

CRITICAL ILLNESS INSURANCE POLICY WORDINGS

Part II of the Policy

The Company agrees to make payment in the manner and on the terms set out herein, based upon the Proposal, which is agreed to be the basis of this Policy, and subject to the receipt of premium. This Policy records the entire contract of insurance, and no change or alteration to it is valid or effective unless the Company has previously approved it in writing.

A. Insuring Clause

The Company will pay the Sum Insured if during the Policy Period the Insured is found to have a Critical Illness contracted during the Period of Insurance, and survives such Critical Illness for at least 30 days from the date of its discovery.

B. Definition of Critical Illness

For the purposes of this Policy and the determination of the Company's liability under it, a Critical Illness shall mean one of the following suffered or undertaken by the Insured as long as it is shown in the Schedule to be an operative event:

1. CANCER OF SPECIFIED SEVERITY

A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded -

- i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
- ii. Any skin cancer other than invasive malignant melanoma
- iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
- v. Chronic lymphocytic leukaemia less than RAI stage 3
- vi. Microcarcinoma of the bladder
- vii. All tumours in the presence of HIV infection.

2. OPEN CHEST CABG

The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.

The following are excluded:

- i. Angioplasty and/or any other intra-arterial procedures
- ii. Any key-hole or laser surgery.

3. FIRST HEART ATTACK - OF SPECIFIED SEVERITY

I. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:

- i. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

- i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
- ii. Other acute Coronary Syndromes
- iii. Any type of angina pectoris.

4. KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

5. MAJOR ORGAN/ BONE MARROW TRANSPLANT

The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. Human bone marrow using haematopoietic stem cells. The undergoing of a

transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

6. STROKE RESULTING IN PERMANENT SYMPTOMS

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.

7. PERMANENT PARALYSIS OF LIMBS

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

8. OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/valvuloplasty are excluded.

9. END STAGE LIVER DISEASE

End stage liver disease resulting in cirrhosis and evidenced by all of the following criteria:

- i. Permanent jaundice.
- ii. Ascites.
- iii. Encephalopathy.
- iv. Portal hypertension.
- v. Liver disease secondary to alcohol or drug misuse is excluded.

C Other Definitions

Words or terms appearing in this Policy in Initial Capitals and italicised, shall have the meanings defined below. For ease of reference, where appropriate to the context the singular will include the plural and the masculine will include the female.

1. An Accident is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. 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.
3. Alternative treatments are forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context
4. "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.
5. 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.
6. Co-payment is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.
7. Critical Illness means an illness, sickness, disease or corrective measure defined in Part B of this Policy and shown in the Schedule to be an operative event.
8. Company means the ICICI Lombard General Insurance Company Limited, whose address for notices and correspondence is given in the Schedule or such other address as the Company may specify from time to time.
9. Condition Precedent shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
10. 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
11. 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.
 12. Day care centre means A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup 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
 13. 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.
 14. Deductible is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
 15. Doctor means a properly qualified, licensed and independent physician. In respect of those events of Critical Illness where the Company requires the confirmation or certification of a Doctor, this shall mean a Doctor who is an expert in the field of medicine for which he carries the status of a consultant.
 16. 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 of the insured person's health.
 17. 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.
 18. 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 Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
 - 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 makes these accessible to the insurance company's authorized personnel.
 19. Hospitalisation means admission in a Hospital for a minimum period of 24 In patient Care and consecutive hours except for specified Day Care Procedures/Treatments, where such admission could be for a period of less than 24 consecutive hours
 20. Intensive care unit means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
 21. Inpatient care means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
 22. 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.
 23. 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
 24. Insured means the person or group named in the Schedule (as may be amended in accordance with Condition E3)c) below) provided that and as long as the age of such person as at the inception date of this Policy is not less than 5 years of age and not more than 65 years of age.
 25. 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.
 26. Medical Advice means any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
 27. 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.
 28. 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 licence.' 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).
 29. Medically necessary treatment is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
 - Is required for the medical management of the illness or injury suffered by the insured.
 - Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - Must have been prescribed by a medical practitioner,
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
 30. 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.
 31. Newborn baby means baby born during the Policy Period and is aged between 1 day and 90 days, both days inclusive.
 32. Non- Network - any Hospital, day care centre or other provider that is not part of the Network.
 33. 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.
 34. 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.
 35. Period of Insurance means the period between the inception date of the first Critical Illness Policy taken by Insured from the Company and, if all subsequent policies have been renewed without any break, the earlier of the expiry date shown in the Schedule, the cancellation of this insurance or the notification of any event of

Critical Illness. Provided always that nothing in this definition, this Policy or otherwise obliges the Company to offer renewal terms, accept renewal premium, or give notice that renewal is due.

36. Portability means transfer by an individual health insurance policyholder (including family cover) of the credit gained for pre-existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
37. Policy means these terms and conditions, the Proposal, the Schedule and any endorsements issued as at the inception date shown in the Schedule or thereafter.
38. Policyholder means the person or entity named as such in the Schedule, and if there is only one person named as an Insured then shall mean the Insured.
39. Pre-Hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
40. Post-Hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:
 - i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
41. 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 to prior to the first policy issued by the insurer.
42. Proposal means the proposal form for and forming part of this Policy and any other documentation or information provided to the Company for the purposes of its determination as to whether and upon what terms to offer or renew this insurance.
43. Policy Period means the date between the inception date and the earlier of the expiry date shown in the Schedule, the cancellation of this insurance or the notification of any event of Critical Illness.
44. 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.
45. 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 the illness / injury involved .
46. 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.
47. Sum Insured means the sum stated in the Schedule against the name of each Insured, which sum represents the Company's maximum liability for any and all claims for that Insured regardless of the number of Critical Illnesses suffered by that Insured or the number of years for which that Insured has held a Critical Illness Policy.
48. "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.
49. 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.
50. Unproven/Experimental treatment is Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

D Exclusions

The Company shall not be liable or make any payment for any claim directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following:

1. Any Critical Illness existing or for which the Insured sought or received treatment prior to:
 - a. The inception date of the first Policy of a series of Critical Illness Policies taken by the Insured from the Company without any break, where this insurance is shown in the Schedule to be an annual contract or a longer-term contract.
 - b. The inception date of this Policy where this insurance is shown in the Schedule to be an annual contract and either:
 - i. This is the Insured's first Critical Illness Policy taken from the Company,

or

- ii. There has been a break between this Critical Illness Policy being taken and an earlier Critical Illness Policy having expired.
2. Any Critical Illness discovered or discoverable within 90 days of the inception date of this Policy, but this exclusion shall not apply to the second or subsequent Critical Illness Policy taken by the Insured from the Company without any break.
 3. Any Critical Illness discovered or discoverable when the premium due for this Policy has not been received by the Company.
 4. Congenital external illness or defects or anomalies, intentional self-injury and the use or misuse of intoxication liquor or drugs.
 5. Any sexually transmitted diseases or any condition directly or indirectly caused by or associated with Human T-Cell Lymphotropic Virus type III (III LB III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind commonly referred to as AIDS.
 6. Pregnancy and childbirth.
 7. Consequential losses of any kind.
 8. War (declared or not), invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law, loot, sack, pillage, terrorism or terrorist acts, or any epidemic.
 9. Nuclear weapons, materials, ionising radiation, contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

E Conditions

1. Due Observance

It is a condition precedent to the Company's liability that the Insured (and each of them if more than one) comply fully with the terms and conditions of this Policy.

2. When & How to Claim

It is a condition precedent to the Company's liability that upon the discovery of any event of Critical Illness the Insured shall:

- a. Give the Company notice in writing to the address shown in the Schedule within 21 days from the date of discovery.
- b. Promptly give the Company any and all information and documentation concerning the claim or the Company's liability for it.
- c. If asked to by the Company, submit to a medical examination by the Company's own doctor as often as the Company considers necessary.
- d. Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it.

Common list of documents for all Critical Illness:

1. Certificate from the attending Doctor of the Insured confirming, inter alia,
 - a. Name of the Insured;
 - b. Name, date of occurrence and medical details of the Insured Event
 - c. Confirmation that the Insured Event does not relate to any Pre-Existing Disease or any Illness or Injury which existed within the first 3 months of commencement of Period of Insurance.
2. Certificate, if applicable, from the Bank/Financial Institution stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Duly completed claim forms;
4. Original Discharge Certificate/ Card from the hospital/ Doctor;
5. Original investigation test reports, indoor case papers.;
6. Photo ID Proof of proposer/ nominee
7. Address Proof of proposer/ nominee
8. recent coloured passport size photographs of proposer/ nominee
9. Signed NEFT mandate along cancelled cheque copy of proposer/ nominee
10. Any other documents as may be required by the Company.

Illustrative list for each of the Critical Illness

CANCER OF SPECIFIED SEVERITY

1. Claim form
2. Hospital Discharge Card photocopy
3. Hospital Bills photocopy
4. Pharmacy/ Investigations Bills
5. Investigations Reports
6. Details of the Treatment received by the Customer from the inception of the Ailment.

7. Letter from treating consultant stating presenting complaints with duration and the past medical history.
8. Histopathology/ Cytology/ FNAC/ Biopsy/ Immuno-histochemistry reports.
9. X-Ray/ CT scan/ MRI scan/ USG/ Radioisotope/ Bone scan Reports.
10. Blood Tests.
11. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
12. Xerox Policy Certificate
13. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
7. Subsequent Consultation Papers with the Treating Doctor and the treatment received
8. ECG On Admission and subsequent ECG's
9. Stress test/ Tread Mill Test
10. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
11. X-ray / 2D-Echocardiography Report
12. Thallium Scan Report
13. Xerox Policy Certificate
14. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

OPEN CHEST CABG

1. Claim form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
8. Stress test/ Tread Mill Test
9. Letter from treating consultant suggesting Coronary Angiography and CABG
10. Coronary Angiography report/ CT Angiography Report
11. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK/ CPK-MB, SGOT / SGPT, LDH/ Electrolytes
12. X-ray / 2D-Echocardiography Report
13. Thallium Scan Report
14. Xerox Policy Certificate
15. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

STROKE RESULTING IN PERMANENT SYMPTOMS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
8. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
9. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)
10. Xerox Policy Certificate

11. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

PERMANENT PARALYSIS OF LIMBS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
8. Confirmation from the Central/ State Government Hospital about the complete, irreversible and permanent loss
9. MRI/ CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
10. Electro-myogram Report
11. Xerox Policy Certificate
12. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
8. Dialysis Papers/Receipts done in recent past.
9. Renal scan
10. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.
11. Xerox Policy Certificate
12. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

MAJOR ORGAN/BONE MARROW TRANSPLANT

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Scan/ Histopathology/ Cytology/ FNAC/ Biopsy report suggesting irreversible & non-compensatory changes of the particular organ.
8. Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
9. Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. X-ray and 2D-Echocardiography Report.

8. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.
9. Xerox Policy Certificate
10. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

3. The Policyholder

It is hereby agreed that:

- a. Any notice or declaration for the attention of any Insured shall be validly given if sent by the Company to the Policyholder at his address given in the Schedule.
- b. Any payment due to any Insured under this Policy shall have been validly paid if paid by the Company to the Policyholder. The Policyholder shall hold harmless and indemnify the Company against any claim, costs or expenses made by any Insured arising out of the Policyholder's delay or default in making payment to any Insured.
- c. The Policyholder may propose any person to the Company as an Insured, and the Company may (in its sole and absolute discretion) agree to accept such person as an Insured and has received premium for him, provided that:
 - i. Such person shall only become an Insured when a Proposal has been completed for him (or, if a minor, on his behalf) has agreed to and does add his name to the list of Insured's in the Schedule.
 - ii. Such person shall only become an Insured from the date that his name is added to the list of Insured's in the Schedule.
- d. Settlement/Rejection of Claim -The Settlement of claims would be done by Us within 30 days after the receipt of the last necessary document, any rejections if done, would be provided with proper reasons by Us. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.
 Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.
- e. Terms of Renewal
 - i. The Policy can be renewed under the then prevailing Critical Illness product or its nearest substitute, (in case the product Critical Illness is withdrawn by the Company), approved by IRDA
 - ii. A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured
 - iii. Renewal Premium - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
 - iv. Maximum Renewal Age - There will be life-long renewal without any age restriction for the cover.

4. Cancellation/Termination

a. Disclosure to information norm

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

- b. You may cancel this Policy by giving Us 15 days written notice and in such case We shall refund premium on pro rata basis for the unexpired Policy Period as per the rates, provided no claim has been payable on Your behalf under the Policy.
- c. The Policy shall terminate in the event of claim in respect of the Insured becoming admissible and accepted by the Company.

5. 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 the Company shall not be liable to pay or contribute more than the Company rateable proportion of any Claim.

However, this condition shall not be applicable for all the benefit based covers under the Policy, as applicable.

6. Free Look Up period

Insured 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

7. 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. 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 Insured that may result to enhance Company risk under the guarantee hereby given. Any change in the risk will be intimated by Insured to 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.

6. Fraud

If any claim is made under this Policy that is fraudulent or dishonest then this Policy shall be void, and any claims paid or payable in respect of any or all Insureds shall be forfeited.

7. Governing Law & Dispute Resolution

- a. This Policy is subject to Indian law, and any payment to be made under or in relation to it by the Company shall be payable in Indian Rupees only.
- b. Any dispute or difference as to liability or quantum between the Company and the Policyholder or any Insured under or in respect of this insurance shall be referred to arbitration under the Arbitration & Conciliation Act 1996 (or any amendment of it). If this arbitration clause is held to be invalid then all such disputes shall be referred to the exclusive jurisdiction of the Indian Courts. It is a condition precedent to any suit or action under or in respect of this insurance that an arbitral award has first been obtained.

8. 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 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.

9. 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.

10. 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 customersupport@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 Vinayak 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	
Ahmedabad: 2nd Floor, Ambika House, Near C. U. Shah College, Ashram Road, Ahmedabad - 380 014. Tel No. 079-27546840, 27545441 Fax No. 079 27546142, Email-bimalokpal.ahmedabad@gbic.co.in	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
Bengaluru: 19/19, Jeevan Soudha Building, Ground floor, 24th Main, JP Nagar First Phase, Bengaluru - 560 078 Tel No. 080-26652049 Email bimalokpal.bengaluru@gbic.co.in	State of Karnataka
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 Email-bimalokpal.bhopal@gbic.co.in	State of Madhya Pradesh and Chhattisgarh
Bhubaneswar: 62, Forest Park, Bhubaneswar - 751 009. Tel No. 0674-2596429, 2596455 Fax No. 0674-2596429 Email-bimalokpal.bhubaneswar@gbic.co.in	State of Odisha
Chandigarh: S.C.O. No. 101-103, 2nd Floor, Batra Building, Sector 17-D, Chandigarh - 160017. Tel No. 0172-2706468, 2773101 Fax No. 0172-2708274 Email-bimalokpal.chandigarh@gbic.co.in	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union Territory of Chandigarh
Chennai: Fatima Akhtar Court, 4th Floor, 453 (Old 312 Anna Salai, Teynampet, Chennai - 600 018. Tel No. 044-24333668, 24335284 Fax No. 044-2433664 Email-bimalokpal.chennai@gbic.co.in	State of Tamil Nadu and Union Territories Pondicherry and Karaikal (which are part of Union Territory of Pondicherry)
Delhi: 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi - 110 002. Tel No. 011-23239633, 23237539 Fax No. 011-23230858 Email-bimalokpal.delhi@gbic.co.in	State of Delhi
Kochi: 2nd Floor, CC-27/2603, Pulinat building, M. G. Road, Ernakulam, Kochi - 682 015, Tel No. 0484-2358759, 2359338 Fax No. 0484-2358336 Email-bimalokpal.ernakulam@gbic.co.in	State of Kerala and Union Territory of (a) Lakshadweep (b) Mahe - a part of Union Territory of Pondicherry
Guwahati: "Jeevan Nivesh" Bldg., 5th Floor, Near Pan Bazar Overbridge, S. S. Road, Guwahati-781 001. Tel No. 0361-2132204, 2132205 Fax no. 0361-27322937 Email-bimalokpal.guwahati@gbic.co.in	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Hyderabad: 6-2-46, 1st Floor, Moin Court Lane Opp., Saleen Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad-500 004 Tel No. 040-65504 123, 23312122 Fax No. 040-23376599. Email-bimalokpal.hyderabad@gbic.co.in	States of Andhra Pradesh, Telangana and Union Territory of Yanam which is part of Union Territory of Pondicherry
Jaipur: Gr. Floor, Jeevan Nidhi-II Bhawani Singh Road, Jaipur 302005. Tel No. 0141 - 2740363 Email-bimalokpal.jaipur@gbic.co.in	State of Rajasthan
Kolkata: Hindustan Bldg. Annexe, 4, CR Avenue, 4th floor, Kolkata-700 072 Tel No.: 033-22124339 / 22124340 Fax 033-22124341. Email-bimalokpal.kolkata@gbic.co.in	States of West Bengal, Sikkim and Union Territories or Andaman & Nicobar Islands

Lucknow: Jeevan Bhavan, Phase II, 6th Floor, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel No, 0522 - 2231331, 2231330 Fax No. 0522 - 2231310. Email-bimalokpal.lucknow@gbic.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajganj, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthnagar
Mumbai: 3rd Floor, Jeevan Seva Annexe, Sabtacruz (West), Mumbai - 400 054. Tel No. 022-26106960, 26106552 Fax No. 022-26106052. Email-bimalokpal.mumbai@gbic.co.in	State of Goa, And Mumbai metropolitan Region excluding areas of Navi Mumbai & Thane
Noida: Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, G. B. Nagar Noida - 201301 Tel. No.: 0120 - 2514250/2514252/53 Email-bimalokpal.noida@gbic.co.in	State of Uttaranchal and the following Districts of State of Uttar Pradesh:- Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahar, Etah, Kanoor, Manipur, Mathura, Meerut, Moradabad, muzaffarnagar, Auraiya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Buddha Nagar, Ghaziabad, Kasganj, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Shambhai, Amroha, Hathras, Kanshiram nagar, Saharapur
Patna: Kalpana Arcade Building, 1st Floor, Bazar samiti road, Bahadurpur, Patna 800 006. Tel No-0612-2680952 Email : bimalokpal.patana@gbic.co.in	States of Bihar and Jharkhand
Pune: 3rd Floor, Jeevan Daeshan Bldg N.C. Kelkar Road, Narayan Peth, pune - 411 030. Tel No. 020-323411320. Email-bimalokpal.pune@gbic.co.in	State of Maharashtra, Areas of Navi Mumbai and Thane but excluding Mumbai Metropolitan Region

The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of General Insurance Council: www.generalinsurancecouncil.org.in, website of the company www.icicilombard.com or from any of the offices of the Company.



ICICI Lombard General Insurance Company Limited

Mailing Address: Interface Building No.11, 401/402, 4th Floor, New Link Road Malad (W), Mumbai - 400 064.
Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhi Vinayak Temple, Prabhadevi, Mumbai 400 025.

Visit us at www.icicilombard.com • Mail us at customersupport@icicilombard.com

Toll Free No.: 1800 2666 • Chargable No.: +91 92236 22666

Insurance is the subject matter of solicitation. IRDA Reg. No. 115. CIN: U67200MH2000PLC129408. Misc 26.