

COVID-19 PROTECTION COVER

I. GENERAL DEFINITION

Certain words are used in this Policy wordings and the Policy Certificate, which have a specific meaning and are shown below. They have this meaning wherever they appear in the Policy, including any subsequent endorsements, Policy Certificate or Schedule. Where the context permits, references to the singular shall also include references to the plural, similarly references to the male gender shall also include references to the female gender, and vice versa in both cases.

1. **Age** means the completed years of the Insured Person on his/her last birthday as per the English calendar as on the Risk Inception Date.
2. **Ambulance Services** means procedures that are used to provide immediate care and support to transfer the patient from the pick-up point/location to the nearest Hospital where necessary treatment/care can be initiated depending on the nature of Illness or disorder, presence, severity and cause.
3. **Break in Policy** means the period that occurs at the end of the existing policy term, when the premium due for Renewal on a given Policy is not paid on or before the premium Renewal date, or within 30 days thereof.
4. **COVID-19:** Coronavirus disease 2019 (COVID-19) is defined as illness caused by a novel coronavirus now called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China.
5. **Disclosure to information norms** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, miss-description or non-disclosure of any material fact.
6. **First Diagnosis** shall mean the point in time at which the requirements of the disease under this Policy were first satisfied with respect to the Insured Person, including the availability of all the test reports and medical reports evidencing such diagnosis.
7. **Grace Period** means the specified period of time immediately following the premium payment due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as Waiting Periods . Coverage is not available for the period for which no premium is received.
8. **Healthcare Professional** means a qualified/certified individual/counsellor/medical practitioner who provides/creates awareness for preventive, curative, rehabilitative healthcare services.
9. **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:
 - It needs on going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - It needs ongoing or long-term control or relief of symptoms
 - It requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - It continues indefinitely

Annexure 4

- It recurs or is likely to recur

10. **Infection/ Infectious disease:** Infectious disease caused by pathogenic microorganisms such as bacteria, viruses, parasites, or fungi. The disease can be spread directly or indirectly from one person to another.
11. **Insured Person** means the individual(s) whose name(s) are specifically appearing under the heading “Insured name” in the Policy Certificate to the Policy, and for whom the Insured Events are covered in lieu of the applicable premium received by us under the Policy.
12. **Insured Event** means any event or occurrence specifically mentioned as covered under this Policy for which applicable premium has been received by us.
13. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
14. **Medical Practitioner** is a person who holds a valid registration from 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 his license.

For the purpose of this Policy, the term Medical Practitioner would include a physician, specialist, who is - authorised by the government to quarantine/diagnose or examine suspected or confirmed COVID-19 positive individuals in designated government/military hospitals/facilities or any other hospital/facility authorised by government in this behalf.

15. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
16. **Nominee** means the person(s) nominated by the Insured Person to receive the applicable benefits under this Policy payable in the event of death of the Insured Person caused by COVID-19 virus. For the purpose of avoidance of doubt it is clarified that if the Nominee is a minor, the legal guardian appointed by the Insured Person will take care of any relevant proceedings.
17. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
18. **Period of Cover** means the period specified in the Policy Certificate during which the Insured Person is covered under the Policy.
19. **Policy Period** means the period commencing from the Policy Start Date and ending at the Policy End Date as specifically appearing in the Policy Certificate, inclusive of both dates. It is the duration in which the policy is valid and the Insured Person is liable to get a claim subject to any applicable Waiting Periods and the terms and conditions under this Policy.
20. **Public Authority** means any governmental or quasi-governmental organization, statutory body, or duly authorized organization which exercises autonomous authority over an industry in a regulatory or supervisory capacity.
21. **Quarantine of persons:** is the restriction of activities or separation of persons who are not ill, but who may have been exposed to an infectious agent or disease, with the objective of monitoring symptoms and early detection of cases. Quarantine is different from isolation, which is the separation of ill or infected persons from others, so as to prevent the spread of infection or contamination
22. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all Waiting Periods.
23. **Risk Inception Date** means the date of commencement of the Period of Cover, as specified in the Policy Certificate for the Insured Person.
24. **Sum Insured** means the amount specified in the Policy Certificate against a Benefit *or set of Benefits* that represents our maximum, total and cumulative liability for any and all claims made in respect of that Insured Person during the Period of Cover under that Benefit/set of Benefit.
25. **Waiting Period** means a time-bound exclusion period related to condition(s) specified in the Policy Certificate which shall be served before a claim related to such condition becomes admissible.

No Waiting Periods shall be applicable in case of subsequent Renewals, subject to no Break In Policy.

Annexure 4

26. **We/Our/Ours/Us/ Company** means the ICICI Lombard General Insurance Company Limited.

27. **You/Your/Yours/Yourself** means the person or the entity named as the policyholder in the Policy Certificate and who is responsible for payment of premium.

II. SCOPE OF COVER

This Policy is a contract of insurance between the Policyholder and Us which is subject to the receipt of premium against each Benefit in full in respect of the Insured Persons, and the terms, conditions and exclusions of this Policy.

The Policy Certificate will specify which of the following Benefits and Endorsements are applicable and in force for the Insured Person. Claims made in respect of an Insured Person for any Benefit applicable to the Insured Person shall be subject to the occurrence of the Insured Event during the Period of Cover, availability of the Sum Insured specified against the Benefit claimed, applicable sub-limits for such Benefit as may be specified in the Policy Certificate, and the terms, conditions and exclusions of this Policy.

All claims shall be made in accordance with the benefits set out in this Policy. The cover under each Benefit terminates in relation to an Insured Person in the event of one or more claim(s) in respect of that Insured Person becoming admissible and accepted by Us to the extent of the Sum Insured specified against such Benefit in the Policy Certificate. Admitted claims will be payable to the Insured Person or the Nominee or Assignee (as applicable).

III. BENEFITS UNDER PRODUCT

1.1 Base Benefit: First diagnosis of Covid-19

If an Insured Person is First Diagnosed with Covid-19 during the Period of Cover, then We will pay the Sum Insured as specified in the Policy Certificate against this Benefit as a lump sum amount, provided that the first signs or symptoms of such Illness/disease first appeared after 14 days from the Risk Inception Date.

On the acceptance of a claim under this Benefit, the cover under this Benefit and the policy will terminate in relation to the Insured Person, and further no subsequent Renewals of the Policy will be allowed.

This Benefit shall be payable subject to the following:

1. The Benefit shall be payable after an initial waiting period of 14days or as specified in the policy certificate.
2. The insured must have tested positive for COVID-19 in National institute of virology, Pune or any other Government designated laboratory in India, appointed for testing of COVID-19
3. The diagnosis must be confirmed by only those specific test(s) as defined by government authorities
4. The lab diagnosis must have been performed after the completion of the initial waiting period of 14 days.

1.2 Exclusions applicable to Base Benefit:

1. Any travel history of the insured post December 31, 2019 to any overseas country
2. The insured has been quarantined for suspected COVID-19 OR diagnosed with COVID-19 prior to the risk inception date or within the initial waiting period of 14 days.

1.3 Claim documents:

Annexure 4

On the occurrence of an Insured Event which may give rise to a claim under this Base Benefit of the Policy, We shall be provided with the following necessary and mandatory information and documentation specified in relation to the Benefit being claimed within 30 days of occurrence of the Insured Event:

1. Duly filled claim form (physical or digital) by the Insured Person/claimant
2. Lab report with sign and stamp, confirming positive for COVID -19.
 - a. The insured must have been tested positive for COVID-19 in National institute of virology, Pune or any other Government authorised laboratory in India.
3. Certificate from Government medical officer confirming diagnosis or from any medical practitioner authorised by government to issue such certificates.
4. If the claim amount is more than ₹1 lakh, AML Documents - Pan Card Copy, Residence Proof, and 2 passport sized colour photos of Insured Person/claimant
5. Cancelled cheque and NEFT mandate form - duly filled in by the Insured Person/claimant

1.4 Value Added Services

1.4.1 Health Assistance Benefit: Health assistance will be provided through Our dedicated helpline. The health assistance team is dedicated to assist the Insured Person in:

- a. Identifying specialist/ Hospital
- b. Fixing an appointment with Medical Practitioners wherever applicable on best effort basis
- c. Providing information on suitable Network Providers.
- d. Providing information on ailments and possible lines of treatment
- e. Providing for a second opinion

The facilitation for assistance would be free for the Insured Person. However any service availed by the Insured Person would be on a paid basis and the payment will be borne by the Insured Person and paid directly to the Medical Practitioner or Hospital.

You can either Call Helpline no. 040 – 6627 4205 (during official hours Monday to Saturday, excluding public holidays) or write to healthassistance@icicilombard.com to avail this facility. The facility can also be availed on online platform. Any change in this helpline number shall be updated on Our website www.icicilombard.com. Any information provided through assistance cannot be used as a substitute for physical examination by a Medical Practitioner.

It is agreed and understood that the Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act upon it.

1.4.2 CHAT/Virtual Consultation:

For the purpose of this Benefit, “CHAT” shall mean any consultations provided to the insured by Healthcare Professionals through, an online platform- For routine health query service can be availed during official hours Monday to Saturday (excl. public holidays).

(i) It is agreed and understood that the Insured Person is free to choose whether or not to obtain the expert opinion, and if obtained then whether or not to act on it;

(ii) Under this Benefit, We are only providing the Insured Person with access to consultations or opinion and We shall not be deemed to substitute the Insured Person’s visit or consultation to an independent Medical Practitioner

(iii) We will make available consultation with healthcare professional in case of need through Our online platform for assessing the case situation or routine health issues over the platform. Based on the information provided by the Insured Person while availing any of the features under this Benefit, medicines including over the counter medicines or other suggestions may be prescribed or suggested. We

Annexure 4

shall not be liable or responsible or deemed to be liable or responsible for any discrepancy in the information provided.

(iv) We shall only be arranging to provide consultation, Any treatment, medication or investigation advised by the medical practitioner shall not be borne by the company

There is no restriction on the number of times the health assistance service and CHAT can be availed.

2.1. Add on Covers

2.1.a) Tele consultation:

We will arrange consultations and recommendations for routine health issues by a qualified Medical Practitioner or health care professional. For the purpose of this benefit Tele consultation shall mean consultation provided by a qualified Medical Practitioner or Health care professional through audio or video calling. In case of alternate modes being made available during course of time, the same shall be made available to the insured. The services provided under this Benefit will be made available subject to the terms and conditions, and in the manner prescribed below:

- The Medical Practitioner may suggest/recommend/prescribe over the counter medications based on the information provided, if required on a case to case basis. However, the services under this Benefit should not be construed to constitute medical advice and/or substitute the Insured Person's visit/ consultation to an independent Medical Practitioner/Healthcare professional*.
- This service will be available 24 hours a day, and 365 days in a year.
- We/Medical Practitioner/Healthcare professional may refer the Insured Person to another specialist or a general physician, if required, and the charges for such specialist or a general physician consultation will have to be borne by the Insured Person.
- We shall not be liable for any discrepancy in the information provided under this Benefit.
- Choosing the services under this Benefit is purely upon the customer's own discretion and at own risk.

**The proposer/insured should seek assistance from a health care professional when interpreting and applying them to the Insured person's individual circumstances. If the Insured person has any concerns about His/ her health, He/ She may consult His/ her general practitioner.*

This benefit can be used by the insured for a maximum of 4 times.

2.2.a) Exclusion:

1. Cost of the over the counter medicines/any other specialist consultation/treatment prescribed during the tele consultation, will not be borne by the company.

2.1.b) Ambulance Assistance:

We will arrange ground medical transportation by a Service provider to transport the Insured Person to the nearest Hospital or any clinic or nursing home for medically necessary treatment, subject to availability of services in that particular city/location. Kindly visit our website for updated list of cities/locations where the services are provided.

1. The services under this Benefit are subject to the following conditions:

Annexure 4

- The medical transportation is for any health condition of the Insured Person which requires immediate and rapid transportation to the Hospital; as certified in writing by the Medical practitioner
 - The Insured Person is in India and the treatment is in India only;
2. Process to avail Ambulance Assistance:
- a) On calling Our helpline number **18001028136**, Our trained customer service executive (CSE) will ask the Insured person relevant questions to assess the situation and assist accordingly

This is only an assistance service to arrange for an ambulance, the cost of the ambulance has to be borne by the insured himself, as per the invoice provided at the time of availing the service

There is no restriction on the number of times the Ambulance Assistance can be availed.

2.2.b) Exclusion:

1. The cost of transportation through the ambulance.
2. Facilitation or cost of arranging Air ambulance services

IV. GENERAL EXCLUSIONS

We shall not be liable to make any payment for any claim under this Policy in respect of an Insured Person, directly or indirectly for, caused by, arising from or in any way attributable to any of the following:

1. Insured has been diagnosed positive with COVID-19 or quarantined for suspected diagnosis prior to policy start date or within the waiting period of 14days days
2. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Certificate under the head "Special Conditions".
3. Any act of self-destruction or self-inflicted injury or negligence.
4. Where the insured has not declared any inbound/outbound overseas travel

V. GENERAL POLICY TERMS AND CONDITIONS

1. AGE LIMIT

The minimum and maximum age of entry into the Policy is 18 years and 75 years respectively.

2. PAYMENTS

We shall make payment of an admissible claim to the Insured Person's assignee as the case may be, or in the absence of an assignee, to the Insured Person or the Insured Person's nominee. If there is no assignee or Nominee and the Insured Person is incapacitated or deceased, We will pay to the Insured Person's heir, executor or validly appointed legal representative.

Any payment We make in this manner will be a complete and final discharge of Our obligations under this Policy and Our liability towards the claim.

3. TERMS OF RENEWAL

- The Policy may be renewed by mutual consent under the then prevailing product or its nearest substitute product (in case of product withdrawal) approved by the IRDAI, and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period

Annexure 4

of 30 days from the expiry of the Policy. We will not be liable to pay for any Claim arising out of an Insured Event that occurs during the Grace Period.

- The policy shall only be renewed provided no claim has been settled under Base Benefit in the expiring policy
- On the acceptance of a claim under Base Benefit the policy will terminate in relation to the Insured Person, and further no subsequent Renewals of the Policy will be allowed.

- The Policy provides for life-long Renewals

- Renewals will not be denied except on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts or where claim under Base Benefit has been settled under the policy. We may, revise the Renewal premium payable under the Policy or the terms of cover, provided that all such changes are approved in accordance with the IRDAI rules and regulations as applicable from time to time. We will intimate You of any such changes at least 3 months prior to date of such revision or modification.

- We shall not be bound to give any notice to You/Insured Person that the premium for the Renewal is due.

- The above conditions for Renewal are to be read in unison, and not standalone.

4. CLAIM SETTLEMENT/PROCEDURE

1. The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Certificate) insofar as they relate to anything to be done or complied with by You or any Insured Person, including complying with the procedures and requirements in relation to claims, shall be Conditions Precedent to Our liability under this Policy.
2. We shall be under no obligation to make any payment under this Policy unless we have received all premium payments in full and on time in respect of the Insured Person's cover under the Policy and all payments have been realised.
3. On occurrence of an any event that may give rise to a Claim under this Policy, You shall-
 - a. Notify Us immediately on toll free number 1800 2666 or on our website www.icicilombard.com or also in writing at Our address specified in the Policy Certificate.
 - b. Along with the completed and signed Claim form, provide all the relevant documents, specified within the relevant Section of the Policy for the Benefit being claimed, must be submitted in full within 30 days.
 - c. Wherever details pertaining to happening of Claim are conveyed by you to Us after reasonable period, You shall provide the reasons of such delay to Us.
4. If any Claim is not made within 30 days of the Insured Event, then We will condone such delay on merits only where the delay has been proved to be for reasons beyond the claimant's control.
5. We shall make the payment of claim that has been admitted as payable by Us under the Policy within 30 days of receipt of the last necessary documents and information required for the settlement of the claim, and any rejections if done, would be provided with proper reasons by Us. If the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary documents. In such cases, We shall settle the claim within 45 days from such date of receipt of last necessary documents.
6. All claims will be investigated (as required) and settled in accordance with the applicable regulatory guidelines, including the IRDAI (Protection of Policyholders Interests) Regulations, 2017.
7. The admissible Claim amount will be calculated post applicability of Deductible, Co-pay, Sub-limits, if any, and as specifically defined in Policy certificate.
8. The role of the TPA (if any) would be limited to facilitate the flow of information between Us and the Insured Person.

VI. OTHER RELATED TERMS AND CONDITIONS

- Please inform Us immediately of any change in the address, occupation, state of health, or of any other changes affecting the Insured Person (or his Nominee/ legal heir, as the case may be).
- Any change in the policy terms and conditions including but not limited to Sum Insured and/or coverage shall not be permitted within the Period of Cover.
- The scope of cover shall be within the geographical boundaries on India and restricted to Indian nationals only.

VII. STANDARD POLICY TERMS AND CONDITIONS

1. Incontestability and Duty of Disclosure

The Policy shall be null and void and no Benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, mis description or on non-disclosure in any material particular in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a claim being fraudulent or any fraudulent means or devices being used by the Insured Person or any one acting on his/her behalf to obtain any benefit under this Policy.

2. Observance of terms and conditions

The due observance and fulfilment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured Person, shall be a condition precedent to Our liability to make any payment under this Policy.

3. Records to be maintained

The Insured Person shall keep an accurate record containing all relevant particulars and shall allow Us to inspect such record.

4. No constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Insured Person, or in connection with which a claim may be made under this Policy coming to the knowledge or possession of any of Our officials shall not be construed as notice to or be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

5. Notice of Charge

We shall not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy, but the payment by Us to the Insured Person, Nominee, assignee or his legal heirs of any amount under the Policy shall in all cases be an effectual discharge to Us.

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy, Policy Certificate or in any separate instrument or Endorsement shall be deemed to be part of this Policy and shall have effect accordingly.

7. Overriding effect of Part II of the Schedule

The terms and conditions contained herein and in Part II of the Schedule shall be deemed to form part of the Policy and shall be read as if they are specifically incorporated herein; however in case of any inconsistency of any term and condition with the scope of cover contained in Part II of the Schedule, then the term(s) and condition(s) contained herein shall be read *mutatis mutandis* with the scope of cover/terms and conditions

Annexure 4

contained in Part II of the Schedule and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

8. Electronic Transactions

The Insured Person agrees to adhere to and comply with all such terms and conditions as We may prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the internet, the world wide web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on Our behalf, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. The Insured Person agrees that We may exchange, share or part with any information with any government institution or statutory body, as may be determined by Us and shall not hold Us liable for such use/application.

9. Right to inspect

In case of any loss or occurrence to the Insured Person that has given or may give rise to a claim under the Policy, If required by Us, Our agent/representative, including any /investigator or any individual or entity appointed on Our behalf shall be permitted at all reasonable times to examine the circumstances of such loss or occurrence.

The Insured Person shall on being required to do so by Us, produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his/her possession and furnish copies of or extracts from such of them as may be required by Us so far as they relate to such claim(s), or may in any way assist Us to ascertain the correctness thereof or Our liability under the Policy.

10. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person, or anyone acting on his/her behalf to obtain any Benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection or, in case of arbitration taking place as provided therein, within twelve (12) calendar months after the arbitrator(s) have made their award, all Benefits under this Policy shall be forfeited.

11. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured Person and Us to be subject to Indian Law. Each party agrees to submit to the exclusive jurisdiction of the High Court of Mumbai and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

12. Arbitration clause

If any dispute or difference shall arise as to the quantum to be paid under this Policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties to the dispute/difference, or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration, as hereinbefore provided, if We have disputed or not accepted liability under or in respect of this Policy. It is hereby expressly stipulated and declared

Annexure 4

that it shall be a condition precedent to any right of action or suit upon this Policy that the award by such arbitrator/ arbitrators of the amount of the loss or damage shall be first obtained.

13. Cancellation/ Termination

- a) Disclosure to information norm- The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- b) You/the Insured Person may also cancel this policy by giving 15 days notice in writing to Us, for the cancellation of this Policy, in which case We shall from the date of receipt of the notice cancel the Policy, retain the premium for the period this Policy has been in force, and refund at Our short period scales as per the Refund Grid provided below, provided that no refund of premium shall be made if any claim has been made under the Policy by or on behalf of the Insured Person.
- c) Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured Person where any Claim has been admitted by Us or has been lodged with Us or any Benefit has been availed by the Insured Person under the Policy.

Refund Grid	tenure 1
Cancellation month/period	
0-1 months	75.0%
2-3 months	62.5%
4-6 months	40.0%
7-12 months	0.0%

- d) In case of a cancellation request by You/Insured Person, the Policy will be cancelled in its entirety, and any selected Benefits or Sections under the Policy cannot be cancelled.
- e) For any cancellation initiated by Us, refund of premium shall be done on a pro rata basis.

14. Free Look Period

The Insured Person would be given a period of 15 days from the date of receipt of the Policy to review its terms and conditions.

- Where the Insured Person disagrees to any of the terms or conditions of the Policy, he/she has the option to return and cancel the Policy stating the reasons for cancellation, and the premium paid will be refunded less any expenses incurred by Us on medical examination of the Insured Person(s), stamp duty charges, and proportionate risk premium, for the Period of Cover already commenced.
- The Policy can be cancelled only if no claims have been made under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free Look Period is applicable only on the first purchase of the Policy and is not applicable on any Renewals.
- In case the request for cancellation comes 15 days after the receipt of Policy by the Insured Person, We would refund the premium paid as per the applicable refund grid provided in the Cancellation clause of the Policy.

Annexure 4

16. Notices

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

In case of You, at the address specified in Policy Certificate, and in case of the Insured Person, at the Insured Person's address specified in the Policy Certificate.

In case of Us:

ICICI Lombard General Insurance Company Limited, ICICI Lombard House,
414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai
400025, Toll-free number: 1800-2666

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e mail.

17. Customer Service

If at any time the Insured Person (or his Nominee/ legal heir, as the case may be) requires any clarification or assistance, they may contact Our offices at the address specified below, during normal business hours.

ICICI Lombard General Insurance Company Limited
ICICI Lombard House 414, Veer Savarkar Marg,
Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.

18. Grievances

In case You are aggrieved in any way, You should do the following:

1. Call Us at toll free number: 1800 2666 or email us at customersupport@icicilombard.com
2. If You are not satisfied with the resolution then You may successively write to **The Manager - Service Quality**, at the following address:

ICICI Lombard General Insurance Company Limited
ICICI Lombard House 414, Veer Savarkar Marg,
Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.

3. If you are not satisfied with the resolution provided, you may approach us at the section "Grievance Redressal" on our website www.icicilombard.com (Customer Support section).

As per the IRDAI's guidelines on special provision for senior citizens, We will provide a separate channel for addressing grievances of Insured Persons who are senior citizens. You may avail the service by contacting the above mentioned toll free no and selecting suitable option provided on the Interactive Voice Response System (IVRS).

4. If You are not satisfied with Our response or do not receive a response from Us within 15 days, You may approach the Grievance Cell of the Authority at:

Insurance Regulatory and Development Authority of India;
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>

You can also register Your complaint through fax/letter by submitting Your complaint to:

Consumer Affairs Department Insurance Regulatory and Development Authority of India;
Sy No. 115/1 Financial District Nanakramguda Gachibowli -500032

Annexure 4

If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.

The details of Insurance Ombudsman are available below:

CONTACT DETAILS	JURISDICTION
<p>AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.:- 079 - 25501201/02/05/06 Email:- bimalokpal.ahmedabad@ecoi.co.in</p>	<p>State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.</p>
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in</p>	<p>Karnataka.</p>
<p>BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email:- bimalokpalbhopal@ecoi.co.in</p>	<p>States of Madhya Pradesh and Chattisgarh.</p>
<p>BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:- bimalokpal.bhubaneswar@ecoi.co.in</p>	<p>State of Orissa.</p>
<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D,</p>	<p>States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.</p>

Annexure 4

Chandigarh – 160 017. Tel.:- 0172-2706196 / 2706468 Fax:- 0172-2708274 Email:- bimalokpal.chandigarh@ecoi.co.in	
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@ecoi.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email:- bimalokpal.delhi@ecoi.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338 Fax:- 0484-2359336 Email:- bimalokpal.ernakulum@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry
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@ecoi.co.in	States of 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	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.

Annexure 4

Fax:- 040-23376599 Email:- bimalokpal.hyderabad@ecoi.co.in	
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@ecoi.co.in	State of Rajasthan.
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- bimalokpal.kolkata@ecoi.co.in	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- bimalokpal.lucknow@ecoi.co.in	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, 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 / 26106960 Fax:- 022-26106052 Email:- bimalokpal.mumbai@ecoi.co.in	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, 	States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoorj, Mainpuri, Mathura, Meerut, Moradabad,

Annexure 4

<p>Naya Bans, Sector-15, Gautam Budh Nagar, Noida</p> <p>U.P-201301.</p> <p>Tel.: 0120-2514250 / 2514252 / 2514253</p> <p>Email:- bimalokpal.noida@ecoi.co.in</p>	<p>Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA</p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.</p> <p>Tel.: 0612-2680952</p> <p>Email:- bimalokpal.patna@ecoi.co.in</p>	<p>States of Bihar and Jharkhand.</p>
<p>PUNE</p> <p>Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030</p> <p>Tel: 020 -41312555</p> <p>Email:- bimalokpal.pune@ecoi.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>

The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of Executive Council of Insurers (ECOI): <http://www.ecoi.co.in/ombudsman.html>, Our website www.icicilombard.com or from any of Our offices.

VIII. ADDITIONAL CLAUSES AVAILABLE UNDER THIS POLICY

Assignment clause

It is hereby declared and agreed that upon due written consent granted by the Proposer as stated under the head of "Proposer name" in the Policy Certificate to the Policy:

- i. Any amount becoming payable to the Insured Person in accordance with policy terms and conditions) including all rights, title, benefits and interest of the Insured Person under this Policy stand assigned in favour of the Financial Institution (assignee) specified in the Policy Certificate of the Policy with respect to only that Loan Account Number, as specified in the Policy Certificate.
- ii. The receipt of such amount in the manner aforesaid by the Financial Institution (assignee) specified in the Policy Certificate of this Policy, shall completely discharge Us from all Our liability under the Policy in respect of such payable amount, and this shall be binding on the Insured Persons and their legal heirs, executors, administrators, and successors.

This is to clarify that such assignment shall be subject to the condition that in the event of the Insured Person's death during the Period of Cover, the amounts payable as per the Policy terms and conditions will be paid to the said Financial Institution (assignee) only to the extent of the Loan amount outstanding, if any, and any amount in excess after such payment shall be paid to the Insured/Nominee or legal heir as applicable.