RASHTRIYA SWASTHYA BIMA YOJANA

PREAMBLE

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Policy Holder named in the Schedule referred to hereinbelow, 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 the Company and the Proposer 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 Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in 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 sum insured/ appropriate benefit will be paid by the Company.

PART I OF THE POLICY - SCHEDULE

Policy No. Issued at Stamp Duty

1. Name of the Policy Holder
2. Contact Details of the Policy Holder
3. Details of the Persons to be insured:

Name of the Insured*						
Age						
Date of Birth (MM/DD/YY)						
Gender (M/F)						
Enrollment Date						
Nominee Name						
Relationship with the Nominee						
Name of the Head of the Family						
Father/ Husband name						
Age of the Head of the Family						
Gender of the Head of Family						
Door/ House No						
Village Code						
Village Name						
Panchayat/ Town code						
Panchayat Name						
Block Code						
Block Name						
District Code						
District Name						
State Code						
State Name						
Sum Insured (Rs.)						
Cover Period						
Unique Reference No						
Family ID						
Member ID						

*As listed in the BPL Database

4. Policy Period: 1 Year
5. Cover Period: Upto One Year (as per enrollment date)

6. Total number of persons to be insured (approximate number in case the exact number cannot be provided):

7. Sum insured per Family: Rs.

8. Number of lives covered in a Family:

9. Premium (expected premium)

   Per family premium excluding service tax: Rs._____

   Total amount excluding service tax: (Rs.) _____

10. Endorsements/Warranties/Extensions: _____

11. Geographical location under coverage: _____

Company Contact Information:

a) Toll-free number: 1800-2-666
b) Postal Address:
   ICICI Lombard General Insurance Company Limited
   ICICI Lombard House,
   414, Veer Savarkar Marg,
   Near Siddhi Vinayak Temple,
   Prabhadevi, Mumbai 400025
c) E-mail: customersupport@icicilombard.com

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

Authorised Signatory

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:

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.

1. **"Accident"** means any sudden, unforeseen and involuntary event caused by external and visible means.

2. "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.

3. **"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.

4. **"Company"** means ICICI Lombard General Insurance Company Limited.

5. **"Cover Period"** means the period for which the Insured is covered under the Policy and which shall fall within the Policy Period.
6. **"Empanelled Provider"** shall mean the Hospital ,Nursing Home, day care center or such other medical aid provider as has been empanelled by the Company to provide health care services The provider may be from government or private sector

7. **"Family"** shall mean and include the household head and up to four dependents.

8. **"Hospital"** means any institution established for in- patient care and day care treatment of sickness and / or injuries and which has been registered as a hospital 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 at least 10 inpatient beds, in those towns having a population of less than10,00,000 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;
   - 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.

"Hospitalisation", means admission in a Hospital for a minimum period of 24 In patient Care consecutive hours except for Day Care Procedures & Treatment, where such admission could be for a period of less than 24consecutive hours.

For the purpose of this definition, the term "Day Care Procedures & Treatment" shall include any treatment/ procedure as taken in Hospital/ Nursing Home and as specified in the Annexure II to this Policy.

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

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

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11. **"Insured"** means the Individual(s) whose name(s) are specifically appearing as such in Part I of the Policy. For the purpose of avoidance of doubt it is clarified that the heirs, executors, administrators, successors or legal representatives of the Insured may present a claim on behalf of the Insured to the Company.

12. **"Maternity Expenses"** Maternity expense / treatment shall include the following Medical treatment Expenses:
    a) Medical Expenses for a delivery (including complicated deliveries and caesarean sections) incurred during Hospitalization;
    b) The lawful medical termination of pregnancy during the Policy Period limited to 2 deliveries or terminations or either during the lifetime of the Insured Person;
    c) Pre-natal and post-natal Medical Expenses for delivery or termination.

13. **"Medical Practitioner"**, is a person who holds a valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.

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14. **"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.

15. **"Package Charges"** means the fixed maximum permissible claim amount for a specific ailment / procedure as agreed upon by the Policy Holder and the Company before Policy inception and as specifically stated in the Annexure I to the Policy.

16. **"Pre-Existing Disease"** 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 to prior to the first policy issued by the insurer. **"Policy"** means Policy-holders'/Insured's Proposal, the Schedule, Company's covering letter to the Insured, insuring clauses, definitions, exclusions, conditions and other terms contained herein and any endorsement attaching to or forming part hereof, either at inception or during the Policy Period

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

18. **"Policy Period"** means the period of time stated in the Schedule of the Policy for which the Policy is valid.

19. **"Post Hospitalisation Expenses",** means medical expenses incurred immediately after 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.

20. **"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.

21. **"Proposal"** means any initial or subsequent declaration made by the Policy Holder in form of a form, letter or written statement supplied to the Company and forms the basis of the Policy.

22. **"Schedule"** means the schedule as mentioned in Part I of the Policy, and any annexure to it, attached to and forming part of this Policy.

23. **"Smart card"** means an identity card issued to the Insured by the Company, for the purpose of identification of beneficiaries under the scope of this Policy

24. **"Surgical Operation"** means any manual and/or operative procedure (s) required for treatment of Illness/Injury, correction of deformities and defects, repair of Injuries, diagnosis and cure of diseases, relief of suffering and prolongation of life performed in a Hospital or day care centre by a Medical Practitioner.

2. Scope of Cover

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, that, if during the Cover Period stated in Schedule, any Insured shall contract any disease or suffer from Illness or sustain any bodily Injury through Accident, and if such Illness or Injury shall require any such Insured, upon the advice of a Medical Practitioner to incur Medical Expenses upon Hospitalisation, the Company will pay to the Insured, the amount of such expenses as are reasonably and necessarily incurred thereof, by or on behalf of such Insured but not exceeding the aggregate sum insured for a particular Insured as mentioned in the Schedule hereto. In addition, the following benefits would also be a part of cover under the Policy:

1. **Pre-existing Diseases**: The Company shall cover the Pre-Existing Diseases of the Insured from the day one of Policy issuance. Subject otherwise to the terms, conditions and exclusions of the Policy.

2. **Maternity Expenses**: The Company shall indemnify the Insured against the Medical Expenses incurred, subject to a maximum of Rs.2500 for normal delivery and Rs.4500 for caesarian section / complicated delivery during the Cover Period

which, on the advice of a Medical Practitioner requires Hospitalization, provided the minimum period of Hospitalisation is more than 48 hours post delivery. Expenses related to voluntary termination of pregnancy and pre-natal expenses will be excluded from the scope of this cover. Claims with respect to only first 2 living children would be covered under the Policy.

3. **Transportation / Ambulance charges:** The Company shall compensate the Insured, for the amounts incurred for necessary transportation up to a maximum of Rs. 100/- per Hospitalisation, subject to a maximum of Rs. 1000/- during the entire Cover Period, for transportation of the Insured to the nearest hospital in case of life threatening emergency conditions or Accident, subject to certification by the Medical Practitioner of such life threatening emergency.

4. **New Born Baby cover:** The Company shall reimburse the Medical Expenses incurred by the Insured on Hospitalization of a "New born Baby" as an inpatient during the Cover Period subject to the Sum Insured.
   "New born Baby" means the baby born to Insured or his spouse during the Policy Period, aged between 1 day and 90 days.
5. **Pre/Post hospitalization cover:** Notwithstanding anything contrary contained in the Policy, on the payment of additional premium, it is hereby agreed that 01 days Pre-hospitalization and 05 days Post-hospitalization expenses will be covered under this Policy.

6. **Floater Benefit:** Floater benefit means that the aggregate sum insured, as specified in the Schedule, is available to the Insured or Insured's Family members, as covered under this Policy, for any and all claims made in aggregate during the Cover Period.

   The Company will reimburse the expenses incurred by the Insured or Insured's Family members as covered under this Policy, for any and all claims subject to the sum Insured, made in aggregate by the Insured or Insured's members under the Floater Benefit, provided such claim is admissible under the Policy.

7. **Out Patient Department (OPD) expenses[1]:** The Company will reimburse Medical Expenses incurred by the Insured as an Out-patient subject to a maximum of Rs. --- per family (for consultation and drugs with the limit of Rs--- per visit; maximum of --- visits per family per year). Such expenses include but are not limited to charges incurred for a treatment which does not entail in-patient Hospitalization or day-care treatments and may include charges like medicines and drugs, diagnostic charges, hospital charges and other charges incurred in registered OPD clinics only. Subject otherwise to the terms, conditions and exclusions of the Policy

Subject otherwise to the terms, conditions and exclusions of the Policy

3. Exclusions

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

1. 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

2. Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials

3. Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident

4. Vaccination or inoculation or change of life or cosmetic or aesthetic treatment of any description, plastic surgery unless necessary for treatment of an Illness or Injury not excluded by the terms of the Policy or as may be necessitated due to treatment of an Accident.

5. Dental treatment or surgery of any kind unless requiring Hospitalisation.

6. Any expense incurred on treatment of psychiatric and psychosomatic and related disorders

7. Convalescence, general debility, run-down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self-Injury (whether arising from an attempt to suicide or otherwise) and use of intoxicating drugs and/or alcohol.

8. Charges incurred at Hospital or Nursing Home primarily for diagnostic, 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.

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

10. Naturopathy treatment, homeopathy, unani, sidha or alternative medicines including acupressure, acupuncture, magnetic and such other therapies

11. Non allopathic treatment

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

4. Claims Procedure

The Claims Settlement is done on a cashless basis through the Empanelled Provider.

The fulfillment of the terms and conditions of this Policy insofar as they relate to anything to be done or complied with by the Policy Holder shall be conditions precedent to admission of liability under this Policy.

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 liability, the Insured shall undertake the following:

Cashless access in case Package Charges are fixed

1. The Insured contacts the Empanelled Provider. Cashless settlement is only available through an Empanelled Provider.
2. The Insured provides the Empanelled Provider with the Smart Card.
3. The Empanelled Provider checks the identity of the Insured by using the finger prints and smart card details of the Insured. The Empanelled Provider also check the available sum insured of the Insured.
4. After these preliminary checks, Empanelled Provider passes a provisional entry to block the claim amount in the Smart Card of the Insured.
5. After the provisional entry is made on the Insured's Smart Card, the Insured avails the treatment.
6. At the time of discharge from the Hospital, the Empanelled Provider passes the final entry on the Insured's Smart Card after verification of the Insured's finger prints (any other enrolled Family member in case of death) to complete the transaction.
7. Thereafter the Empanelled Provider electronically transmits this data to the Company
8. The Company settles the claim electronically with the Empanelled Provider.

Pre-authorisation for cashless access in case no Package Charges are fixed

1. The Insured contacts the Empanelled Provider. Cashless settlement is only available through an Empanelled Provider.
2. The Insured provides the Empanelled Provider with the Smart Card.
3. The Empanelled Provider checks the identity of the Insured by using the finger prints and smart card details of the Insured. The Empanelled Provider also check the available sum insured of the Insured.
4. The Empanelled Provider forwards the Hospitalisation request of the Insured to the Company after taking the disease / ailment details from the treating Medical Practitioner
5. Such request has to be forwarded to the Company within 6 hours of admission in case of an emergency and within 7 days prior to the expected date of admission in case of a planned Hospitalisation.
6. Within 12 hours of receipt of such request, the Company forwards the authorisation letter to guarantee payment in case the claim is considered to be admissible by the Company. In case of denial of such request, the Company will provide clarification to the Policy Holder.
7. The Empanelled Provider passes an entry in the Smart Card of the Insured for the authorised amount by the Company.
8. The Company will not be liable for any claim payment in case the information as provided in authorization letter or any other document during the course of authorization is found incorrect or not disclosed

   In case the balance Sum Insured available is less than the Package Charge, the settlement shall be made by the Company upon receipt of original medical bills and documents for the balance amount

5. Policy Related Terms and Conditions

1. In addition to the five Insured members listed in the BPL database, if any new born baby arrives during the period of insurance, he/she will automatically stand covered for the balance time period of insurance and will not be counted as a separate

member. Verification of the new born can be done by any of the existing Insured Family members getting the RSBY benefits.

2. Any Medical Practitioner authorised by the Company shall be allowed to examine the Insured in case of any alleged diseases, Illness, Accident or Injuries requiring Hospitalisation when and as often as the same may reasonably be required on behalf of the Company. The cost of any such further examination required by the Company will be borne by the Company.
3. All medical/surgical treatment under this policy shall have to be taken in India and admissible claims thereof shall be payable in Indian currency

6. Terms of Renewal

- The Policy can be renewed under the then prevailing Rashtriya Swasthya Bima Yojana product or its nearest substitute (in case the product Rashtriya Swasthya Bima Yojana 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
- **Renewal Premium** - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
- **Maximum Renewal Age** – Any person in the age group of 91 days – 100 years of age can be covered under this Policy with no restriction on the renewal age
- **Tenure of Policies:** The policy tenure would be for 1 year only.

PART III OF THE POLICY

Standard Terms and Conditions

1. Incontestability and Duty of Disclosure

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

2. Reasonable Care

The Insured shall take all reasonable steps to safeguard the interests of the Insured against Accidental loss or damage 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 the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

4. Material change

The Insured shall immediately notify the Company in writing of any material change in the risk and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

5. Records to be maintained

The Insured shall keep an accurate record containing all relevant medical records and shall allow the Company to inspect such record. The Insured shall also exercise necessary co-operation in obtaining the medical records from the hospital, as may be required in relation to the claim within such reasonable time limit.

6. No constructive Notice

Any knowledge or information of any circumstances or condition in connection with the Insured in possession of any official of the Company shall not be the notice to or be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

7. Notice of charge etc.

The Company 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 the Company to the Insured or his legal representative of any compensation or benefit under the Policy shall in all cases be an effectual discharge to the Company.

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. Duties of the Insured on occurrence of loss

On the occurrence of any loss, within the scope of cover under the Policy the Insured 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 the Company or any of its agents from taking any reasonable steps in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Insured does not comply with the provisions of this Clause or other obligations cast upon the Insured 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 the option of the Company.

10. Subrogation

In the event of payment under this Policy, the Company shall be subrogated to all the Insured's rights or recovery thereof against any person or organisation, and the Insured shall execute and deliver instruments and papers necessary to secure such rights.

The Insured and any claimant under this Policy shall at the expense of the Company do and concur in doing and permit to be done, all such acts and things as may be necessary or required by the Company, before or after Insured's indemnification, in enforcing or endorsing any rights or remedies, or of obtaining relief or indemnity, to which the Company shall be or would become entitled or subrogated. However, this condition shall not be applicable for all the Benefit based covers under the Policy, as applicable.

11. Fraudulent Claims

If any Claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured or anyone acting on his 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.

12. Cancellation/ termination

Cancellation of the Policy may be-

a. By the Government, at any time, in the event of material breach of the terms of the agreement, committed by the Company, by giving due notice to the Company.
b. By either of the parties that are the Government or the Company, provided they give the other party at least 60 days prior written notice.
c. In case of automatic renewal of the contract, it will be done only if both parties that are the Government and the Company agree for it.

In case of cancellation by either party, the unutilized amount of premium shall be refunded by the Company.

13. 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 Part I to the Policy or Extensions to this Policy. All claims payable in India shall be in Indian Rupees only.

14. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed by both the Insured and the Company 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.

15. 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.

16. Renewal notice

a) 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 herein before mentioned and that nothing is known to the Insured that may result to enhance the 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 Our right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.

(b) 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 Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

17. **Contribution**

If at the time when any Claim arises under this Policy, there is any other insurance which covers (or would but for the existence of this Policy) and the amount to be claimed exceeds the sum insured under a single policy after considering the deductibles or co-pay, in the same Claim (in whole or in part), then We shall not be liable to pay or contribute more than Our rateable proportion of any Claim.
However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable

18. **Free Look Up 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, when he shall be entitled to a refund of 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. In case the request for cancellation comes 30 days after the Policy Period start date, pro-rata refund of premium would be paid to You

19. Notices

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

In case of the Policy Holder, at the address specified in the Schedule.

In case of the Company:

ICICI Lombard General Insurance Company Limited
ICICI Bank Towers
Bandra Kurla Complex
Mumbai 400 051

AND

ICICI Lombard General Insurance Company Limited
ICICI Lombard House,
414, Veer Savarkar Marg,
Near Siddhi Viniyak 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 the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

21. Grievances

In case Insured is aggrieved in any way, the Insured may contact the Company by either by-

1. Calling the Company at toll free number: 1800 2 666 or email us at insuranceonline@icicilombard.com

2. If the Insured is not satisfied with the resolution then he may successively write to the manager- service quality, corporate manager- service quality, national manager- operations & finally director-services and business development at the following address:

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

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

The details of Insurance Ombudsman are available below:

Ombudsman Offices	
Delhi, Rajasthan	2/2 A, 1st Floor, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI – 110 002
West Bengal, Bihar	29, N. S. Road, 3rd Fl., North British Bldg. KOLKATA -700 001
Maharashtra	3rd Flr., Jeevan Seva Annexe, S.V. Road, Santa Cruz (W), MUMBAI - 400 054
Tamil Nadu, Pondicherry	Fatima Akhtar Court, 4th Flr., 453(old 312), Anna Salai, Teynampet, CHENNAI -600 018
Andhra Pradesh	6-2-46, 1st Floor, Moin Court, LaneOpp.SaleemFunctionPalace A.C. Guards, Lakdi-Ka-pool, HYDERABAD - 500 004.
Gujarat	2nd Flr., Ambica House, Nr.C.U. Shah College, 5, Navyug Colony, Ashram Road, AHMEDABAD - 380 014
Kerla, Karnataka	2nd Flr., CC 27/ 2603, PulinatBuilding, Opp. Cochin Shipyard, M.G. Road, ERNAKULAM - 682 015
North Eastern States	Aquarius, Bhaskar Nagar, R.G. Baruah Rd. GUWAHATI
Uttar Pradesh	Jeevan Bhawan, Phase 2, 6th Floor, Nawal Kishore Rd., Hazartganj,LUCKNOW - 226 001
Madhya Pradesh	1st Floor, 117, Zone II, (Above D.M. Motors Pvt. Ltd.) Maharana Pratap Nagar, BHOPAL - 462 011
Punjab, Haryana, Himachal Pradesh, J & K, Chandigarh	S.C.O. No. 101,102 & 103, 2nd Floor, BatraBuilding, Sector 17-D, CHANDIGARH - 160 017
Orissa	62, Forest Park, BHUBANESWAR - 751 009

The updated details 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