Annexure III

ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED.

Corporate Office: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400025

ICICI LOMBARD COMPLETE HEALTH INSURANCE

PREAMBLE

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 I OF POLICY- POLICY SCHEDULE

Policy No. Issued at Stamp Duty

1. Name of the Policy Holder:

2. Mailing address of the Policy Holder:

3. Contact No. of the Policy Holder:

4. Policy Period:
   - Start Date: Time_____ Hour_____
   - End Date: Time_____ Hour_____

5. Period of Insurance
   - Start Date
   - End Date
   - Territorial Scope:

6. Details of Previous Policy:
   - Previous Policy No.
   - Previous Policy Period
   - Claims (if any)

7. Details of the Insured Person(s) under the Policy:

Name of the Insured					
Address for correspondence					
Relationship with the Policy Holder					
Date of Birth MM/DD/YY					
Sex	□ M / □ F	□ M/□ F	□ M / □ F	□ M / □ F	□ M / □ F
Name of the Nominee					
Relation of the Nominee with the Insured					
Pre-existing Condition					
Annual Sum Insured (Rs.)					
Additional Sum Insured (Cumulative Bonus) (Rs.)*					
Voluntary Deductible (Rs.)*					
Basic Premium (Rs.)					
Extensions/optional covers**					

*wherever applicable

** details are in table provided below

8. **Extensions/Endorsements available under the Policy:**

S.No.	Extensions	Premium (□)	Annual Sum Insured (□)
(i)	Extension HC 1 - Floater Benefit		
(ii)	Extension HC 2 - Hospital Daily Cash		Max liability for this extension will be Rs _____ per day of Hospitalization

			multiplied by maximum number of days
(iii)	Extension HC 3 - Convalescence Benefit		
(iv)	Extension HC 4 – Nursing at home/ Patient Care		
(v)	Extension HC 5 – Domestic Road Emergency Ambulance Cover		
(vi)	Extension HC 6 - Transportation Cover (Medical Evacuation Cover)		
(vii)	Extension HC 7 – Donor Expenses		
(viii)	Extension HC 8 - Critical Illness Cover		
(ix)	Extension HC 9 - Personal Accident Cover		
(x)	Extension HC 10 - New Born Baby Cover		
(xi)	Extension HC 11 - Air Travel for family member (Compassionate Visit)		
(xii)	Extension HC 12 –Outpatient Treatment Cover		
(xiii)	Extension HC 13 –Wellness & Preventive Healthcare		
(xiv)	Extension HC18: Maternity Benefit		
(xv)	Extension HC 19 Wellness Program		
(xvi)	Extension HC20 Reset Benefit		

Endorsements applicable, as per the coverage -

S.No.	Endorsement
(i)	Extension HC 14 - Voluntary Deductible Clause
(ii)	Extension HC 15 Sub-limits on Medical Expenses/ Illness/ Surgeries / Procedures
(iii)	Extension HC 16 – Mid-term Inclusion of Insured Person(s)

Value Added Services/ Renewal Incentives

S.No.	Extension 31 – Value added Services	Applicable after continuous Policy Years	Limit, as applicable
(i)	Free Health Check-up		
(ii)	Vaccination Care Cover		
(iii)	E-opinion		
(iv)	Other value added services		
	a) Diet & nutrition		

	consultation at Our designated centers b) Chat with Medical Practitioners c) Information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy		

9. Premium Details

- **Total Premium (□)** | | | | | |
- Service Tax# & Cess | | | | | |
- Net Premium (□) | | | | | |

In House Claim Processing Details		
Name	Complete Address	Contact no.

Special Conditions:

1. Any physical, medical condition or treatment or service which is additionally excluded under the Policy.

Name of the Insured	Date of Birth	Condition	Treatment/Service excluded

Signed for and on behalf of ICICI Lombard General Insurance Company Limited, at _____ on this date | | | | | | | | |

Authorized Signatory

COMPANY CONTACT DETAILS:

a) Toll-free number: 1800-2666

b) Registered Office Address:

ICICI Lombard General Insurance Company Limited
ICICI Lombard House
414, Veer Savarkar Marg,
Near Siddhi Vinayak Temple,
Prabhadevi, Mumbai 400025
E-mail: customersupport@icicilombard.com

Agency Details:

Agency name	Agency code	Mobile no.	Landline no.

Premium Certificate for the purpose of Deduction u/s 80D of Income Tax Act, 1961 * (Applicable only for premium paid towards Health Sections under the Policy)

To
-Name of Proposer/Policyholder-

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

Dear Customer,

This is to certify that the Company has received the premium dated <Date – "Date format - Month Day, Year"> for Health insurance coverage under "ICICI Lombard Complete Health Insurance" with following details:-

Policyholder's Name		Policy Number	
Policy Start Date		Policy End Date	
Plan Name		Total premium paid	

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

Service tax registration number: <Service tax registration no.>.

Sincerely,
For ICICI Lombard General Insurance Company Ltd

Authorized Signatory

*** Note**

- This is subject to the provisions of section 80D of Income Tax Act, 1961 and amendments made thereof.

- Details of the Policy are as per the Part II and III of this Policy.
- This certificate must be surrendered to Us in case of cancellation of the Policy. In the event of incorrect representation of this declaration the liability shall be upon the Policyholder.
- In case You find any variations against Your proposal or any discrepancy in the Policy, please contact Us immediately on the numbers available on our website www.icicilombard.com Or call on our toll free no. 1800 2666

You may also write to us at the following address:

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

PART II OF THE POLICY

1. DEFINITIONS

For the purposes of this Policy, the terms specified below shall have the meaning 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 "modem 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 Home where 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.

a. Internal Congenital Anomaly -Congenital anomaly which is not in the visible and accessible parts of the body
b. External Congenital Anomaly- Congenital anomaly which is in the visible and accessible parts of the body

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 pre-authorization 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.

Cumulative Bonus shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.

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 hospitalization 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 insurer 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 the insurer 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:
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital, or
- the patient takes treatment at home on account of non availability of room in a hospital.

Dental treatment is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.

Emergency Care means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment o f the insured person's 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:

(i) 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
(ii) has qualified nursing staff under its employment round the clock;
(iii) has qualified medical practitioner (s) in charge round the clock;

(iv) has a fully equipped operation theatre of its own where surgical procedures are carried out
(v) 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 in-patient care consecutive hours except for specified Procedures/Treatments, where such admission could be for a period of less than 24 consecutive 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.

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.
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 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 or is likely to come back.

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

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

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 as **"You"/"Your"/ "Yours"/ "Yourself"**

Maternity Expenses Maternity expenses shall include -

a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization);
b) expenses towards lawful medical termination of pregnancy during the policy period .

Medical Advise 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.

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

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

i. Is required for the medical management of the illness or Injury suffered by the insured
ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity
iii. Must have been prescribed by a Medical practitioner

iv. Must conform to the professional standard widely accepted in international medical practice or by the medical community in India

Newborn Baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.

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

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

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 the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

Notification 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.

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 Portability means transfer by an individual health insurance policyholder (including Family cover) of the credit gainer for pre-existing 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 discharge 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 Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

Pre Hospitalisation means medical expenses incurred immediately before the Insured Person is Hospitalized, 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 Hospitalization claim for such Hospitalization 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 a 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 as on the date of commencement or renewal of a health insurance policy.

Subrogation shall mean the right o f the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be 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

Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

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 Hospitalization 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 Hospitalization 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.icicilombard.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:

- Pre-hospitalization Medical Expenses incurred by You for a **30-day period** immediately prior to Your Hospitalization; and
- Post-hospitalization 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) **In Patient AYUSH Hospitalization**- We will reimburse expenses for Alternative treatment only when the treatment 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 are also excluded.

(E) **Additional Sum Insured (Cumulative Bonus) -**It is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, at the time

of renewal of this Policy, We will provide an additional sum insured (hereinafter referred to as "Additional Sum Insured") as follows provided that there is no Claim under this Policy during the Policy Year except as an Out-patient:

Tenure	Additional Sum Insured as a percentage of Annual Sum insured
For all Insured Persons	
For each completed and continuous Policy Year subject to a maximum of 50%	10%

However, in the event of a Claim under the Policy during any subsequent Policy Year, the accrued Additional Sum Insured will be reduced by 10% of the Annual Sum Insured at the time of renewal of this Policy. This extension is also subject to the following:

1. In relation to a Floater Benefit cover, the Additional Sum Insured so accrued during the Claim-free Policy Year(s) will also be on floater basis and will only be available to those Insured Person(s) who were insured in such Claim-free Policy Year(s) and continue to be insured in the subsequent Policy Year(s).

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) until 24 months[1] 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:

- Cataract*
- Benign Prostatic Hypertrophy
- Myomectomy, Hysterectomy unless because of malignancy
- All types of Hernia, Hydrocele
- Fissures &/or Fistula in anus, hemorrhoids/piles
- Arthritis, gout, rheumatism and spinal disorders
- Joint replacements unless due to accident
- Sinusitis and related disorders
- Stones in the urinary and billiary systems

[1] Can be reduced to, twelve months or zero or can be increased to thirty six months, or forty eight months depending upon the Plan offered

- Dilatation and curettage , Endometriosis
- All types of Skin and internal tumors/ cysts/nodules/ polyps of any kind including breast lumps unless malignant
- Dialysis required for chronic renal failure
- Surgery on tonsils, adenoids and sinuses
- Gastric and Duodenal erosions & ulcers
- Deviated Nasal Septum
- Varicose Veins/ Varicose Ulcers
- 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. 20,000 per eye, during each Policy Year of the Policy Period for plans with Sum Insured up to □5Lacs. Sub limit of □1,00,000 per eye per Policy year will be applicable for Cataract surgery for plans with Sum Insured above □5Lacs.

In case the above Illnesses are Pre-existing condition(s) at the commencement of this Policy, then these Illnesses shall be covered after 24 months[2] of continuous coverage has elapsed, since Period of Insurance Start Date.

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 or in respect of:

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 routine medical, eye and ear examinations, preventive health check-up, cost of spectacles, laser surgery for correction of refractory errors, contact lenses or hearing aids, dentures and artificial teeth.
iii. Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or 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 intra-operatively.
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

[2] Can be reduced to twelve months or zero or can be increased to thirty-six months, or forty eight months, depending upon the Plan offered

x. Intentional self-injury (whether arising from an attempt to commit suicide or otherwise) and Injury or Illness due to use, 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 T-Cell Lymphotropic 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. Any expenses arising out of Domiciliary Hospitalisation treatment

xxiv. Treatment taken outside the country

xxv. 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

xxvi. 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

xxvii. Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery

xxviii. Any consequential or indirect loss or expenses arising out of or related to Hospitalization

xxix. 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 nationalisation or requisition of or damage by or under the order of any government or public local authority

xxx. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel

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 teamaccompanied with full 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 pre-authorisation 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

i. 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. You or 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 from 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 i.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, 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 Deductibles 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:

a) Duly completed Claim form signed by You and the Medical Practitioner. The claim form can be downloaded from Our website www.icicilombard.com
b) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner
c) Original bills from chemists supported by proper prescription.
d) Original investigation test reports and payment receipts.
e) Indoor case papers
f) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases.
g) Any other document as required by Us or Our In house claim processing team to investigate the Claim or Our obligation to make payment for it

4.3 Claim Service Guarantee

We provide You Claim Service Guarantee as follows

a) **For Reimbursement Claims**: We shall make the payment of admissible claim (as per terms & conditions of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents & information in respect of the claim. In case We fail to

make the payment of admissible claim or to communicate non admissibility of claim within this time period, We shall pay 1% interest over and above the rate defined as per IRDA (Protection of Policyholder's Interest) Regulations 2002.

b) For Cashless Claims: If You notify pre authorization request for cashless facility through any of Our empanelled network hospitals along with complete set of documents & information, We will respond within 4 hours of the actual receipt of such pre authorization request with:

a) Approval, or
b) Rejection, or
c) Query seeking further information

In case the request is for enhancement, i.e. Request for increase in the amount already authorized, We will respond to it within 3 hours.
In case of delay in response by Us beyond the time period as stated above for cashless claims, We shall be liable to pay □1,000 to You. Our maximum liability in respect of a single hospitalization shall, at no time exceed □1,000.

We will not be liable to make any payments under this Claim Service Guarantee in case of any force majeure, natural event or manmade disturbance which impedes Our ability to make a decision or to communicate such decision to You.
This service guarantee shall not be applicable for any cases delayed on account of reasonable apprehension of fraud or fraudulent claims or cases referred to/by any adjudicative forum for necessary disposal.
You may lodge claim separately for the hospitalisation claim, Pre-Post hospitalization, optional covers, OPD etc. In such scenarios, if delay happens beyond the time period as specified above, the interest amount calculated will be on the net sanctioned amount of respective transaction and not the total amount paid for the entire claim.
Any amounts paid towards interest under Claim Service Guarantee will not affect the Sum Insured as specified in the Schedule.
If You are not eligible for 'Claim Service Guarantee' for the reasons stated above, We will inform the same to You, within 14 days in case of a) and within 4 hours in case of b) above.

5. SPECIAL CONDITIONS APPLICABLE TO THE POLICY

It is hereby declared and agreed that:

a) 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

b) 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 delay or 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 /You or Hospital or someone claiming on Your

behalf shall be considered as a complete discharge of Our liability against any Claim under the Policy.

c) We shall have no liability under this Policy, once the Maximum Limit of Indemnity, as stated in the Policy Schedule, is exhausted by You.

d) 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.

Portability Benefits:

If You were insured continuously and without a break under another Indian retail health insurance policy with any other Indian non-life Insurance company or stand alone Health Insurance company, it is understood and agreed that:

a) You should provide Us Your application and the completed Portability Form with complete documentation at least 45 days before the expiry of Your present period of insurance in case You wish to avail Portability benefits.

b) Portability benefit is available only at the time of renewal of the existing health insurance policy.

c) Portability benefit is available only up to the existing cover. If the proposed Sum Insured is higher than the Sum Insured under the expiring policy, waiting periods would be applied on the amount of proposed increase in Sum Insured only, in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

d) Waiting period credits would be extended to Pre-existing Diseases and time bound exclusions/waiting periods in accordance with the existing guidelines of the Insurance Regulatory and Development Authority.

e) The portability shall be applicable to the Sum Insured under the previous policy and also to an enhanced Sum Insured, if requested by the insured, to the extent of cumulative bonus acquired from the previous insurer(s) under the previous policies.

For e.g. – If a person had a SI of 4lacs and accrued bonus of 40,000 with insurer A, when he shifts with Us, We will offer him SI of 5lacs by charging the premium applicable for 5 lacs SI.

Terms of Renewal

- The Policy can be renewed under the then prevailing ICICI Lombard Complete Health Insurance product or its nearest substitute (in case the product ICICI Lombard Complete Health Insurance is withdrawn by the Company) approved by IRDA.
- A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured.
- In case of any change in risk material to the queries raised in proposal form, medical examination report to be provided on renewal.
- *Renewal Premium* - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.

- *Lifetime renewability*
- In the likelihood that this policy is revised/modified/withdrawn in future, we will intimate the insured person regarding the same at least 3 months prior to expiry of the policy. In case of withdrawal, the insured person have the option to migrate to the nearest substitute policy as available with Us at the time of renewal with all the continuity benefits, provided the policy has been maintained without a break as per the IRDA portability guidelines.
- **Sum Insured Enhancement-** You can enhance Your sum insured under the Policy only upon renewal, subject to underwriters' approval. If the Policy is renewed for an enhanced Annual Sum Insured, then fresh waiting period will be applicable to this enhanced limit from the effective date of such enhancement.

Following extensions are being offered to You as optional covers under this product. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium.

<Extensions / Endorsements.....>

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 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 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 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 You, shall be a condition precedent to any of Our liability to make any payment under this Policy.

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 co-operation 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 II 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 II 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 o f 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:

Cancellation Period	Refund % for 1 year tenure policy	Refund % for 2 years tenure policy
Within 1 month	80%	80%
From 1 month to 3 months	60%	70%
From 3 months to 6 months	40%	60%
From 6 months to 9 months	20%	50%
From 9 months to 12 months	0%	40%
From 12 months to 15 months	NA	30%
From 15 months to 18 months	NA	20%
From 18 months to 21 months	NA	10%
From 21 months to 24 months	NA	0%

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 the You under the Policy.

(d) We may cancel the policy on grounds of mispresentation, 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 mispresentation fraud or non-disclosure. In case of non-cooperation of insured, policy will be cancelled with premium refund on pro rata 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 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 is done 15 days after the receipt of Policy by You, we would refund premium on short term rates to You.

18. Renewal notice

a) We shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. We 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 herein before mentioned and that nothing is known to You that may result to enhance Our risk under the guarantee hereby given. Any change in the risk will be intimated by You to Us..
b) The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to Us on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

19. 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 e-mail.

20. 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.

21. Grievances

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

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

2. 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).

3. 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 complain 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.

The details of Insurance Ombudsman are available below:

S. No.	Jurisdiction Area	Ombudsman Office
1	Dadra & Nagar Haveli, Daman and Diu	**Ahmedabad:** 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.:- 079-27545441/27546840 Fax : 079-27546142 Email: bimalokpal.ahmedabad@gbic.co.in
2	Karnataka	**Bengalaru:** 19/9 Jeevan Soudha Building, Ground Floor, 24th Main Road, JP Nagar, Ist Phase, Bengaluru-560078 Tel No. 080-26652049 E mail-bimalokpal.bengaluru@gbic.co.in
3	Madhya Pradesh, Chattisgarh	**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- bimalokpal.bhopal@gbic.co.in
4	Orissa	**Bhubaneshwar**:62, Forest park, Bhubneshwar – 751 009. Tel no- 0674-2596429, 2596455 Fax No.- 0674-2596429 E mail- bimalokpal.bhubaneshwar@gbic.co.in
5	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh	**Chandigarh**:S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706468/2772101 Fax : 0172-2708274 Email: bimalokpal.chandigarh@gbic.co.in
6	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry)	**Chennai:** Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai 600 018. Tel.:- 044-24333668 /24335284 Fax : 044-24333664 Email: bimalokpal.chennai@gbic.co.in
7	Delhi	**Delhi:** 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23234057/23232037 Fax : 011-23230858

		Email: bimalokpal.delhi@gbic.co.in
8	Kerala, Lakshadweep, Mahe-a part of Pondicherry	**Kochi:** 2nd Floor,CC-27/2603, Pulinat Bldg., M. G. Road, Ernakulam, Kochi - 682 015. Tel : 0484-2358759/2359338 Fax : 0484-2359336 Email: bimalokpal.ernakulam@gbic.co.in
9	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura	**Guwahati:** Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001. Tel.:- 0361-2132204/5 Fax : 0361-2732937 Email: bimalokpal.guwahati@gbic.co.in
10	Andhra Pradesh, Telangana, Union territory of Yanam which is a part of Union Territory of Pondicherry	**Hyderabad:** 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel : 040-65504123/23312122 Fax: 040-23376599 Email: bimalokpal.hyderabad@gbic.co.in
11	Rajasthan	**Jaipur:** Gr. Floor, Jeevan Nidhi – II Bldg., Bhawani Singh Road, Jaipur 302005. Tel: 0141-2740363 Email: bimalokpal.jaipur@gbic.co.in
12	West Bengal, Sikkim, Andaman & Nicobar Islands	**Kolkata:** Hindustan Building. Annexe, 4th Floor, C.R.Avenue, Kolkata - 700072 Tel No: 033-22124339/22124346 Fax: 22124341 Email: bimalokpal.kolkata@gbic.co.in
13	Districts of Uttar Pradesh	**Lucknow:** Jeevan Bhawan, Phase-2, 6th Floor, Nawal Kishore Road,Hazaratganj, Lucknow - 226 001. Tel : 0522 -2231331/2231330 Fax : 0522-2231310 Email: bimalokpal.lucknow@gbic.co.in
14	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane	**Mumbai:** 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel : 022-26106960/26106552 Fax : 022-26106052 Email: bimalokpal.mumbai@gbic.co.in
15	State of Uttaranchal & districts of Uttar Pradesh	**Noida:** 4th Floor, Bhagwan Sahai Palace, Main Road, Naya Bans, Sector-15,, Noida- 201301 Tel: 0120-2514250/51/53 Email: bimalokpal.noida@gbic.co.in
16	Bihar, Jharkhand	**Patna:** 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel No: 0612-2680952 Email id : bimalokpal.patna@gbic.co.in.
17	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan	**Pune:** 3rd Floor, Jeevan Darshan, N.C. Kelkar Road, Narayanpet , Pune – 411 030. Tel: 020-32341320 Email: Bimalokpal.pune@gbic.co.in

The updated details of Insurance Ombudsman are also available on IRDA website: www.irda.gov.in 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