

Group Personal Accident, ICICI Lombard

Customer Information Sheet / Know Your Policy (Description is illustrative and not exhaustive)

This document provides key information about your policy. You are also advised to go through your policy document.

UIN - ICIPAGP22077V062122

CIN - L67200MH2000PLC129408

Sr.No.	Title	Description	Policy Clause Number		
1	Name of Insurance Product/Policy	Group Personal Accident			
2	Policy Number	4005/355670869/00/000			
3	Type of Insurance Product/Policy	Benefit- Benefit (Where an Insurance Policy pays a fixed amount under the policy on the occurrence of a covered event)			
4	Sum insured (Basis) (Along with the Amount)	INR 41,000,000.00 Individual SI (as per enrolment annexure Individual SI (Where each member has a separate Sum insured under the policy))			
5	Policy Coverage (what the policy Covers?) (Policy Clause Number/s)	Cover Name	Cover definition	Payout	Policy Clause No
		Conditions/Endorsements			As per the policy coverage description below.
1.	A-Death				
2.	B-Death +PTD				
3.	C-Death +PTD +PPD				
4.	D1-(A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual weekly salary which ever is less				
5.	Medical Expenses 40% of death/disability claim amount or 10% of S.I or actual which ever is less triggered only when claim is admissible under benefit table A,B,C or D1				
6.	Ambulance charges payable upto RS 2K or actual whichever is less				
7.	Repatriation of mortal remains expenses payable upto Rs 5K or actual whichever is less				
8.	Carriage of Dead Body 2% of SI subject to max to Rs 2,500/- or actual whichever is less				
9.	Children Education fund for dependent children in case of Death or Permanent total disability of Employee will be covered upto 10, 000 / -per child(Restricted to 2 children max 25 Years of age)				
10.	Terrorism is covered in the policy except for that arising out of Nuclear, Biological and/or Chemical means which is out side the scope of the policy.				
11.	Premium for Addition & deletion to be charged on pro - rata				
12.	Premium shall not be refunded for deletion if any claim is paid during the policy.				
13.	Any endorsements will be from the date of addition and not from the inception of the policy.				
14.	Exclusion: Animal bite/Snake Bite/Insect bite is not covered.(*This will be a part of exclusion list on pdf only when it is not covered*)				
15.	Exclusion: Persons working in mines, explosives, Electrical installations on high tension lines, Racing, Circus People, skiing, mountaineering, big game hunting, ballooning, hang gliding, river rafting, winter				

As per the policy coverage description below.

	sports, skiing, ice hockey ,polo & such other persons engaged in occupation of similar hazard. 16. Exclusion: Committing any breach of law of land with criminal intent. 17. Exclusion: Death or disablement resulting from Pregnancy or childbirth 18. Exclusion: Naval, military or air force personnel 19. Exclusion: Radioactivity, Nuclear risks, ionizing radiation 20. Exclusion: Being under influence of drugs, alcohol, or other intoxication or hallucinogens 21. Exclusion: Drivers are excluded from the policy 22. Exclusion: Professional sports team in respect of specific benefit for inability to perform 23. Exclusion: Participation in any kind of motor speed contest. 24. Exclusion: Underground mining & contractor specializing in tunneling 25. Exclusion: Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression. 26. Exclusion: Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor 27. Exclusion: Perils of the sea are excluded from the scope of the policy While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers) 28. Exclusion: While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers) 29. Exclusion: Risk Category III people are out of the scope of the policy Special Conditions:	
		2.1
	Benefit: Insured Event - Death resulting from Accident	
	Benefit: Insured Event - Permanent Total Disablement (PTD) resulting from Accident	2.2
	Benefit: Insured Event - Permanent Partial Disablement (PPD) resulting from Accident	2.3
	Benefit: Insured Event - Temporary Total Disablement (TTD) resulting from Accident	2.4
	Maximum Liability of the Company for Benefits	2.5
	Mentioned from Section 2.1 to 2.4	
	Extension Covers	3
	Cover for Expenses related to Burns	3.1
	Modification of residential accommodation & vehicle	3.2
	Repatriation of Mortal Remains	3.3
	Ambulance Charges	3.4
	Transportation Allowance (Compassionate visit	3.5
	Travel expenses for medical treatment	3.6
	Catastrophe Evacuation:	3.7
	Cost of clothing damage	3.8
	Loss of Job cover	3.9
	Improved Disability Benefit/ Dismemberment	3.10
	Daily Cash Allowance:	3.11
	Carriage of Dead Body	3.12
	On Duty Cover	3.13
	Children's Education Grant	3.14
	Accidental Hospitalization Expenses	3.15
	Mysterious Disappearance	3.16

		Treatment outside India (along with travelling cost & boarding & lodging of the attendant)	3.17
		Medical Expenses	3.18
		Out Patient Department (OPD) expenses:	3.19
		Loss/damage to School Bag/Books	3.20
		Widowhood cover	3.21
		Purchase of blood	3.22
		Prosthesis & Artificial Limbs	3.23
		Broken Bones	3.24
		Legal Expenses	3.25
6	Exclusions (What does the policy not cover)	<p>The Company shall not be liable under this policy for:</p> <p>(i) Compensation in more than one base benefit other than extensions if opted</p> <p>(ii) Benefit over and above base covers unless opted separately</p> <p>(iii) Payment in multiple claims for same event unless opted separately</p> <p>(iv) Payment of compensation relating to medical expenses until an additional premium is paid for the same as mentioned in Part I Schedule to this policy.</p> <p>(v) Payment of compensation in respect of death, injury or disablement of Insured Person (a) from intentional self-injury, suicide or attempted suicide; (b) whilst under the influence of intoxicating liquor or drugs; (c) whilst engaging in air travel other than as passenger in common carrier</p> <p>(vi) Payment of compensation in respect of death, injury or disablement of Insured Person (a) adventure sports as defined in policy wordings(d) directly or indirectly caused by venereal disease; (e) arising or resulting from the Insured committing any breach of the law.</p> <p>(vii) Claims arising out of war, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and detainment of all kinds.</p> <p>(viii) Payment of compensation in respect of death of, or bodily injury or any disease or illness to the Insured Persons.</p> <p>(a) Directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel. For the purpose of this exception, combustion shall include any self-sustaining process of nuclear fission. (b) Directly or indirectly caused by or contributed to by or arising from nuclear weapon Materials.</p> <p>(ix) Claim for aggravated or prolonged by childbirth or pregnancy or in consequence thereof.</p> <p>(x) Claim for Persons while serving in any branch of the Military or Armed Forces of any country during war or warlike operations.</p> <p>Special Condition applicable to all the Exclusion: If the Company alleges that by reason of any of the above Exclusion i.e. any loss, damage, cost or expenses is not covered by this insurance, the onus of proving the contrary shall be upon the Insured.</p> <p>Note: The above is only an indicative list of policy exclusions. Please refer to the policy wordings for the full listing</p>	IV. 4.

7	<p>Waiting period</p> <p>Time period during which specified diseases/treatments are not covered It is counted from the beginning of the policy coverage.</p>	Not applicable	
8	<p>Financial limits of coverage</p> <p>Sub-limit (It is a predefined limit and the insurance company will not pay any amount in excess of this limit)</p> <p>Co-payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured).</p> <p>Deductible (It is a specified amount: up to which an insurance company will not pay any claim, and which will be deducted from total claim amount claim amount is more than the specified amount) iv. Any other limit (as applicable)</p>	Sub-limit/Co-pay/Deductible – Not applicable	
9	Claims and Claims procedure	<p>The procedure of lodging the claim shall be as under:</p> <p>Upon the happening of any event giving rise or likely to give rise to a claim under this Policy:</p> <p>(a) The Insured shall give immediate notice thereof in writing to the Company.</p> <p>(b) The Insured shall deliver to the Company, within 14 days of the date on which the event shall have come to his knowledge, a detailed statement in writing as per the claim form and any other material particular, relevant to the making of such claim.</p> <p>(c) The Insured shall tender to the Company all reasonable information, assistance and proofs in connection with any claim hereunder</p> <p>Customer to send documents to Company at :-</p> <p>ICICI Lombard General Insurance Company Limited</p> <p>1st, 4th (Half) , 5th and 6th floors, Varun Towers- II , Opp. Hyderabad Public school , Begumpet Hyderabad District Hyderabad , Pin code -500016</p> <p>Download the Claim Form here https://www.icicilombard.com/downloads</p> <p>Find our extensive list of hospitals providing services on our website https://www.icicilombard.com/health-insurance/health-claim/partner-hospital or on the IL TakeCare App.</p> <p>List of excluded providers/delisted hospitals is available on our website https://www.icicilombard.com/docs/default-source/apps/healthclaims/assets/files/delisted-hospital-list.pdf</p>	5
10	Policy Servicing	<p>You may contact us on our Toll Free no: 1800 2666, or email to customersupport@icicilombard.com or use our IL TakeCare App or send a Hi to RIA, our Responsive Intelligent Assistant on WhatsApp (7738282666) for policy services. For details of Company officials kindly visit our website https://www.icicilombard.com/customer-support.</p>	
11	Grievances/Complaints	<p>In case of any grievance the insured person may contact the company through Website: www.icicilombard.com (Customer Support section). Toll Free: 1800 2666 (Senior Citizen Included) E-mail: customersupport@icicilombard.com</p>	Part III 18

		<p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at</p> <p>Manager- Service Quality, Corporate Manager- Service Quality, National Manager- Operations & finally Director-services and Business development</p> <p>at the following address: ICICI Lombard General Insurance Company Limited, ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025</p> <p>For updated details of grievance officer, kindly refer the link https://www.icicilombard.com/grievance-redressal</p> <p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017</p> <p>The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in website of the company www.icicilombard.com or from any of the offices of the company.</p> <p>There is an interactive voice response (IVR) facility for senior citizens' grievance redressal for easy and faster resolution</p> <p>Grievance may also be lodged at IRDAI Integrated Grievance Management System - https://ligms.irda.gov.in/</p>
12	Things to remember	<p>Free Look Period: The insured shall 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, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by the Company on medical examination of the Insured Person(s) and the stamp duty charges.</p> <p>Free Look Cancellation period is 30 days in case of policy contracts with a term of 3 years or more for policies sold over distance mode.</p> <p>Cancellation: Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. Policy wordings can be referred for rates applicable.</p> <p>Renewal: The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.</p> <p>The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</p> <p>On renewal of the policy, the benefit provided under the policy and/or terms and condition of the policy including premium may be subject to change</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p>Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured</p> <p>Moratorium Period: After completion of eight continuous years under the policy no look back</p>

		<p>to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement o sums insured only on the enhanced limits.</p> <p>After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract</p>
13	Your Obligations	<p>Please disclose all material information including occupancy/Profile of the group members before buying the policy. Non-disclosure may affect the claim settlement.</p> <p>Any changes in the exposure /Sum insured/ Occupancies of the insured members during the policy tenure should be immediately notified to the insurer.</p> <p>Cooperation from the Insured/claimant is solicited in providing all or sufficient documents as per the claims procedure in support of claim.</p>

Declaration by the policy holder:

I have read the above and confirm having noted the details

Place.

Dated.

Signature.

Note- In case of any conflict, the terms and conditions of the policy documents shall prevail.

UIN - ICIPAGP22077V062122

CIN - L67200MH2000PLC129408

GROUP PERSONAL ACCIDENT

UIN- ICIPAGP22077V062122 Misc 05

Part I of Policy: Policy Schedule

Policy No 4005/355670869/00/000 (TRUE COPY)

1. Name of the Insured:

Issued at MUMBAI

STRATEGIC ALLIANCE MANAGEMENT SERVICES PVT.LTD.

2. Mailing Address of the Insured:

B 372 New Friends Colony

New Delhi

Delhi Pin- 110065

No

3. Politically Exposed Persons (PEP)/close relative of PEP

4. Intermediary Details:

Agency Code1:

DB29505

Agency Name:

PALM INSURANCE BROKERAGE PVT LTD

Agent's mobile no.:

9811989207

Agent's E-mail ID :

palm@palminsurance.in

5. Period of Insurance :

From: 02/08/2024 Time: 00:00 Hours

To Midnight of 01/08/2025

6. Total number of persons to be insured:

82

7. Total Capital Sum Insured:

41,000,000.00

8. Details of persons to be insured:

As per annexure attached

Benefit Table:

9. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	25.00
*Total Premium	(Rs.)	8,328.66

*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

1.	A-Death
2.	B-Death +PTD
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4.	D1-(A) + (B) + (C) + Temporary Total Disablement (TTD) 1% of S.I. Or Rs.5,000/=per week or actual weekly salary which ever is less
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24.	Exclusion: Underground mining & contractor specializing in tunneling
25.	Exclusion: Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
26.	Exclusion: Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
27.	Exclusion: Perils of the sea are excluded from the scope of the policyWhile engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
28.	Exclusion: While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
29.	Exclusion: Risk Category III people are out of the scope of the policy

11. Clauses:

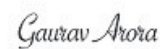
- The Cover is subject to inclusion of loss/damage/Liability due to terrorism activity

12. Warranties:

- | |
|--|
| 1. The Claim should be intimated within three months of the occurrence of the event, failing to which company shall not be liable to pay the claim |
|--|

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 12/08/2024 .



Authorized Signatory
ICICI Lombard General Insurance Company Ltd.

GSTIN Reg. No: 09AAACI7904G1ZL

IL GIC GSTIN Address : Summit Building B-503 To B- 508, Fifth Floor, Plot No Tcg 3/3, Vibhutikhand Gomti Nagar, Lucknow Uttar Pradesh-226010

HSN/SAC code : 997133 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

The stamp duty of Rs 25.0000 paid in cash or by demand draft or by payorder, vide Receipt/Challan no. CSD0220242018 dated 10/04/2024

ICICI Lombard General Insurance Company Limited

IRDA Reg. No. 115

Mailing Address:

601 & 602, 6th Floor, Interface 16,
New Linking Road, Malad (West),
Mumbai - 400 064.

CIN: L67200MH2000PLC129408

Registered Office:

ICICI Lombard House, 414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple, Prabhadevi,
Mumbai - 400 025.

Toll free No. : 1800 2666

Alternate No. : +91 8655 222 666 (chargeable)

Email : customersupport@icicilombard.com

Website : www.icicilombard.com