

ICICI Lombard General Insurance Company Limited

Prospectus

ICICI Lombard Accident Care Policy

Introduction

The Policy covers individual (s) / family against physical loss and damage because of any accidental event.

The eligibility criteria are as follows:

Minimum Entry Age	Child: 5 Years Adult:18 Years
Maximum Entry Age	Child:23 Years Adult: 70 Years
Maximum Renewal Age	75 Years
Age of proposer	18 years and above
Cover Type	Individual/Floater

Key Benefits:

If an Insured Person suffers an Injury during the Policy Period, while the Policy is in force, which results in an Insured Event within twelve calendar months from the Injury, We will pay to the Policyholder (or the Nominee or his legal heir), the amount chosen by the Policyholder for each Benefit / Optional Cover, subject always to the terms and conditions of the Policy, and the availability of the Sum Insured / respective Coverage Amount, as applicable.

CASUALTY SECTIONS

- 1. Accidental Death:** It provides for payment of compensation on the Insured/Insured Person's death caused by bodily injury arising out of accidental, violent, external and visible means and resulting in death within 12 (twelve) calendar months of occurrence of the accidental injury.

Additional Cover (Applicable to Select Plans) & Optional Covers

The Policy provides the following Optional Covers which can be opted either at the inception of the Policy or at the time of renewal.

- 2. PERMANENT TOTAL DISABLEMENT (PTD)**

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured

Person as indicated in the Policy Schedule, within twelve months from the date of occurrence of accident, the company agrees to pay to the Insured Person, the Sum Insured as specified in the Schedule to the extent stated in the table below.

Disablement	% of PTD SI
Loss of or/and use of 2 limbs (both hands, both feet or one hand and one foot)	100%
Loss of or/use of one limb and one eye	100%
Complete and irrecoverable loss of sight of both eyes	100%
Loss of Speech and hearing of both ear	100%
Incurable Insanity as a result of Injury	100%
Complete Removal of Lower Jaw	100%
Total Loss of Mastication	100%
Total Loss of the central nervous system or the thorax and all abdominal organs	100%
Quadriplegia (Paralysis) due to Injury	100%

In this Benefit:

Loss of Limb means physical separation of a Limb above the wrist or ankle respectively.

Use of Limb means permanent, irreversible and total loss of functional use of a limb with no reasonable medical hope of improvement

Insured has an option to choose any or all the disablement mentioned in the aforesaid table

3. PERMANENT PARTIAL DISABLEMENT (PPD)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in any of the disablement stated in the table below and opted for by the Policyholder/Insured Person as indicated in the Policy Schedule, within twelve months from the date of accident, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table each:

Disablement	% of PPD SI
Hearing of both ears	75%
An arm at the shoulder joint	70%

A leg above mid-thigh (Above center of femur)	70%
An arm above the elbow joint	65%
An arm beneath the elbow joint	60%
A leg up to mid-thigh (below the femur)	65%
Four Fingers and thumb of One hand	40%
Four Fingers of One hand	35%
A hand at the wrist	55%
A leg up to beneath the knee	50%
An eye	50%
Loss of Lens of One Eye	25%
A leg up to mid-calf (Mid Tibia)	50%
A foot at the ankle	50%
Hearing of one ear	30%
A thumb (Both Phalanges)	25%
A thumb (One Phalanx)	20%
An index finger (Three Phalanges)	10%
An index finger (Two Phalanges)	10%
An index finger (One Phalanx)	10%
Thumb & Index Finger of Same Hand	25%
Sense of smell	10%
Sense of taste	5%
Any other finger	5%
Middle Finger (Three Phalanges)	6%
Middle Finger (Two Phalanges)	4%
Middle Finger (One Phalanges)	2%
Ring Finger (Three Phalanges)	5%
Ring Finger (Two Phalanges)	4%
Ring Finger (One Phalanx)	2%
Little Finger (Three Phalanges)	4%
Little Finger (Two Phalanges)	3%

Little Finger (One Phalanx)	2%
Loss of Toe – All	20%
A large (One Joint)	5%
A large (Two Joints)	2%
Any other toe	2%
Loss of Metacarpus- First & Second	3%
Loss of Metacarpus- Third, Fourth & Fifth	2%
Paraplegia (Paralysis)	50%
Hemiplegia (Paralysis)	50%
Uniplegia (Paralysis)	25%

In this Benefit:

Loss of Limb means physical separation of one Limb above the wrist or ankle.

Use of Limb means permanent, irreversible and total loss of functional use of one limb with no reasonable medical hope of improvement

Insured has an option to choose any or all the disablement mentioned in the aforesaid table

4. TEMPORARY TOTAL DISABLEMENT (OPTIONAL)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes results in temporary total disablement that prevents him from performing each and every duty that pertains to his employment or occupation immediately after the date of accident, the company agrees to pay weekly benefit to the Insured Person provided that:

The Company's liability shall be restricted to defined percentage of Sum Insured for each week during the period of disablement not exceeding number of weeks from the date of loss as specified in the Policy Schedule.

The weekly benefit payable shall not exceed the Insured person's actual weekly income i.e., including but not limited to fixed income, overtime, bonuses, tips, commissions or any other incentives as specified by the Policyholder at the time of purchase of this Policy.

The Company is not liable to pay for the period a deductible/franchise is applicable and specified under the Policy Schedule.

This optional benefit is meant only for the employed person

This is an optional benefit and cannot be opted on standalone basis.

5. BROKEN BONES

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in complete fracture to the bone by way of bone break or dislocations requiring surgery under anesthesia, the company agrees to pay to the Insured Person, the Sum Insured specified in the Policy Schedule to the extent stated in the table below

Bone Break	% of SI for this Section
Complete break of Neck, skull or spine	100%
Complete break of Hip	75%
Complete break of Jaw, pelvis, leg, ankle or knee	50%
Complete break of Cheekbone or shoulder	30%
Complete break of nose or collarbone	20%
Complete break of foot or hand bone	5%
Additional compensation if non-union of bone is established in any of the above breaks other than Neck, skull or Spine.	5%

If an insured person suffers broken bone not stated in the table above, then the quantum of compensation will be assessed by a panel of Medical practitioners representing the Company.

In this Benefit:-

Complete fracture of bone means snapping up of the bone in two or more parts.

Claim shall be payable for Break of teeth in the event of complete break of Jaw and not otherwise.

If the injury results in complete break of more than one of the Bones above of more than one part mentioned above, then the Company's liability shall be restricted to the maximum compensation available against any one Bone.

6. BURNS

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes result in second and third degree burns, the company agrees to pay to the Insured Person, the Sum Insured specified in the Schedule to the extent stated in the table below:

Degree of Burns/Body Parts	Surface area damaged	% of Burns SI
3 rd Degree Burn of Head	8% or above	100%
2 nd Degree Burn of Head	8% or above	50%
3 rd Degree Burn of Head	Minimum 5% to less than 8%	80%
2 nd Degree Burn of Head	Minimum 5% to less than 8%	40%
3 rd Degree Burn of Head	Minimum 2% to less than 5%	60%
2 nd Degree Burn of Head	Minimum 2% to less than 5%	30%
3 rd Degree Burn of Other Body Parts	20% or above	100%
2 nd Degree Burn of Other Body Parts	20% or above	50%
3 rd Degree Burn of Other Body Parts	15% to less than 20%	80%
2 nd Degree Burn of Other Body Parts	15% to less than 20%	40%
3 rd Degree Burn of Other Body Parts	10% to less than 15%	60%
2 nd Degree Burn of Other Body Parts	10% to less than 15%	30%
3 rd Degree Burn of Other Body Parts	Minimum 5% to less than 10%	20%
2 nd Degree Burn of Other Body Parts	Minimum 5% to less than 10%	10%

In this benefit:

2nd Degree Burn shall mean partial thickness burns which affect the epidermis and the dermis (Lower layer) which causes redness, swelling and blistering to the skin.

3rd Degree Burn shall mean full thickness burns which go through the dermis and affect deeper tissues.

They result in white or blackened, charred skin that may lead to numbness.

If the injury results in burns to more than one body part above, then the Company's liability shall be restricted to the maximum compensation available against any one body part.

7. COMATOSE BENEFIT

If any Insured Person sustains Injury during the Policy Period which directly and independently of all other causes results in Hospitalization in a Comatose state, then the Company agrees to pay fixed weekly allowance as compensation not exceeding specified maximum number of weeks subject to deductible/franchise as specified in the Policy Schedule.

During the Comatose state the Insured Person must be in the Intensive Care Unit of the hospital for the duration of comatose state for any benefits to be payable.

The Insured Person is rendered Comatose within 3 days of the occurrence of the Accident and continues to be Comatose for a period of at least 7 days thereafter, and In this benefit:

Comatose State means a state of profound unconsciousness, characterized by the absence of spontaneous eye openings, response to painful stimuli, and vocalization.

If there is a recurrence of successive Comatose with less than 10 days between each one for the same accident, the deductible/franchise shall apply only once, as Comatose state shall be deemed as one.

8. DISAPPEARANCE

If during the Policy period an Insured Person's body cannot be located within 365 days as a result of an Act of God peril or forced landing, stranding, sinking or wrecking of a conveyance as a result of accident or in which the Insured Person was travelling as a passenger, in such case it shall be deemed that the Insured person has suffered loss of life.

The liability of the company shall be restricted to the Sum Insured specified in the Policy Schedule against the Disappearance Section.

However, if it is later found that the Insured Person survived such an Accident / Injury for which we have paid the claim, the amount paid shall be paid back to us.

9. ADVENTURE SPORTS BENEFIT (OPTIONAL)

The Company extends coverage against Injury sustained during the policy period whilst the Insured Person is engaged in adventurous sports in a non-professional capacity and under the supervision of a trained professional which directly and independently of all other causes results in Death or Permanent Total Disablement within twelve months from the date of Accident.

Restricted Benefit for Accidental Death or Permanent Total Disablement Benefit shall be extended to the extent as specified in the Policy Schedule.

The liability of the Company arises only if there is an admissible claim under Accidental Death or Permanent Total Disablement taking into account the waiver of the below exclusion.

This is an optional benefit and cannot be opted on standalone basis.

The Exclusion "Whilst engaging in Adventure Sports". The list of adventurous sports are Water Rafting, Wildlife/Jeep Safaris, Trekking, Camping, Boat safaris, Parasailing, Paragliding,

Elephant/Camel/Horse/Yak Safaris, Cycling, House Boat stays, Motor Bike tours, Kayaking, Rock Climbing, Artificial Wall Climbing, Bungee Jumping, Paintball, Suba Diving, Hot Air Ballooning, Canoeing, Mountain Biking, Rappelling, Snorkeling, Zip wires & high Rope course, Abseiling, Surfing, Water Skiing, Skiing, Caving, Self-Drive tours, Mountaineering/Hiking, All Terrain Vehicle, Hang Gliding, Snowboarding, Ultra-Light flying, Heli-skiing, Sky Diving stands modified to the extent specified in context to this endorsement.

MEDICAL SECTION

10. IN-HOSPITAL MEDICAL EXPENSES (INPATIENT)

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident and is hospitalized as an In-patient, then the Company shall reimburse the Insured Person all necessary Usual and Reasonable In-Hospital Medical Expenses, incurred immediately after the Date of Accident insured under the policy up to the amount specified in the Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

In-Hospital Medical Expenses shall include Room, ICU & Boarding expenses, Medical Practitioner's fees, Surgeon's Fees, Nursing Charges, X-Ray, laboratory & charges, prescribed drugs and medicines, therapeutics, anesthetics (including administration of anesthetics), blood transfusions.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under Casualty Sections of the selected Plan.

The liability of the Company shall be restricted to minimum of the below:

In-Hospital Medical Sum Insured

Actual expenses incurred on In-Hospital Medical Expenses

20% of the Sum Insured subject to minimum either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

50% of the admissible claim amount under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

11. IN-HOSPITAL MEDEX (INPATIENT)

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident and is hospitalized as an In-patient, then the Company shall reimburse the Insured Person all necessary Usual and Reasonable In-Hospital Medical Expenses, incurred immediately after the Date of

Accident insured under the policy up to the amount specified in the Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

In-Hospital Medical Expenses shall include Room, ICU & Boarding expenses, Medical Practitioner's fees, Surgeon's Fees, Nursing Charges, X-Ray, laboratory & charges, prescribed drugs and medicines, therapeutics, anesthetics (including administration of anesthetics), blood transfusions.

12. OUTPATIENT MEDICAL EXPENSES

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident which requires treatment in Outpatient then the Company shall reimburse the Insured Person all necessary Usual and Reasonable Medical Expenses, incurred immediately after the Date of Loss up to the amount specified in the Policy Schedule, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

Outpatient Medical Expenses shall include OPD Consultancy Charges, X-Ray, laboratory & charges, prescribed drugs and medicines and therapeutics.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan The liability of the Company shall be restricted to minimum of the below:

Outpatient Medical Expenses Sum Insured

Actual expenses incurred on Outpatient Medical Expenses.

20% of the Sum Insured under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement.

50% of the admissible claim amount under either Accidental Death or Permanent Disablement (Partial or Total) or Temporary Total Disablement

13. OUTPATIENT MEDEX (OPD)

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident which requires treatment in Outpatient then the Company shall reimburse the Insured Person all necessary Usual and Reasonable Medical Expenses, incurred immediately after the Date of Loss up to the amount specified in the Schedule/Certificate of Insurance, subject to the Co-Payment/Deductible/Franchise and Terms and Conditions of this Policy

Outpatient Medical Expenses shall include OPD Consultancy Charges, X-Ray, laboratory & charges, prescribed drugs and medicines and therapeutics.

14. HOSPITAL CASH

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires hospitalization as In-Patient, The Company shall pay a daily allowance for each continuous and completed period of 24 hours not exceeding maximum number of days and subject to Deductible/Franchise specified in the Policy Schedule.

15. HOME CONVALESCENCE (OPTIONAL)

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires hospitalization as In-Patient, the Company shall also pay an allowance for specified period till the Insured person completely recovers at home beyond a defined period of continuous hospitalization as In-Patient that is specified in the Policy Schedule.

This is an optional benefit and cannot be opted on standalone basis.

16. REHABILITATION COVER (OPTIONAL)

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident that requires rehabilitation immediately post discharge from the hospital not exceeding maximum number of days specified in the Policy Schedule, The Company agrees to reimburse the actual costs of such treatment up to the amount subject to Co-payment/deductible/franchise specified in the Policy Schedule.

In this benefit

Rehabilitation means treatment by a physiotherapist licensed, registered, or certified to provide such treatment; or

treatment in an institution which is licensed to provide such treatment,

Rehabilitation should be intended to restore the functional ability of the Insured Person to a condition where he is able to resume his occupational & daily activities as normal as possible.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan.

This is an optional benefit and cannot be opted on standalone basis.

Specific Exclusion Chiropractic and any unproven treatment are specifically excluded.

17. RECONSTRUCTIVE SURGERY COVER (OPTIONAL)

If any Insured Person sustains injury during the Policy period which directly and independently occurs from accident where reconstructive Surgery is advised medically necessary by the treating surgeon, then the Company agrees to reimburse the actual cost of such reconstructive surgery up to the amount subject to Co-payment/deductible/franchise specified in the Policy Schedule.

In this benefit

Reconstructive Surgery means an operative procedure meant to restore the form and function of the body part affected by injury

The Surgery shall be meant to improve the functional ability of the body part.

The Surgery should have been performed by a registered and licensed Cosmetic surgeon

This is an optional benefit and cannot be opted on standalone basis.

Specific Exclusion

Any Cosmetic Surgery not medically necessary or performed in order to improve the aesthetic appearance of the body part.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan. The Exclusion “Charges related to Aesthetic treatment, cosmetic surgery and plastic surgery unless specifically covered under the policy.” stands modified to the extent specified in context to this endorsement.

18. EXTERNAL AIDS AND APPLIANCES

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident and advised by the treating medical practitioner to use wheelchair/clutches or conduct the daily activities through artificial limb/prosthetic device as a result of a body part displaced/medically removed due to the accident. The Company shall reimburse the actual cost of such External Aids and appliances subject to Co-payment/Deductible/Franchise & Sum Insured as specified in the Schedule.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan. The Exclusion “Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident unless specifically covered under the policy” stands modified to the extent specified in context to this endorsement.

ADD ON SECTION

19. ASSAULT

The Company agrees to pay fixed compensation as specified in the schedule in the event of Accidental Death or Permanent Total Disablement as a result of or arising from an Assault.

In this benefit:

Assault means any willful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Accidental Death or Permanent Total Disablement to an Insured Person.

Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement.

The liability of the Company arises and admissibility of the claim Casualty Sections of the selected Plan

Specific Exclusion:

Any Assault by an Insured Person's Immediate Family Members, Relatives, Business Associate or anyone known to the Insured Person at the time of Assault is not covered.

20. ANIMAL ATTACK

The Company agrees to pay fixed compensation as specified in the Policy Schedule in the event of an injury during the policy period which directly and independently occurs from accident to the Insured Person and subsequent In-patient hospitalization for 72 Continuous hours as a result of or arising from an Animal Attack.

In this definition:

Animal shall mean a four limbed creature that is not an insect or a reptile.

Compensation payable under this section shall be independent to compensation payable under Casualty Section of the Policy.

21. COMMON CARRIER

The Company agrees to pay fixed Compensation as specified in the schedule in the event of Accidental Death or Permanent Total Disablement whilst travelling in a Common Carrier.

In this benefit:

Common Carrier means any land, sea or air conveyance operated under a license issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan. Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement.

22. LAST RITES COSTS

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months from the Date of Accident, then the Company agrees to reimburse to the Insured Person's Beneficiary or legal representative the Compensation specified in the Policy Schedule towards the cost of the last rites of the Insured Person.

Last rites costs shall include coffin, charges at the crematorium/burial ground/cemetery.

Compensation payable under this section shall be independent to compensation payable under Accidental Death.

23. TRANSPORTATION OF MORTAL REMAINS

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months from the Date of Accident, then the Company agrees to reimburse to the Insured Person's Beneficiary or legal representative the Compensation specified in the Schedule towards the transportation of mortal remains of the Insured Person

Transportation of Mortal remains shall include cost to transport the Insured Person's mortal remains from the Hospital to the place of residence/crematorium/burial ground/cemetery in ambulance/hearse or place of residence to the crematorium/burial ground/cemetery in ambulance/hearse.

Compensation payable under this section shall be independent to compensation payable under Accidental Death.

24. HOME & VEHICLE MODIFICATION

If any Insured Person sustains Injury during the Policy Period which directly and independently of all other causes results in Permanent Disablement (Partial or Total) within twelve months from the Date of Accident, then the Company agrees to reimburse cost of modification done on home and vehicle following an accidental bodily injury subject to Co-Payment/deductible/franchise and maximum amount specified in the Policy Schedule. Such modification should be medically necessary for easy movement of the insured to exhibit the routine daily activities.

The modifications made to the Home and Vehicle should be compliant with the applicable laws in India.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan.

Compensation payable under this section shall be independent to compensation payable under Permanent Disablement (Partial or Total).

In this benefit:

The maximum payment made to the workshop/contractor as cash payment shall not exceed the maximum limit as allowed by the regulations.

If cost of modification under any of Home/Vehicle exceeds INR. 2 Lacs, the payment to the workshop/contractor should be made through payment modes other than cash.

Cost of Modification of Home including raw material and labour work shall not exceed INR. 200 per square feet for Metro and INR. 150 per square feet for Non Metros.

Purchase of new vehicle or home is not covered.

25. AMBULANCE COST

If any Insured Person sustains Injury during the Policy Period which directly and independently occurs from accident, the Company agrees to reimburse expenses upto the limit specified and incurred on a surface transport ambulance offered by registered healthcare or ambulance service provider used to transfer the Insured Person to the nearest hospital requiring emergency care or if advised by medical practitioner following an accident.

The Sum Insured limit applicable for Ambulance Cost Benefit shall be payable on per event basis.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan.

Compensation payable under this section shall be independent to compensation payable under Casualty Section.

26. AIR AMBULANCE

If an Insured Person sustains an Injury during the Policy period which directly and independently occurs from accident which requires emergency transportation in an airplane or helicopter for rapid transportation from the site of accident to the nearest hospital under life threatening situation. The Company shall reimburse the actual expenses upto the amount specified under the Policy Schedule.

Under this benefit:

Return transportation to the Insured Person's home by air ambulance is excluded

Compensation payable under this section shall be independent to compensation payable under Casualty Section.

27. SPOUSE OR DEPENDENT CHILD CONSOLATION BENEFIT

If any Insured Person's Spouse or Dependent Children sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to pay to the Insured Person the Compensation specified in the Policy Schedule.

The Spouse and Dependent Children must be insured under the policy to avail this benefit.

28. INSURED AND FAMILY COUNSELLING COVER

If any Insured Person's Spouse or Dependent Children sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to reimburse to the Insured Person the actual cost of professional counseling for the Insured Person up to the Compensation specified in the Policy Schedule.

Alternatively, If the Spouse and Dependent Children are insured under the policy and if the Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve month from the date of loss, then the Company agrees to reimburse to the Insured Person's Beneficiary or legal representative the actual cost of professional counseling for the Insured Person's Spouse and Dependent Children up to the Compensation stated in the Policy Schedule.

The Exclusion "Mental or nervous disorder, anxiety, stress or depression" stands modified to the extent specified in context to this endorsement.

29. MEDICAL EVACUATION COVER (OPTIONAL)

If any Insured Person sustains Injury during the Policy period which directly and independently occurs from accident as a result of Catastrophe like flood, tsunami, earthquake, volcanic eruption, storm, hurricane, landslide/ Mudslide, riots, terrorist attacks and that requires immediate evacuation in order to avoid risking the life. The Company agrees to reimburse the actual cost incurred to avail the services by a professional Emergency Assistance Company up to the Compensation specified in the Policy Schedule.

The benefit shall be payable whilst the injury is sustained in the territorial limits stated in the Policy Schedule for this Section.

Specific Definition

Emergency Assistance Service Provider is a company that provides professional emergency assistance during catastrophe that the insured person can avail on paid basis during the course of the policy

During the aforesaid event, the Company shall facilitate the emergency evacuation services for professional Emergency Assistance Company upon request from the Insured Person or his/her representative. However the payment has to be initially borne by the Insured or his/her representative and then later reimbursed with the Company subject to admissibility based on policy coverage, exclusions and conditions. The Company shall work on best effort basis.

Adverse Weather & Disturbed Areas: On occasion of adverse weather conditions such as floods, heavy rain, thunder / lightening or any geo-political disturbances or other external factors may affect our ability to facilitate the services and it may become impossible to assist until the condition improves.

This is an optional benefit and cannot be opted on standalone basis.

30. DEPENDENT CHILD EDUCATION BENEFIT

If any Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve months from the date of loss. The Company agrees to pay the compensation specified in the Policy Schedule for his/her Dependent Children's education.

The Benefit shall be payable for Dependent Children with a sublimit on Sum Insured per child stated in the Policy Schedule. The coverage under this section is allowed up to maximum of 2 Dependent Children.

31. WIDOWHOOD BENEFIT

If any Insured Person sustains Injury during the Policy period which directly and independently of all causes results in Death within twelve months from the date of loss, The Company agrees to pay the compensation specified in the Policy Schedule to his/her spouse. Compensation payable under this section shall be independent to compensation payable under Accidental Death Section.

32. HOME TUITION BENEFIT (OPTIONAL)

If any Insured Person's Dependent Children sustains Injury during the Policy period which directly and independently occurs from accident and has been advised by the treating medical practitioner to stay at home till recovery, then the Company agrees to pay a fixed daily allowance to take care the home tuition fees not exceeding the period and subject to deductible/franchise specified in the Policy Schedule.

The liability of the Company arises and admissibility of the claim under Casualty Sections of the selected Plan.

The child should also be covered under the policy for availing this benefit.

This is an optional benefit and cannot be opted on standalone basis.

33. PARENTAL CARE BENEFIT

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within twelve months of the Date of Accident, then the Company agrees to pay the Compensation specified in the Policy Schedule in equal shares to each Dependent Parent of the Insured Person.

In this benefit

A Dependent Parent is eligible for this benefit if he or she, at the time of loss, is receiving financial support and care provided by the Insured Person or Spouse.

In case one of the parent is not alive, the total compensation shall be payable to the surviving parent.

34. COMPASSIONATE VISIT

If any Insured person sustains Injury during the Policy period which directly and independently of all other causes results in In-patient hospitalization that lasts continuously for specified period. The Company agrees to reimburse the actual expenses upto compensation specified in the Policy Schedule and incurred in transporting one Immediate Family Member to the Hospital where the Insured Person is admitted following an accident, provided that such Hospital is located at least 200 Kilometers from the Immediate Family member's place of residence.

The benefit shall be payable whilst the injury is sustained in the territorial limits stated in the Policy Schedule for this Section.

1. LOSS OF JOB COVER(OPTIONAL)

If any Insured Person sustains Injury during the policy period which directly and independently of all other causes results in permanent partial disablement rendering the Insured Person unfit for job. The Company agrees to pay compensation stated in the Policy Schedule to sustain the livelihood of his family.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., PERMANENT PARTIAL DISABLEMENT (PPD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule.

Compensation payable under this section shall be independent to compensation payable under Permanent Partial Disablement Section.

This is an optional benefit and cannot be opted on standalone basis.

2. LEGAL EXPENSES

The Company agrees to pay the actual legal costs and expenses upto compensation specified in the Policy Schedule which is incurred by the Insured Person or the legal representative of the Insured Person with consent from the Company, as the case may be, towards claim from the third party who is involved in the accident which has resulted in the accidental death or Permanent Total Disablement of the Insured Person. The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., ACCIDENTAL DEATH,

PERMANENT TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule.

Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement Section.

3. EMI PROTECTION COVER (OPTIONAL)

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Permanent Partial Disability and it completely prevents the Insured Person from performing each and every duty that pertains to his employment or engaging in occupation for a minimum period of one month. In such an event, the Company will pay the amount in commensuration with the Insured Person's contribution in EMI of the loan account linked with this policy, provided the claim is accepted and paid under Permanent Partial Disability Section and subject to a compensation specified in the Policy Schedule.

In this Benefit:

The liability of the Company shall cease on the occurrence of any of the following events:

Once the Insured Person engages in the same or alternative occupation

Upon payment of 3 EMI beginning from the date of accident

The Company is not liable to pay for any penalty or arrears which may have accumulated due to delayed or missed EMI's prior to the date of accident.

This is an optional benefit and cannot be opted on standalone basis.

4. HEALTH INSURANCE PREMIUM INDEMNITY

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death or Permanent Total Disablement within 12 months from the date of accident, the Company agrees to pay an amount equivalent to the subsequent three year's renewal premium for any ongoing Health Insurance Policy for the Insured Person's surviving Family members covered under the Health Insurance Policy.

The liability of the Company arises only if there is an existing Health Insurance Policy prior to the date of accident and there is an admissible claim under Accidental Death or Permanent Total Disablement. The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., ACCIDENTAL DEATH, PERMANENT TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule.

If at the time of claim, the Insured Person has multiple Health Insurance Policies., the Company agrees to pay for the highest compensation against any one Health Insurance Policy.

5. DEPENDENT CHILD'S MARRIAGE BENEFIT

If any Insured Person sustains Injury during the Policy period which directly and independently of all other causes results in Death within 12 months from the date of accident, the Company agrees to pay the compensation as specified in the Policy Schedule in equal shares to each Dependent Child of the Insured Person.

The liability of the Company arises and admissibility of the claim under this section shall be determined based on the admissibility of named events under the policy ie., ACCIDENTAL DEATH,

PERMANENT TOTAL DISABLEMENT (PTD) regardless of the fact that the cover for these sections may not have been extended under the Policy Schedule. Compensation payable under this section shall be independent to compensation payable under Accidental Death or Permanent Total Disablement Section.

Permanent Exclusions:

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

- Any Pre-existing Condition(s) and complications arising out of or resulting therefrom;
- Through suicide, attempted suicide (whether sane and insane) or intentionally self-inflicted injury or illness, including abstinent from a normal behavior of having food.

Benefit claim arising out of Mental or nervous disorder, anxiety & depression are excluded under the policy. However cost of treatment (if opted by the insured under this policy) as a result of any accident shall be payable as per policy terms and conditions.

Whilst engaging in Adventure Sports. The list of adventurous sports are Water Rafting, Wildlife/Jeep Safaris, Trekking, Camping, Boat safaris, Parasailing, Paragliding, Elephant/Camel/Horse/Yak Safaris, Cycling, House Boat stays, Motor Bike tours, Kayaking, Rock Climbing, Artificial Wall Climbing, Bungee Jumping, Paintball, Suba Diving, Hot Air Ballooning, Canoeing, Mountain Biking, Rappelling, Snorkeling, Zip wires & high Rope course, Abseiling, Surfing, Water Skiing, Skiing, Caving, Self-Drive tours, Mountaineering/Hiking, All Terrain Vehicle, Hang Gliding, Snowboarding, Ultra-Light flying, Heli-skiing, Sky Diving. .

While under the influence of liquor or drugs, alcohol or other intoxicants,

Through deliberate or intentional, unlawful or criminal act, error, or omission, participation in an actual or attempted felony, riot, crime, misdemeanor, civil commotion,

Whilst engaging in aviation, whilst mounting into, dismounting from or traveling in any aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world,

Whilst participating as the driver, co-driver or passenger of a motor vehicle during motor racing or trial runs,

As a result of any curative treatments or interventions that you carry out or have carried out on your body, including alternative forms of medicines like chiropractic treatments etc.

Arising out of your participation in any police, naval, military or air force operations whether peace or in war in the form of military exercises or war games or actual engagement with the enemy, Whether foreign or domestic,

Your consequential losses of any kind or your actual or alleged legal liability.

Venereal or sexually transmitted diseases,

HIV (Human Immunodeficiency Virus) and/or any HIV related illness including AIDS (Acquired Immune Deficiency Syndrome) and/or mutant derivatives or variations thereof however caused,

Pregnancy, resulting childbirth, maternity expenses, miscarriage, abortion, or complications arising out of any of these,

War (whether declared or not), civil war, invasion, act of foreign enemies, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrest, restraint or detainment, confiscation or nationalization or requisition of or damage by or under the order of any government or public local authority, or

Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel,

The radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment,

Operating or learning to operate any aircraft, or performing duties as a member of the crew on any aircraft; or Scheduled Airlines

Any Claim caused by fragile bone disorder, osteoporosis (porosity and brittleness of the bones due to loss of protein from the bones matrix) or pathological fracture (any fracture in an area where pre-existing Disease has caused the weakening of the bone) if osteoporosis or bone Disease diagnosed prior to the Policy Effective Date,

No benefit would be paid under this policy, unless the nature & extent of injury is established medically with appropriate investigation reports & certified by the treating doctor

While engaged in hazardous activity unless specifically covered under the policy

Expenses incurred on neck belts, wrist bandages, walking sticks, abdomen belts, CPAP and any other similar external aid /devices, the use of which has been necessitated following an accident unless specifically covered under the policy

Additional exclusions applicable to the Medical Sections if opted

Vaccination and inoculation of any kind unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.

Vitamins and tonics unless forming part of treatment for Injury due to an Accident as prescribed by the Medical Practitioner.

Charges related to Aesthetic treatment, cosmetic surgery and plastic surgery unless specifically covered under the policy.

Treatment taken from persons not registered as Medical Practitioners under respective Medical Councils.

Any other medical or surgical treatment except as may be necessary solely as a result of Injury.

Dental treatment or surgery of any kind unless as a result of Accidental Bodily Injury to natural teeth and subject to Inpatient &/ or Outpatient Hospitalization Treatment being specifically covered under the policy.

Experimental, unproven or non-standard treatment.

Claim Procedure

A. Claims Notification- Claims Multi Media Model

It is the endeavor of Company to give multiple options to the Insured Person/Insured Person's representative to intimate the claim to the Company. The intimation can be given in following ways:

- Toll Free call Centre of the Insurance Company(24x7) - 1800-103-2292
- Login to the website of the Insurance Company and intimate the claim – <http://www.bharti-axagi.co.in/contact-us>
- Send an email to the Company- customersupportba@icicilombard.com
- Post/courier to TPA/Company - ICICI Lombard Healthcare, ICICI Bank Tower, Plot No. 12, Financial District, Nanakram Guda, Gachibowli, Hyderabad-500032.

• Directly contact our Company office but in writing. - ICICI Lombard General Insurance Company Ltd.,
ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025, Telephone: 18001032292.

In all the above, the intimations are directed to a central team for prompt and immediate action.

B. Claim Documentation: The Insured / Insured Person or his/her legal representatives as the case may be, shall be required to submit the following documents while lodging a claim under the Policy

The details of the documentation requirement is in Annexure 1

Upon receipt of all required documents, the offer of settlement will be made within 30 Days. Settlement (Payment) of claim will be made within 7 days of receipt of acceptance in response to the offer of settlement, failing which penal interest (in compliance with the applicable regulations) at a rate 2% higher than bank rate prevailing as on the date of beginning of financial year in which the claim is reviewed.

Salient Features:

Premium Table

The premium payable under the various product variants are as per the Rate Chart as Annexure 1 to IPA Prospectus..

Renewal

The policy is ordinarily renewable up to 75 Years upon payment of premium unless The Insured/Insured Person has already claimed under the policy OR there is any alteration that has taken place in the facts contained in the proposal or declaration and nothing is known to the Insured/ Insured Person that may enhance the risk of the Company OR the Insured/Insured Person or anyone acting on behalf of the Insured Person has acted in an improper, dishonest or fraudulent manner or any misrepresentation that poses a moral hazard.

Free Look Period:

Insured / Insured person have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the insured have any objections to any of the terms and conditions, he / she has the option of cancelling the Policy stating the reasons for cancellation and the premium will be refunded after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium.

The policy can be cancelled only if insured/insured person has not made any claims under the Policy. Free look provision is not applicable to policy with tenure less than a year and at the time of renewal of the Policy

Grace Period:

All applications for renewal of the policy must be received by us before the end of the policy. A Grace Period of 30 days for renewing the Policy is provided under this Policy. (15 days if the premium paying mode is monthly/ quarterly/ half- yearly) from the Expiry Date or premium due date.

However, there is no coverage for injury sustained or disease contacted during this period.

Cancellation/Termination:

The Company may cancel this Policy, by giving 15 days notice in writing by Registered Post Acknowledgment Due to the Insured at his / their last known address. The company shall exercise its right to cancel only in case of non-cooperation of the Insured / Insured Person in implementing the terms and conditions of this Policy, mis representation, fraud, non disclosure of material facts in which case the the policy shall stand cancelled ab-initio and there will be no refund of premium.

The Insured may also give 15 days notice in writing, to the Company, for the cancellation of this Policy, in which case the Company shall from the date of receipt of notice cancel the Policy and retain the premium for the period this Policy has been in force at the Company's short period scales. Provided however that refund on cancellation of Policy by the Insured shall be made only if no claim has occurred up to the date of cancellation of this Policy.

Period on risk\ Policy Term	% Return Premium		
	1 Year	2 Years	3 Years
Upto 1 month	75.00%	85.00%	90.00%
Upto 3 months	50.00%	75.00%	85.00%
Upto 6 months	25.00%	60.00%	75.00%
Upto 12 months	Nil	50.00%	60.00%
Upto 15 months	NA	30.00%	50.00%
Upto 18 months		20.00%	35.00%
Upto 24 months		Nil	30.00%
Upto 30 months			15.00%
Exceeding 30 months		NA	Nil

We may revise the renewal premium payable under the Policy provided that revisions to the renewal premium are in accordance with the IRDAI rules and regulations as applicable from time to time. Change in rates will be applicable from the date of approval by the Authority and shall be applied only prospectively thereafter for new policies and at the date of renewal for renewals.

This product may be withdrawn / modified by Us after due approval from IRDAI. In case this product is withdrawn / modified by Us, this Policy can be renewed under the then prevailing Health Insurance Product or its nearest substitute approved by IRDAI. We shall duly intimate Policyholder at least three months prior to the date of such withdrawal / modification of this product and the options available to Insured Person at the time of renewal of this policy.

No loading based on individual claim experience shall be applicable on renewal premium payable. Sum Insured can be increased / decreased only at the time of renewal. However, increase in Sum Insured may require further Underwriting.

Portability:

The Policyholder and / or Insured Person can apply to Us for a health insurance policy only in case the proposed Insured Person is covered without any break under any individual health insurance policy from any Indian non-life insurance company or Health Insurance Company registered with the IRDAI or any group health insurance policy from Us.

Underwriting:

The proposal shall be subjected to individual underwriting based on the annual income and the sum insured proposed for each prospect. Post the underwriting review, the underwriter may:

- Accept the proposal as is
- Reject the proposal
- Accept the proposal with loading (as per Underwriting policy of the Company)

S.No	Loading Type	Loading %
1	Risk Category*	
	Risk Group 1	No loading
	Risk Group 2	No loading
	Risk Group 3	50%
	Risk Group 4	100%

Discounts:

Sno	Discount Type	Discount %
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1	Family Discount - This discount shall be applicable if more than one person are covered in a single policy	5.00%
2	Existing Customer of Bharti AXA GI/ LI/ or a Bharti group company/AXA group company	10%
3	Existing Staff of Bharti AXA GI/ LI/ or a Bharti group company/AXA group company	10%
4	Multi Year policy discount	
	2 years PT (Annual Rate x 2 x (1-Discout Rate))	7.50%
	3 years PT (Annual Rate x 3 x (1-Discout Rate))	10.00%

Maximum cumulative discount cannot exceed 15%

GENERAL NOTE

The Proposer can contact the agent / intermediary / any of our offices for a full version of the Policy document.

This Policy is subject to IRDA - Protection of Policyholder's Interests Regulations, 2017

PROHIBITION OF REBATES (UNDER SECTION 41 OF INSURANCE ACT, 1938)

No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew or continue an Insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the Policy, nor shall any person taking out or renewing or continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the Insurers which shall be in conformity with regulations.

Any person making default in complying with the provision of this section shall be liable for a penalty which may extend to ten lakh rupees. .

Disclaimer

This document is only a summary of the product features. The actual benefits available are as described in the Policy, and will be subject to the Policy terms, conditions and exclusions. Please approach your insurance advisor if you require any further information or clarification.

Insurance is the subject matter of the solicitation. For more details you may refer to the Policy wordings which may be collected on request

GRIEVANCES REDRESSAL PROCEDURE:

The Company is committed to extend the best possible services to its customers. However, If Policyholder/Insured Person have a grievance that he/she wish us to redress, he/she may contact the Company with the details of their grievance via:

- Website: www.bharti-axagi.co.in
- Email: customer.service@bharti.axa.com
- Phone: 18001032292
- Courier: Any of the Company's Branch office or corporate office

Policyholder/Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

Escalation Level 1

In case the Policyholder/Insured/Insured Person has not got his/her grievances redressed through one of the above methods (After 5 days of intimating of your complaint), Policyholder/ Insured/ Insured Person may contact the National Grievance Redressal Officer at :

Write to: ICICI Lombard General Insurance Company Ltd., ICICI Lombard House, 414, Veer Savarkar Marg, Prabhadevi, Mumbai – 400025,

Telephone: 18001032292,

E-mail Id: <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

Escalation Level 2

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed through any of the above methods (After 5 days of approaching National Grievance Redressal Officer), Policyholder/ Insured/ Insured Person may contact the Chief Grievance Redressal Officer at:

Email : <https://www.bharti-axagi.co.in/grievance-redressal/procedure>

Escalation Level 3

In case the Policyholder/ Insured/Insured Person has not got his/her grievances redressed by the Company within 14 days, or, If Policyholder/ Insured/Insured Person is not satisfied with Company's redressal of the grievance through one of the above methods, Policyholder/ Insured/ Insured Person may approach the nearest Insurance Ombudsman for resolution of their grievance. The contact details of Ombudsman offices are provided in the policy wording. You may also find these details at <http://www.cioins.co.in/ombudsman.html>. Policy holder may also obtain copy of IRDAI circular Ref No. F. No. IRDAI/Reg/8/145/2017, notification on Insurance Regulatory and Development Authority (Protection of Policy holders' interests) Regulations, 2017 from any of our offices.

Grievance of Senior Citizens:

In respect of Senior Citizens, the Company has established a separate channel to address the grievances. Any concerns may be directly addressed to the Senior Citizen's channel of the Company for faster attention or speedy disposal of grievance, if any.

- Website: www.bharti-axagi.co.in
- Email: customersupportba@icicilombard.com
- Phone: 18001032292
- Courier: Any of the Company's Branch office or corporate office

Insured/ Insured Person may also approach the grievance cell at any of the Company's branches with the details of the grievance during working hours from Monday to Friday.

(Grievance Redressal for Senior Citizens will not be applicable in case of general insurance products)
Grievance Redressal Cell of the Consumer Affairs Department of IRDAI

The insurance company should resolve the complaint within a reasonable time. In case if it is not resolved within 15 days or if the Insured/Insured Person is unhappy with their resolution you can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI.

- Website: igms.irda.gov.in
- Email: complaints@irda.gov.in
- Toll Free Number 155255 (or) 1800 4254 732

Following Plans and Options are available under the Policy which a customer can select:

Schedule of Benefits

Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
Accidental Death	Accidental Death	Accidental Death	Accidental Death	Accidental Death
	Permanent Total Disablement	Permanent Total Disablement	Permanent Total Disablement	Permanent Total Disablement
	Permanent Partial Disablement	Permanent Partial Disablement	Permanent Partial Disablement	Permanent Partial Disablement
	Last Rites Costs	Burns	Broken Bones	Broken Bones
	Transportation Of Mortal Remains	In-Hospital Medical Expenses (Inpatient)	Burns	Burns
	Dependent Child Education Benefit	Common Carrier	Comatose Benefit	Comatose Benefit
		Home & Vehicle Modification	In-Hospital Medex (Inpatient)	Disappearance
		Ambulance Cost	Outpatient Medical Expenses (OPD)	IN-Hospital Medex (Inpatient)
		Last Rites Costs	Hospital Cash	Outpatient Medex (OPD)
		Transportation Of Mortal Remains	Assault	Hospital Cash
		Dependent Child Education Benefit	Animal Attack	External Aids And Appliances
			Last Rites Costs	Assault
			Ambulance Cost	Animal Attack
			Insured And Family Counselling Cover	Common Carrier
			Dependent Child Education Benefit	Last Rites Costs
			Parental Care Benefit	Transportation Of Mortal Remains

			Health Insurance Premium Indemnity	Home & Vehicle Modification
			Marriage Benefit	Ambulance Cost
				Air Ambulance
				Spouse Or Dependent Child Consolation Benefit
				Insured And Family Counselling Cover
				Dependent Child Education Benefit
				Widowhood Benefit
				Parental Care Benefit
				Compassionate Visit
				Legal Expenses
				Health Insurance Premium Indemnity
				Marriage Benefit

Optional Covers

Temporary Total Disablement
Adventure Sports
Home Convalescence - accident and injury cover
Rehabilitation Cover
Reconstructive Surgery Cover
Loss Of Job Cover
Medical Evacuation Cover
Home Tuition Benefit
EMI Protection Cover