## Key Information Sheet

### 1. Product Name

<table>
<thead>
<tr>
<th>S.No</th>
<th>Title</th>
<th>Description</th>
<th>Refer To Policy Wordings</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Sum Insured</td>
<td>5 Lakh/ 7 Lakh</td>
<td>Part II of the schedule Clause 2. Scope of the Cover</td>
</tr>
<tr>
<td></td>
<td>In Patient treatment</td>
<td>Covers Hospital expenses for admission longer than 24 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre &amp; Post Hospitalisation</td>
<td>Medical Expenses incurred due to illness up to 30 days period immediately before and 60 days immediately after an Insured Person’s admission to a Hospital</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Day Care Procedure</td>
<td>Medical expenses for day care procedures where such procedures are undertaken by an Insured Person as an In-patient in a Hospital for continuous period of less than 24 hours</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Domiciliary hospitalisation</td>
<td>Medical expenses for treatment taken when confined within one’s home for a minimum of 3 consecutive days</td>
<td></td>
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<tr>
<td></td>
<td>Donor expense</td>
<td>Medical Expenses incurred in respect of the donor for any of the organ transplant surgery, provided the organ donated is for Insured persons, subject to a maximum of 2 adults covered in the Policy</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Cover for Alternative methods of treatment</td>
<td>Reimbursement of expenses incurred on inpatient treatment through Alternative methods</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Road Ambulance services</td>
<td>Reimbursement of expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital through domestic road ambulance services. Maximum amount payable is Rs.1500/- per event of emergency hospitalisation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Air Ambulance</td>
<td>Ambulance expenses incurred to transfer the Insured Person following an emergency to the nearest Hospital through an air ambulance. Maximum amount payable is 10% of the SI</td>
<td></td>
</tr>
</tbody>
</table>

### 2. What am I covered for

<table>
<thead>
<tr>
<th>S.No</th>
<th>Description</th>
<th>Refer To Policy Wordings</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td>Note: Following is an indicative list of the policy exclusions. Please refer to the policy clause for the complete list.</td>
<td>Part II of the Schedule Clause 3.4 Permanent exclusions</td>
</tr>
</tbody>
</table>

- Naturapathy treatment, acupressure, acupuncture, magnetic and such other therapies
- Unproven experimental treatment
- Treatment taken outside the country
- Cosmetic surgery
- Sterility, venereal diseases or any sexually transmitted diseases
- Dental treatment unless due to accident
- Any case directly or indirectly related to criminal acts
- Refractive error correction, hearing impairment correction
- Substance abuse, self-inflicted injuries, STDs and HIV/AIDS

### 3. What are the major Exclusions in the Policy

- **Initial waiting period:** 30 days for all illnesses (except Hospitalisation due to injury).
- **Specific waiting period:** First 24 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)
- **Pre-existing diseases:** Covered after 24 months of continuous coverage

### 4. Waiting Period

<table>
<thead>
<tr>
<th>Sub Limit</th>
<th>Description</th>
<th>Refer To Policy Wordings</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. Cataract, where sub-limit of Rs.35,000/- is applicable per eye per Policy year</td>
<td>Part II of the Schedule Clause 3.3</td>
<td></td>
</tr>
</tbody>
</table>

### 6. Payout Basis

- Cashless or Reimbursement of covered medical expenses up to specified Sum Insured as per the scope of cover
- Cashless Facility available at over 4000+ network hospitals.
| 7 | Renewal | a) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Health Insurance product or its nearest substitute (in case the product ICICI Lombard Group Health Insurance is withdrawn by the Company) approved by IRDA.  
   b) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.  
   c) The policy could be subject to certain changes in terms and conditions including change in premium rate.  
   d) Premium rates may change at the time of renewal subject to change in plan &/or age band of senior most insured |
| 8 | Cancellation | a) Disclosure to information norm: The policy shall be void and all premium paid hereon shall be forfeited to the company, in the event of misinterpretation, mis-description or non-disclosure of any material fact.  
   b) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period. |
Policy Wordings

ICICI Lombard General Insurance Company Limited ("We/ Us"), having received a Proposal and the premium from the Policy Holder named in Part I of the Policy (hereinafter referred to as the "Policy Schedule") and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by Us and the Policy Holder as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Policy Schedule, and further, subject to the terms and conditions contained in this Policy that on proof to Our satisfaction of the compensation having become payable as set out in the Policy Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Annual Sum Insured/ appropriate benefit amount will be paid by Us.

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meanings set forth wherever appearing/ specified in this Policy or related Extensions/ Endorsements:

Where the context so requires, references to the singular shall also include references to the plural and references to any gender shall include references to all genders. Further any references to statutory enactment include subsequent changes to the same.

Accident means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

Admission means Your admission in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.

Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.

Annual Sum Insured means and denotes the maximum amount of cover available to You during each Policy Year of the Policy Period, as stated in the Policy Schedule or any revisions thereof based on Claim settled under the Policy.

Any one Illness means continuous Period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Homewhere treatment may have been taken.

Break in Policy 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.

Contribution is essentially the right of an insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.

Congenital Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

i. Internal Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

ii. External Congenital Anomaly - Congenital anomaly which is in the visible and accessible parts of the body

Condition Precedent shall mean a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.

Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent preauthorization approved.

Claim means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.

Day Care Treatment refers to medical treatment, and/or Surgical Procedure which is:

i. Undertaken under General or Local Anesthesia in a Hospital! Day care centre in less than 24 hrs because of technological advancement, and

ii. Which would have otherwise required a hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

Day care centre means any institution established for day care treatment of Illness and/or injuries or a medical set-up within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under: has qualified nursing staff under its employment; has qualified medical practitioner(s) in charge; has a fully equipped operation theatre of its own where surgical procedures are carried out maintains daily records of patients and will make these accessible to the Insurance company’s authorized personnel.

Deductible is a cost sharing requirement under a health insurance policy that provides that We will not be liable for specified rupee amount in case of indemnity policies and for a specified number of days/ hours in case of hospital cash policy, which will apply before any benefits are payable by Us. This is to clarify that a deductible does not reduce the sum insured.

Domiciliary Hospitalisation means medical treatment for an Illness/ disease/ injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances:

i. The condition of the patient is such that he/ she is not in a condition to be removed to a hospital, or

ii. The patient takes treatment at home on account of non availability of room in a hospital.

Emergency care is management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and require immediate care by a medical practitioner to prevent death or serious long term impairment of insured’s personal health.

Grace Period means the specified period of time immediately following the premium 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 and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

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 the Clinical
Establishments (Registration and Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR comply with all minimum criteria as under:

- Has at least 10 inpatient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
- Has qualified nursing staff under its employment round the clock;
- Has qualified medical practitioner(s) in charge round the clock;
- As a fully equipped operation theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

Hospitalisation means admission in a Hospital for a minimum period of 24 hours.

Inpatient care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Illness means a sickness or disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.

- 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.
- Chronic condition - A chronic condition is defined as a disease, illness, or injury that has not one or more of the following characteristics:
  - it needs ongoing 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 your rehabilitation or for you to be specially trained to cope with it-it continues indefinitely-it comes back over or is likely to come back.

Insurance means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

Insured/Insured Person(s) means the individual(s) whose name/s is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred to as “You”/“Your”/“Yours”/“Yourself”.

Maternity Expenses shall include:
- Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- Expenses towards lawful medical termination of pregnancy during the policy period.

Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.

Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

Medically necessary is defined as any treatment, tests, medication or stay in hospital or part of a stay in hospital which

- is required for the medical management of the illness or Injury suffered by the insured
- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity
- Must have been prescribed by a Medical Practitioner
- Must conform to the professional standard widely accepted in international medical practice or by the medical community in India.

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. The term Medical Practitioner would include physician, specialist, anaesthetist and surgeon but would exclude You and Your Immediate Family. “Immediate Family would comprise of Your spouse, dependent children, brother(s), sister(s) and dependent parent(s).

Network Provider means hospitals or health care provider enlisted by an insurer or by a TPA and insurer together to provide medical services to insured persons by cashless facility.

Non-Network means any Hospital, day care centre or other provider that is not part of the Network.

Notification/Intimation of Claim is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/telephone number to which it should be notified.

OPD treatment is one in which the insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on advice of a Medical Practitioner. The Insured is not admitted to a day care or in-patient.

Period of Insurance means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by You from Us and then, running concurrent to Your current Policy subject to the Your continuous renewal of such Policy with Us.

Policy means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to You, what is excluded from the cover and the terms & conditions on which the Policy is issued to You.

Policy Holder means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).

Policy Period means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.

Policy Year means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve month period. For the purpose of subsequent years, “Policy Year” shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.
Portability means transfer by an individual health insurance policyholder (including Family cover) of the credit gained for preexisting conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.

Pre-existing Disease means any condition, ailment or injury or related condition(s) for which You had signs or symptoms, and/or were diagnosed, and/or received medical advice/treatment, within 48 months prior to the first policy issued by the insurer.

Post Hospitalisation Medical Expenses means medical expenses incurred immediately after the Insured Person is discharged from the hospital, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Pre Hospitalisation means medical expenses incurred immediately before the Insured Person is Hospitalised, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.

Qualiﬁed Nurse is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

Renewal deﬁnes 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 all waiting periods.

Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the speciﬁc provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of illness/injury involved.

Room Rent means the amount charged by hospital for the occupancy of a bed on per day (24 hours) basis and shall include associated medical expenses.

Senior Citizen means any person who has completed sixty or more years of age on the date of commencement or renewal of a health insurance policy.

Subrogation shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that maybe recovered from any other source.

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 of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner.

Unproven/Experimental treatment means any treatment including drug experimental therapy which is not based on established medical practice in India.

You/ Your/ Yours/ Yourself means the person(s) that We insure and is/are speciﬁcally named as Insured/Insured Person(s) in the Policy Schedule.

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

2. WHAT WE WILL PAY (SCOPE OF COVER)

A) In-patient Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy year, You require Hospitalisation for any illness or injury on the written advice of a Medical Practitioner, then We will indemnify the Medical Expenses so incurred by You. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

B) Day Care Procedures/Treatment

We hereby agree subject to terms, conditions and exclusions herein contained or otherwise expressed hereon that, if during the Policy year, You require Hospitalisation as an inpatient for less than 24 hours in a Hospital (but not in the outpatient department of a Hospital) on the written advice of a Medical Practitioner, then We will pay You for the Medical Expenses incurred for undergoing such Day Care Procedure/Treatment or surgery, (as is mentioned in the list of Day Care Procedures/Treatments annexed to this Policy and also available on our website www.iciclombard.com).

However, Our total liability under this cover for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

C) Pre-Hospitalization and Post-Hospitalization Expenses

We hereby agree subject to the terms, conditions and exclusions herein contained or otherwise expressed hereon that, We will compensate You for the relevant Medical Expenses incurred by You in relation to:

i. Pre-hospitalisation Medical Expenses incurred by You for a 30-day period immediately prior to Your Hospitalization; and

ii. Post-hospitalisation Medical Expenses incurred by You for a 60-day period immediately post Hospitalization, provided that Your Hospitalization falls within the Policy year and We have accepted Your Claim under “In-patient Treatment” or “Day Care Procedures” section of the Policy. However, Our total liability under this Policy for payment of any and all Claims in aggregate during each Policy Year of the Policy Period shall not exceed the Maximum Limit of Indemnity as stated in the Policy Schedule.

D) Road Ambulance Services - In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Annual Sum Insured for this Extension, We will reimburse You up to a maximum of `1500/- per Hospitalization, for the reasonable expenses incurred by You on availing ambulance services offered by a Hospital or by an ambulance service provider for Your necessary transportation to the nearest Hospital in case of a life threatening emergency condition, provided however that, a Claim under this extension shall be payable by Us only when:

i. Such life threatening emergency condition is certified by the Medical Practitioner, and

ii. We have accepted Your Claim under “In-patient Treatment” or “Day Care Procedures” section of the Policy.

Subject otherwise to the terms, conditions and exclusions of the Policy.
ICICI Lombard House, 414 Veer Savarkar Marg, Alternate No.: +919223622666
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai - 400 025.
Email: customersupport@icicilombard.com
Website: www.icicilombard.com

401 & 402, 4th Floor, Interface 11, New Linking Road, Malad (West), Mumbai - 400064.
E)  Air ambulance service - In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy and subject always to the Sum Insured limit within India and Sum Insured limit outside India as stated against this cover in the Policy Schedule respectively, We will reimburse you for the reasonable expenses incurred by You on availing air ambulance services offered by a Healthcare or an Air Ambulance Service Provider used to transfer the Insured Person to the nearest Hospital with adequate emergency facilities for the provision of health services following an Emergency, provided that:

i. Our maximum liability will be restricted to Sum Insured as stated in the policy schedule against this extension

ii. It is for life threatening emergency health condition/s of the insured person which requires immediate and rapid ambulance transportation to the hospital/ provided ground transportation cannot be provided subject to advice by a Medical practitioner

iii. Such an Air ambulance should be duly licensed to operate as such by Competent Authorities of the Governments

iv. This cover is limited to transportation from the area of emergency to the nearest hospital only.

We will not cover:

i. Any transportation from one hospital to another;

ii. Return transportation of the Insured Person from Hospital to the Insured Person’s residence after he/she has been discharged from the hospital

iii. If necessary medical treatment can be provided at the Hospital where the Insured Person is situated at the time of Emergency

iv. Any attempt of suicide or involvement of a person with psychiatric or nervous disorders will not be covered

F) Domiciliary Hospitalisation - We will reimburse Medical Expenses of an Insured Person for the Domiciliary Hospitalisation during the Policy Period following an Illness or Injury that occurs during the Policy Period and the treating Medical Practitioner confirms in writing that Domiciliary Hospitalisation was medically necessary.

Conditions

i. The Domiciliary Hospitalisation continues for at least 3 consecutive days and is necessarily being administered by or under the supervision of a medical practitioner in which case We will make payment under this Benefit in respect of Medical Expenses incurred from the first day of Domiciliary Hospitalisation;

ii. The Insured Person’s condition was such that

iii. the Insured Person could not be transferred to a Hospital OR

iv. the Insured Person satisfies Us that a Hospital bed was unavailable

We shall not be liable to pay for any claim in connection with:

i. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;

ii. Arthritis, gout and rheumatism;

iii. Chronic nephritis and nephritic syndrome;

iv. Any liver disease

v. Diarrhea and all type of dysenteries, including gastroenteritis;

vi. Diabetes mellitus and impedium;

vii. Epilepsy;

viii. Hypertension;

ix. Psychi atric or psychosomatic disorders of all kinds;

x. Pyrexia of any origin.

G) Donor Expenses - We will cover the in-patient Medical Expenses incurred for an organ donor’s hospitalisation for the harvesting of the organ donated to the insured up to the Annual sum insured, as mentioned against this extension in the Policy Schedule for Domestic and Worldwide Cover respectively, provided that:

i. The donation conforms to The Transplantation of Human Organs Act 1994 and the organ is for the use of the Insured Person;

ii. We have paid for the insured person’s hospitalisation claim under the policy.

We will not cover:

i. Pre-hospitalisation Medical Expenses or Post-hospitalisation Medical Expenses of the organ donor.

ii. Screening expenses of the organ donor.

iii. Any other Medical Expenses as a result of the harvesting from the organ donor.

iv. Costs directly or indirectly associated with the acquisition of the donor’s organ.

v. Transplant of any organ/tissue where the transplant is experimental or investigational.

vi. Expenses related to organ transportation or preservation.

vii. Any other medical treatment or complication in respect of the donor, consequent to harvesting.

H) Cover for alternative methods of treatment - We will reimburse expenses for Alternate treatment only when the treatment hase been taken under In-patient and has been undergone in a Government Hospital or in any Institute recognised by the Government and/or accredited by Quality Council of India/National Accreditation Board on Health.

We will not cover expenses for hospitalization done for evaluation or investigation only. Treatment taken at a healthcare facility which is not a Hospital is also excluded.

3. WHAT WE WILL NOT PAY (EXCLUSIONS UNDER THE POLICY)

We will not be liable for any Deductible amount, if applicable and as specifically defined in the policy schedule under the Policy.

We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with or in respect of:

3.1 Any Pre-Existing condition(s) for the first 24 months of Your continuous coverage has elapsed, since Period of Insurance Start Date

3.2 Any illness contracted within 30 days of Period of Insurance Start Date, except those incurred as a result of injury.

3.3 Any Medical Expenses incurred by You on treatment of following illnesses within the first two (2) consecutive years of Period of Insurance Start Date:

i. Cataract

ii. Benign Prostatic Hypertrophy

iii. Myomectomy, Hysterectomy unless because of malignancy

iv. All types of Hernia, Hydrocele

v. Fissures &/or Fistula in anus, hemorrhoids/piles

vi. Arthritis, gout, rheumatism and spinal disorders

vii. Joint replacements unless due to accident
viii. Sinusitis and related disorders
 ix. Stones in the urinary and biliary systems
 x. Dilatation and curettage, Endometriosis
 xi. All types of Skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant
 xii. Dialysis required for chronic renal failure
 xiii. Surgeryontonsils, adenoids and sinuses
 xiv. Gastric and Duodenal erosions & ulcers
 xv. Deviated Nasal Septum
 xvi. Varicose Veins/ Varicose Ulcers
 xvii. All types of internal congenital anomalies/illness/defects

*After two years from the Period of Insurance Start Date, Our maximum liability arising out of any Claim for a cataract treatment shall not exceed Rs. 35,000 per eye, during each Policy Year of the Policy Period.

3.4 Permanent Exclusions

Unless covered by way of an appropriate Extension/Endorsement, We shall not be liable to make any payment under this Policy in connection with or in respect of any expenses whatsoever incurred by You in connection with any of the following:

i. Any physical, medical or mental condition or treatment or service that is specifically excluded in the Policy Schedule under Special Conditions

ii. Cost of spectacles, laser surgery for correction of refractory errors, contact lenses or hearing aids, dentures and artificial teeth

iii. Any expenses incurred on prosthetics, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intraoperatively.

iv. Expenses incurred on all dental treatment unless necessitated due to an Accident

v. Personal comfort, cosmetics, convenience and hygiene related items and services

vi. Naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies

vii. Circumcision unless necessary for treatment of an illness or necessitated due to an Accident

viii. Vaccination or inoculation of any kind, unless it is post animal bite

ix. Sterility, venereal disease or any sexually transmitted disease

x. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due toouse, misuse or abuse of intoxicating drugs or alcohol

xi. Any expense incurred on treatment of mental illness, stress, psychiatric or psychological disorders

xii. Aesthetic treatment, cosmetic surgery and plastic surgery including any complications arising out of or attributable to these, unless necessitated due to Accident or as a part of any illness

xiii. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ Illness arising as a consequence thereof

xiv. Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage, abortion or complications of any of these, including caesarean section) and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner.

xv. Treatment relating to birth defects and external congenital Illnesses or defects or anomalies

xvi. All expenses arising out of any condition directly or indirectly caused to or associated with Acquired Immuno Deficiency Syndrome (AIDS) whether or not arising out of HIV, Human TCell Lymphotrophic Virus Type III (HTLV-III or IITLB-III) or Lymphadinopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind

xvii. Charges incurred at Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalisation

xviii. Expenses on supplements, vitamins and tonics unless forming part of treatment for Injury or Illness as certified by the attending Medical Practitioner

xix. Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity (including morbid obesity), any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition and rest cure

xx. Cost incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose

xxi. Experimental, unproven or non-standard treatment which is not consistent with or incidental to the usual diagnosis and treatment of any Illness or Injury

xxii. Any case directly or indirectly related to criminal acts

xxiii. Treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council

xxiv. Any Illness or Injury resulting or arising from or occurring during the commission of continuing perpetration of a violation of law by You with criminal intent

xxv. Any consequential or indirect loss or expenses arising out of or related to Hospitalisation

xxvi. Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalization or requisition or damage by or under the order of any governmental or public local authority
4. CLAIM ADMINISTRATION

The fulfillment of the terms and conditions of this Policy (including payment of premium by the due dates mentioned in the Policy Schedule) insofar as they relate to anything to be done or complied with by each of You shall be conditions precedent to admission of Our liability.

Further, upon the discovery or happening of any Illness or Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admission of Our Liability, You shall undertake the following:

4.1 CLAIMS PROCEDURE

A) For Cashless Settlement

Cashless treatment is only available at a Network Provider (List of Network Providers is available at our website). In order to avail of cashless treatment, the following procedure must be followed by You:

Pre-authorization

Prior to taking treatment and/or incurring Medical Expenses at a Network Provider, You must contact Us or Our in house claim processing team accompanied with all particulars namely, Policy Number, Your name, Your relationship with Policy Holder, nature of Illness or Injury, name and address of the Medical Practitioner/Hospital and any other information that may be relevant to the Illness/Injury/Hospitalisation. You must request preauthorization at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization. To avail of Cashless Hospitalization facility, you are required to produce the health card, as provided to You with this Policy, subject to the terms and conditions for the usage of the said health card Or You can seek pre authorization by providing Your Policy number and ID proof to the hospital who can co-ordinate with Our claim team to provide cashless facility. We will consider Your request after having obtained accurate and complete information for the Illness or Injury for which cashless Hospitalization facility is sought by You and We will confirm Your request in writing.

B) For Reimbursement Settlement

You shall give notice to Us or Our in house claim processing team by calling the toll free number 1800 2666 as specified in the Policy provided to You and also in writing at Our address with particulars as below:

Policy number;

Your Name;

Your relationship with the Policyholder;

Nature of Illness or Injury;

Name and address of the attending Medical Practitioner and the Hospital;

Any other information that may be relevant to the Illness/Injury/Hospitalisation

The above information needs to be provided to Us or Our in house claim processing team immediately and in any event within 10 days of Hospitalization, failing which We will have the right to treat the Claim as inadmissible, as We may deem fit at Our sole discretion.

ii. You must immediately consult a Medical Practitioner and follow the advice and treatment that he recommends.

iii. Your someone claiming on Your behalf must promptly and in any event within 30 days of Your discharge from a Hospital (for post-hospitalization expenses, within 30 days of the completion of post-hospitalization period) deliver to Us the documentation (written details of the quantum of any Claim along with all original supporting documentation) as more particularly listed in Claim documents section however, in both the above cases e.4.1 (A) & (B), You must take reasonable steps or measure to minimise the quantum of any Claim that may be covered under the Policy if so requested by Us or Our in house claim processing team. You will have to undergo a medical examination from Our nominated Medical Practitioner, as and when We or Our in house claim processing team considers reasonable and necessary. The cost of such examination will be borne by Us.

Settlement/Rejection of Claim - The settlement of claims would be done by Us within 30 days, after the receipt of last necessary document, any rejections if done, would be provided with proper reasons by Us. Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

Claim falling in two Policy periods

If the claim event falls within two Policy periods, the claims shall be paid taking into consideration the available Sum Insured in the two Policy periods, including the Deductions for each Policy Period. Such eligible claim amount to be payable to the Insured shall be reduced to the extent of premium to be received for the Renewal/due date of premium of health insurance Policy, if not received earlier.

4.2 CLAIM DOCUMENTS

You shall be required to furnish the following documents for or in support of a Claim:

i. Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from our website www.icicilombard.com

ii. Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner

iii. Original bills from chemists supported by proper prescription.

iv. Original investigation test reports and payment receipts.

v. Indoor case papers

vi. Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.

vii. Any other document as required by Us or Our TPA to investigate the Claim. Our obligation to make payment forthwith.

5. SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

i. Any notice or declaration for Your attention shall be deemed served if sent by Us to the Policy Holder at his/her latest known address

ii. Any payment due to You under this Policy shall be paid to the Policy Holder by Us. We shall not be responsible for any liability arising out of the Policy Holder's default in making payment to You. However, We also reserve Our right to pay the Claim directly to You or to the Hospital or to someone on Your behalf. The receipt by the Policy Holder / Your Hospital or someone claiming on Your
be held shall be considered as a complete discharge of
Our liability against any Claim under the Policy.
iii. We shall have no liability under this Policy, once the
Maximum Limit of Indemnity, as stated in the Policy
Schedule, is exhausted by You.
iv. For any payment to be made by Us under any Claim arising
under this Policy, We shall make the payment in India and in
Indian rupees only.

Terms of Renewal
i. The Policy can be renewed as a separate contract under the then
prevailing ICICI Lombard Group Health Insurance product or its
nearest substitute (in case the product ICICI Lombard Group
Health Insurance is withdrawn by the Company) approved by
IRDA.
ii. The policy shall ordinarily be renewable except on grounds of
fraud, moral hazard or misrepresentation or non-cooperation
by the insured.
iii. The policy could be subject to certain changes in terms and
conditions including change in premium rate.
iv. The Company shall ordinarily renew the policy except on
grounds of moral hazard, misrepresentation or fraud or non-
cooperation by the Insured. The Company shall not be bound
to give notice that the renewal premium is due. Every renewal
premium (which shall be paid and accepted in respect of this
Policy) shall be so paid and accepted upon the distinct
understanding that no alteration has taken place in the facts
contained in the proposal or declaration hereinbefore
mentioned and that nothing is known to Insured that may result
to enhance Company’s risk under the guarantee hereby given.
Any change in the risk will be intimated by Insured to the
Company. Nothing herein or otherwise shall affect the
Companies right to impose any additional terms and conditions
on renewal or restrict any renewal terms as to premium or
otherwise.
v. The policy may be renewed by mutual consent and in such
event the renewal premium shall be paid to the Company on or
before the date of expiry of the previous year policy and in no
case later than grace Period of 30 days from the expiry of the
Policy. However, risk coverage shall not be available for such a
period

Portability benefits:
In accordance with the Portability guidelines issued by IRDAI,
Insured Members covered under this Policy shall have the right
to migrate from this Policy to our Retail Health Insurance Policy

The Insured desiring of porting his/her policy shall apply
to the entire policy along with all the members of the
family, if any, at least 45 days before, but not earlier than
60 days from the premium renewal date of his/her
existing policy.
a) Portability benefit is available up to the existing SI
under the current group policy
b) Individual members shall be given waiting period
credit based on the number of years of continuous
insurance cover availed by them in accordance with the
guidelines of IRDAI.
c) Portability benefit is available subject to fulfilment of the
pre-policy medical examination requirements and subsequent
acceptance of the risk by the Company

PART III OF THE POLICY General 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
proposa 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 You or any one acting on your behalf to obtain any benefit under
this Policy.

2. Reasonable Care
You shall take all reasonable steps to safeguard Your interests
against any injury or illness that may give rise to the Claim.

3. Observance of terms and conditions
The due observance and fulfillment of the terms, conditions
and endorsement of this Policy must be carried out by You
and We shall be bound to pay the premium as and when due
and We may adjust the scope of cover and / or premium, if necessary,
accordingly.

4. Material change
You shall notify Us in writing of any material change in the risk
in relation to the declarations made in the proposal form or medical examination
report at each renewal
and We may, adjust the scope of cover and / or premium, if necessary,
accordingly.

5. Records to be maintained
You shall keep an accurate record containing all relevant medical
records and shall allow Us to inspect such records. You shall
exercise all necessary cooperation in obtaining the medical records
from the Hospital, and furnish them, as We may require in relation to
the Claim within reasonable time limit and within the time limit
specified in the Policy.

6. No constructive Notice
Any knowledge or information of any circumstances or condition in
Your connection in possession of any of Our officials shall not be the
notice to or be held to bind or prejudicially affect Us
notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.
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 You or Your legal representative of any
compensation or benefit under the Policy shall in all cases be an effectual
discharge to Us.

8. Overriding effect of Part II of the Policy
The terms and conditions contained herein and in Part II of the Policy 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 I of the Policy, then the term(s) and condition(s) contained herein shall be read mutatis mutandis with the scope of cover terms and conditions contained in Part I of the Policy and shall be deemed to be modified accordingly or superseded in case of inconsistency being irreconcilable.

9. Your duties on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy
You shall:

i. Forthwith file/submit a Claim Form in accordance with ‘Claim Procedure’ Clause as provided in Part II of the Policy.

ii. Assist and not hinder or prevent Us or any of Our representative from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If You do not comply with the provisions of this Clause or other obligations cast upon You under this Policy, in terms of the other clauses referred to herein or in terms of the other clauses in any of the Policy documents, all benefits under the Policy shall be forfeited, at Our option.

10. Subrogation

You and any claimant under this Policy shall at no cost or expense to Us do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any Claim or loss under this Policy whether such acts and things shall be or become necessary or required by Us or otherwise before or after Your indemnification by Us. However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

11. Contribution

Contribution is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any benefit offered on fixed benefit basis.

12. 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 You or anyone acting on Your 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 or Arbitrators have made their award, all benefits under this Policy shall be forfeited.

13. Cancellation/termination

(a) Disclosure to information norm

The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

(b) You may cancel the Policy during free look period (15 days from the date you receive the Policy) in which case we will refund the premium paid subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges.

(c) You may cancel this Policy by giving Us 15 days written notice for the cancellation of the Policy by registered post, and then We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below, provided no claim has been payable on Your behalf under the Policy:

<table>
<thead>
<tr>
<th>Cancellation Period</th>
<th>Refund % for 1 year Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 2 months</td>
<td>100%</td>
</tr>
<tr>
<td>3rd month</td>
<td>75%</td>
</tr>
<tr>
<td>4th Month</td>
<td>67%</td>
</tr>
<tr>
<td>5th Month</td>
<td>59%</td>
</tr>
<tr>
<td>6th Month</td>
<td>51%</td>
</tr>
<tr>
<td>7th Month</td>
<td>42%</td>
</tr>
<tr>
<td>8th Month</td>
<td>34%</td>
</tr>
<tr>
<td>9th Month</td>
<td>26%</td>
</tr>
<tr>
<td>10th Month</td>
<td>18%</td>
</tr>
<tr>
<td>11th Month</td>
<td>10%</td>
</tr>
<tr>
<td>12th Month</td>
<td>0%</td>
</tr>
</tbody>
</table>

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Policy/ Certificate of insurance where any claim has been admitted by Us or has been lodged with Us or any benefit has been availed by You under the Policy. We may cancel the policy on grounds of misrepresentation, fraud, non-disclosure or non-cooperation of the insured, by giving You 15 days notice for the cancellation. There would be no refund of premium on cancellation by Us on grounds of misrepresentation fraud or non-disclosure. In case of non-cooperation of insured, policy will be cancelled with premium refund on prorata basis.

14. Cause of Action/ Currency for payments

No Claims shall be payable under this Policy unless the cause of action arises in India, unless otherwise specifically provided in Policy Schedule. The cause of action can arise anywhere in the world in case of Personal Accident Cover (Extension HC 11), if available under the Policy. All Claims shall be payable in India and shall be in Indian Rupees only.

15. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/ or exclusions contained herein is understood and agreed by both You and Us to be adjudicated or interpreted in accordance with the Laws of India and only competent Courts of India shall have the exclusive jurisdiction to try all or any matters arising hereunder. The matter shall be determined or adjudicated in accordance with the law and practice of such Court.

16. 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 herein before provided, if the Company has disputed or not accepted liability under or in respect of this Policy.

17. Free Look Period
You would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection:

If the insured has not made any claim during free look period, insured will be entitled to:
- A refund of premium paid less any expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges, or;
- Where the risk has already commenced and the option of return of policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
- Where only a part of risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

In case the request for cancellation comes 15 days after the receipt of Policy by You, we would refund of premium would be paid to You on short term basis.

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

In Your case, at Your last known address.

In Our case:
ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

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

19. Customer Service
If at any time You require any clarification or assistance, You may contact Our offices at the address specified, during normal business hours.

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

1. For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call us at toll-free number 1800 2666 or email us at customersupport@icicilombard.com or write to us at
ICICI Lombard General Insurance Company Limited,
ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025.

Near Siddhi Vinayak Temple, Prabhadevi, Mumbai- 400025

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

iii. In case Your complaint is not fully addressed by the insurer, You may use the Integrated Grievance Management System (IGMS) for escalating the complaint to IRDA. Through IGMS You can register your complaint online and track its status. For registration please visit IRDA website www.irda.gov.in. If the issue still remains unresolved, You may, subject to vested jurisdiction, approach Insurance Ombudsman for the redressal of the grievance.
### Details of Insurance Ombudsman

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Ombudsman office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</td>
<td>Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02 05/06</td>
</tr>
<tr>
<td>Karnataka</td>
<td>Bengaluru: 19/9 Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, 1st Phase, Bengaluru - 560078 Tel. No. 080-26652049/26652048 Email: <a href="mailto:bimalokpal.bengaluru@gbic.co.in">bimalokpal.bengaluru@gbic.co.in</a></td>
</tr>
<tr>
<td>Madhya Pradesh, Chattisgarh</td>
<td>Bhopal: Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel, Near New Market, Bhopal - 462 003. Tel No: 0755-2769201/02 Fax No. 0755-2769203, E mail: <a href="mailto:bimalokpal.bhopal@gbic.co.in">bimalokpal.bhopal@gbic.co.in</a></td>
</tr>
<tr>
<td>Orissa</td>
<td>Bhubaneshwar: 62, Forestpark, Bhubneshwar-751009. Tel - 0674 - 2596461 /2596455 Fax No. - 0674-2596429 E mail: <a href="mailto:bimalokpal.bhubaneshwar@gbic.co.in">bimalokpal.bhubaneshwar@gbic.co.in</a></td>
</tr>
<tr>
<td>Punjab, Haryana, Himachal Pradesh, Jammu &amp; Kashmir, Chandigarh</td>
<td>Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 - D, Chandigarh - 160 017. Tel.: 0172-2706468 /2706196 Fax : 0172-2708274 Email: <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></td>
</tr>
<tr>
<td>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)</td>
<td>Chennai: Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600018. Tel.: 044-24333668 /24335284 Fax: 044-24333664 Email: <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></td>
</tr>
<tr>
<td>Delhi</td>
<td>Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110002. Tel.: - 011 - 23323481 /23213504 Fax: 011 - 23230858 Email: <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></td>
</tr>
<tr>
<td>Kerala, Lakshadweep, Mah-a part of Pondicherry</td>
<td>Kochi: 2nd Floor, CC-27, 2603, Pulinat Bldg., M. G. Road, Ernakulam, Kochi - 682015. Tel : 0484-2359338 Fax : 0484-2359336 Email: <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a></td>
</tr>
<tr>
<td>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura</td>
<td>Guwahati: Jeevan Nivesh, 5th Floor, Nr. Panbazar overbridge, S.S. Road, Guwahati - 781001. Tel.: 0361-2132204/5 Fax : 0361-2732937 Email: <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></td>
</tr>
<tr>
<td>Andhra Pradesh, Telangana, Union territory of Yanam which is a part of Union Territory of Pondicherry</td>
<td>Hyderabad: 6-2-46, 1st floor, &quot;Moin Court&quot;, Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel: 040-65504123/23312122 Fax: 040-23376599 Email: <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></td>
</tr>
<tr>
<td>Rajasthan</td>
<td>Jaipur: Gr. Floor, Jeevan Nidhi - II Bldg., Bhawani Singh Road, Jaipur 302005. Tel: 0141-2740363 Email: <a href="mailto:bimalokpal.jaipur@gbic.co.in">bimalokpal.jaipur@gbic.co.in</a></td>
</tr>
<tr>
<td>West Bengal, Sikkim, Andaman &amp; Nicobar Islands</td>
<td>Kolkata: Hindustan Building, Annex, 4th Floor, C. R. Avenue, Kolkata - 700072 Tel: 033-22124393/22124340 Fax: 22124341 Email: <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a></td>
</tr>
<tr>
<td>Districts of Uttar Pradesh</td>
<td>Lucknow: Jeevan Bhashan, Phase-2, 6th Floor, Nawal Kishore Road, Hazaratganj, Lucknow - 226 001. Tel: 0522-2231331/2231330 Fax: 0522-2231310 Email: <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a></td>
</tr>
<tr>
<td>Goa, Mumbai Metropolitan Region excluding Navi Mumbai &amp; Thane</td>
<td>Mumbai: 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai-400054. Tel. : 022-26106960/26106552 Fax : 022-26106052 Email: <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a></td>
</tr>
<tr>
<td>State of Utteranchal &amp; districts of Uttar Pradesh</td>
<td>Noida: 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector -15., Noida - 201301 Tel: 0120-2514250/52 Fax: 0120-2231310 Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a></td>
</tr>
<tr>
<td>Bihar, Jharkhand</td>
<td>Patna: 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800006. Tel No: 0612-2680952 Email Id : <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a></td>
</tr>
</tbody>
</table>

### Contact Information

**ICICI Lombard General Insurance Company Limited**

IRDAReg. No. 115  
CIN: L67200MH2000PLC129408  

**ICICI Lombard Group Health Insurance**  
Toll free no.: 1800 2666  
Email: customersupport@iciciprime.com  
Website: www.icicilombard.com  
UN: ICILGLP0201010102