competent jurisdiction in India, limited at all times to the monies payable under this Policy.

We hereby agree to pay the appropriate benefits under the Policy subject to:

- a) Our satisfaction of the benefits having become payable on the happening of an event as per the Policy terms and conditions,
- b) The title of the said person or persons claiming payment.

PART G

Grievance Redressal Mechanism & List of Ombudsman

1. Customer service

For any clarification or assistance You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: www.iciciprulife.com.

Alternatively You may communicate with Us at the customer service desk whose details are mentioned above.

For updated contact details, We request You to regularly check Our website.

i. Grievance Redressal Officer:

If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated Grievance Redressal Officer (GRO) at gro@iciciprulife.com or 1860 266 7766.

Address: ICICI Prudential Life Insurance Co. Ltd.
Ground Floor & Upper Basement,
Unit No. 1A & 2A, RahejaTipco Plaza,
Rani Sati Marg, Malad (East), Mumbai- 400097
Maharashtra.

For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com.

ii. Senior Grievance Redressal Officer:

If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may write to Our Senior Grievance Redressal Officer (SGRO) at smgro@iciciprulife.com or 1860 266 7766.

Address: ICICI Pru Life Towers, 1089,
Appasaheb Marathe Marg,
Prabhadevi, Mumbai-400025

For more details please refer to the "Grievance Redressal" section on www.iciciprulife.com.

iii. Grievance Redressal Committee:

If You do not receive any resolution or if You are not satisfied with the resolution provided by the SGRO, You may escalate the matter to Our Internal Grievance Redressal Committee at the address mentioned below:

Address: ICICI Pru Life Towers, 1089,
Appasaheb Marathe Marg,
Prabhadevi, Mumbai-400025

Claims documents from outside India are only acceptable in English language, unless specifically agreed otherwise, and duly authenticated.

The claim is required to be intimated to us along with all necessary claim documents required within 180 days from the date of diagnosis of the condition. However, we may condone the delay in claim intimation, if any, where the delay is proved to be for reasons beyond the control of the claimant.

Claim payments are made only in Indian currency in accordance with the prevailing Exchange control regulations and other relevant laws and regulations in India. In case the Claimant is unable to provide any or all of the above documents, in exceptional circumstances such as a natural calamity, the Company may at its own discretion conduct an investigation and may subsequently settle the claim.

A claim under this policy shall either be paid to You or be disputed, giving all the relevant reasons, within 30 days from the date of receipt of all relevant documents and requirements as raised by Us. However, if there is a need to initiate further investigation in Our opinion, we shall complete such investigation not later than 6 months from the time of lodging the claim. The indicated timelines are in line with the IRDAI regulations and may subject to change basis directions received from the Authority from time to time.

Subject to the provisions of Section 47 of the Insurance Act, as amended from time to time, wherein the claim is on hold due to lack of proper identification of the payee, We shall hold the amount for the benefit of the payee and such claim amount shall earn interest at the rate then applicable to a savings bank account with a scheduled bank. The interest shall be computed starting from 30th day post submission of all documents and information as called for by Us. Where there is a delay on our part in processing a claim for any other reason, We shall pay interest on the claim amount at a rate which is 2% above the prevalent bank rate at the beginning of the financial year in which the claim is reviewed.

10. Issue of duplicate policy

We shall issue a duplicate of Policy document, on receipt of a written request from You along with the necessary documents as may be required by Us and at such charges as may be applicable from time to time. The current charges for issuance of duplicate policy is Rs. 200. Free look option is not available on issue of duplicate Policy document.

11. Amendment to Policy Terms and Conditions

Any variations, modifications or amendment of the Policy Terms and Conditions shall be subject to regulatory approvals and shall be communicated to you in writing.

PART F

General conditions

1. Age

We have calculated the premiums under the Policy on the basis of the Age of the Life Assured as declared by You in the Proposal Form. In case if the age proof of the life assured was not submitted at the time of Proposal, You will be required to submit such an Age proof of the Life Assured acceptable to Us, and have the Age admitted.

If the Age of the life assured has been misstated, We will take one of the following actions:

- a) If the Correct Age of the Life Assured makes him ineligible for this product, We will offer a suitable plan as per Our underwriting norms. If You do not wish to opt for the alternative plan or if it is not possible for Us to grant any other plan, We will cancel the Policy and refund the premiums paid (without interest) under the Policy after adjustment against the paid benefits. The Policy will terminate on the said payment.
- b) If the Correct Age of the Life Assured makes him eligible for this Policy, revised Premium depending upon the Correct Age will be payable. Difference of premium from inception will be collected with interest, if age declared is higher and excess premium collected will be refunded without interest, if age is found to be lower.

The provisions of Section 45 of the Insurance Act, 1938 as amended from time to time as may be applicable.

2. Nomination

Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. You shall provide for nominee details, to whom money secured by the policy shall be paid in the event of Your death, only where the policyholder and the life assured are same. Please refer to Appendix I for details on this section.

3. Assignment

Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix II for details on this section.

4. Non-Disclosure, Fraud and Incontestability

Non-disclosure, Fraud and Incontestability will be applicable as per Section 45 of the Insurance Act, 1938 as amended from time to time. Please refer to Appendix III for details on this section.

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the Laws of India.

5. Communication address

Our communication address is:

Address:

Customer Service Desk

ICICI Prudential Life Insurance Company Limited,
Ground Floor & Upper Basement,
Unit No. 1A & 2A, RahejaTipco Plaza,
Rani Sati Marg, Malad (East),
Mumbai- 400097
Maharashtra.

Telephone:

1860 266 7766

Facsimile:

+91-22-42058222

E-mail:

lifeline@iciciprulife.com

We expect You to immediately inform Us about any change in Your address or contact details.

6. Electronic transactions

All transactions carried out by You through Internet, electronic, call centres, tele-service operations, computer, automated machines network or through other means of communication will be valid and legally binding on Us as well as You.

This will be subject to the relevant guidelines and terms and conditions as may be specified by Us.

7. Jurisdiction

The Policy is subject to the terms and conditions as mentioned in the Policy document and is governed by the laws of India.

Indian courts shall have exclusive jurisdiction over all differences or disputes arising in relation to this Policy.

8. Legislative changes

All benefits payable under the Policy are subject to the tax laws and other financial enactments as they exist from time to time.

The Policy terms and conditions may be altered based on any future legislative or regulatory changes.

9. Payment of claim

For processing a claim under this Policy, We will require the following documents (as may be relevant):

- a. Claimant statement form
- b. Original Policy Document
- c. All reports, including but not limited to all medical reports, case histories, investigation reports, treatment papers, discharge summaries
- d. A precise diagnosis of the treatment for which a claim is made
- e. Cancelled Cheque for processing electronic payment

In addition, the Company may call for additional documents which are deemed by the Company to be relevant.