

# Policy Document - Terms and Conditions of your policy

## ICICI Pru Crisis Cover

**In this Policy, the investment risk in investment portfolio is borne by the Policyholder**

Unique Identification Number (UIN) allotted by Insurance Regulatory and Development Authority (IRDA)

**UIN: ICICI Pru Crisis Cover: 105N072V01**

**Brief Policy Description:** This regular premium plan provides cover in the event of Life Assured contracting Critical illness or suffering Total and Permanent Disability. The Plan also provides benefit in case of death of the Life Assured

**Policy contract:** The Policy is a legal contract between the Policyholder and ICICI Prudential Life Insurance Company Ltd (the Company), which has been issued on the basis of the proposal form and the documents evidencing the insurability of the Life Assured. The Policy contract comprises the Policy certificate and the Policy document (terms & conditions). The Company agrees to provide the benefits set out in the Policy in return of premium paid by the Policyholder.

The Company relies upon the information given by the Proposer and / or the Life Assured in the proposal form, and in any document(s) and statements called for by the Company and submitted by the Proposer and / or the Life Assured and the statements made to the Medical Examiner. The Policy is declared void in case the information given is incomplete or inaccurate or untrue or in case it is found that the Policy was issued on the basis of fake / tampered documents / proofs.

The Policy is subject to the terms and conditions as mentioned in the Policy Document and is governed by the Indian laws.

**Free look period:** a period of 15 days is available to the Policyholder to review the Policy. If the terms and conditions of the Policy are not acceptable to the Policyholder, this booklet should be returned within 15 days from the day it is received by the Policyholder.

The Company will then return the premiums paid by the Policyholder after deduction of:

- 1) Proportionate premium for the period of cover;
- 2) Insurance stamp duty on Policy; and
- 3) Any expenses borne by the Company on the medicals.

### 1. DEFINITIONS:

- a) **"Company"** means ICICI Prudential Life Insurance Company Limited.
- b) **"Policyholder"** means the Proposer shown in the Policy Certificate or the owner of the Policy at any point of time.
- c) **"Life Assured"** means the person on whose life the Policy contract has been issued, the insured.
- d) **"Risk Commencement Date"** as shown in the Policy Certificate is the date on which the age of the Life Assured and the term of the Policy are calculated and the same are shown on the Policy Certificate.
- e) **"Cover Cessation Date"** as shown in the Policy Certificate is the date on which the Cover under the Policy ceases.
- f) **"Policy Issue Date"** as shown in the Policy Certificate is the date on which this policy is issued by the Company.
- g) **"Policy Reinstatement date"** is the date on which this policy is reinstated by the Company as per the norms of the Company from time to time and subject to the conditions mentioned in clause 2 of the General Conditions.
- h) **"Policy Year"** means a 12 calendar month period commencing with the Risk Commencement Date and with every policy anniversary thereafter.
- i) **"Policy Anniversary"** means the anniversary of the Risk Commencement date.
- j) **"Diagnosis"** shall mean diagnosis made by a physician based upon but not limited to radiological, clinical, and histological or laboratory tests acceptable to the Company.
- k) **"Physician"** shall mean qualified allopathic medical practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, registered with the Medical Council of India, acting within the scope of his licence and who is not the Life Assured / Proposer / Policyholder himself or related to the Life Assured / Proposer / Policyholder by blood or marriage.
- l) **"Neurologist"** shall mean the physician who studies, diagnoses and treat brain and nerve diseases and related disorders and is qualified postgraduate specialist in neurology.
- m) **"Neurosurgeon"** shall mean the surgeon who studies, diagnoses and treat brain and nerve diseases and related disorders and is qualified postgraduate specialist in neurosurgery.
- n) **"Cardiologist"** shall mean the physician who studies, diagnoses and treat heart diseases and related disorders and is qualified postgraduate specialist in cardiology.
- o) **"Haematologist"** shall mean the physician who studies, diagnoses and treat blood diseases and its related disorders and is qualified postgraduate specialist in haematology.
- p) **"Ophthalmologist"** shall mean the physician who studies, diagnoses and treat eye diseases and related disorders and is qualified postgraduate specialist in ophthalmology.
- q) **"Illness"** means a physical condition marked by a pathological deviation from the normal healthy state.
- r) **"Pre-existing Illness"** means a condition for which prior to the receipt of proposal for this Policy or prior to the date of reinstatement of this Policy: the Life Assured had signs or symptoms of an illness or bodily injury which would have caused any ordinary prudent person to seek treatment, diagnosis or care or medical advice or treatment was recommended by or received from a Physician or the Life Assured has undergone medical tests or investigations. Any congenital disorder, or related Illness and complication arising out of or connected with the pre-existing illness, shall be considered part of that pre-existing illness.
- s) **"Injury"** means bodily injury caused solely and directly by an accident.
- t) **"Accident"** refers to a sudden, unforeseen and involuntary event caused by external, violent and visible means.
- u) **"Activities of daily living":** 1) Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means; 2) Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances; 3) Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa; 4) Mobility: the ability to move indoors from room to room on level surfaces; 5) Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene; 6) Feeding: the ability to feed oneself once food has been prepared and made available.

### 2. Waiting Period for the purpose of receiving Claim benefit under the Policy:

The benefit towards Critical Illness or towards Total and Permanent Disability due to sickness shall be payable provided that the Critical Illness or the sickness of the Life Assured has first occurred or first manifested after a period of six months from the Policy Issue Date or after a period of three months from the Policy reinstatement date where the Policy had been lapsed for more than three months. Where the Policy is reinstated within six months from the Policy Issue Date, the waiting period shall continue till the date on which a period of six months from the Policy issue date ends or till the date on which a period of three months from the Policy reinstatement date ends, whichever is later. The waiting period shall not be applicable where the Claim has occurred as a result of **I) Critical Illness or Total and Permanent Disability of the Life Assured due to an accident. II) Death of the Life Assured.**

### 3. Critical Illness Benefit:

- i. In the event the Life Assured is diagnosed to be suffering from any of the Critical Illnesses (as defined below), the benefit payable shall be to the extent and subject to the fulfillment of the conditions specified for each Critical Illness and subject to the Policy being in force on the date of diagnosis.
- ii. In the event the Life Assured is diagnosed of or where the symptoms have occurred or for which care, treatment or medical advice was recommended, received, or which first manifested itself or was contracted within the waiting period or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, the Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any). No other benefit shall be payable and the Policy shall stand terminated thereafter.
- iii. Only one claim shall be admissible in respect of one Critical Illness during the Policy term.
- iv. The maximum Critical Illness benefit payable under all the policies taken on the life of the same Life Assured in respect of the same or another Critical Illness or one or more Critical Illnesses is restricted to Rs. 2,000,000/- (Rupees Twenty Lakhs only).
- v. A **"Critical Illness"** shall mean any one of the following critical illnesses which first occurs or first manifests itself and is diagnosed and is subject to the conditions as stated in clause (2) above.

#### The following benefits will be payable based on the Critical Illness (as specified under each Critical Illness)

- A) 100% of the Sum Assured or Rs. 10,00,000/- or the Sum Assured mentioned in the Policy Certificate less the amount of claim paid earlier, if any, whichever is the lowest. However, the maximum Critical Illness benefit payable under all the policies taken on the life of the same Life Assured in respect of the above Critical Illness is restricted to Rs. 10,00,000/- (Rupees Ten Lakhs only). The policy shall thereafter continue for Reduced Sum Assured, if any, (Sum Assured mentioned in the Policy Certificate less the amount of claim(s) admitted by the Company) subject to receipt of premiums as applicable for the Reduced Sum Assured. The reduced premium shall be applicable from the next policy anniversary. Where the Company has paid out the entire Sum Assured shown in the Policy certificate, the Policy shall be terminated.**

- B) Sum Assured specified in the Policy Certificate less the amount of claim paid earlier, if any, under any other Critical Illness. On the admission of a claim under this condition, the Policy shall stand terminated forthwith.**

**1) Angioplasty and other Invasive Treatment for Coronary Artery Disease:** Means the actual undergoing for the first time of Coronary Artery Balloon Angioplasty, Atherectomy, LASER treatment or the insertion of a stent to correct a narrowing of minimum 60% stenosis, of one or more major Coronary arteries as shown by Angiographic evidence. The revascularisation must be considered medically necessary by a consultant Cardiologist.

Coronary arteries herein refer only to Left Main Stem, Left Anterior Descending, Circumflex and Right Coronary Artery. Intra Arterial investigative procedures and Diagnostic Angiography are not included. Evidence required: In addition to the documents mentioned in Clause 7 under the General Conditions, the Company shall require the following:

- I) Coronary Angiography Report – Pre and post Angioplasty or Other Invasive Treatment as defined above

- II) Discharge Card of the hospital where the procedure was done

Benefit Payable: 50% of the Sum Assured or Rupees five lakhs or the Sum Assured mentioned in the Policy Certificate less the amount of claim paid earlier, if any, whichever is the lowest. However, the maximum Critical Illness benefit payable under all the policies taken on the life of the same Life Assured in respect of the above Critical Illness is restricted to Rs. 5,00,000/- (Rupees Five Lakhs only). The policy shall thereafter continue for Reduced Sum Assured, if any, (Sum Assured mentioned in the Policy Certificate less the amount of claim(s) admitted by the Company) subject to receipt of premiums as applicable for the Reduced Sum Assured. The reduced premium shall be applicable from the next policy anniversary. Where the Company has paid out the entire Sum Assured shown in the Policy certificate, the Policy shall be terminated.

**2) Alzheimer's Disease:** Alzheimer's disease is a progressive degenerative disease of the brain characterised by diffuse atrophy throughout the cerebral cortex with distinctive histopathologic changes. Deterioration or loss of intellectual capacity as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's disease, resulting in progressive significant reduction in mental and social functioning requiring the continuous supervision of the life assured. This diagnosis must be supported by the clinical confirmation of an appropriate consultant Neurologist and supported by the Company's appointed doctor.

#### Exclusions:

- I) Non organic diseases such as neurosis and psychiatric illnesses; and

- II) Alcohol related brain damage.

- III) Any other type of irreversible organic disorder / dementia

**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.

**3) Apallic Syndrome:** Universal necrosis of the brain cortex with the brainstem remaining intact. Diagnosis must be confirmed by a Neurologist and condition must be documented for at least one month.

**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.

**4) Aplastic Anaemia:** Chronic persistent bone marrow failure which results in Anaemia, Neutropenia and Thrombocytopenia requiring treatment with at least one of the following:

- i. Regular Blood Product Transfusion. ii. Marrow Stimulating Agents. iii. Immunosuppressive Agents or iv. Bone Marrow Transplantation

The diagnosis and suggested line of treatment must be confirmed by a Haematologist using relevant laboratory investigations including Bone Marrow Biopsy. Two out of the following three values should be present:

1. Absolute Neutrophil count of 500 per cubic millimetre or less; 2. Absolute Reticulocyte count of 20,000 per cubic millimetre or less; and 3. Platelet count of 20,000 per cubic millimetre or less.

**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.

**5) Benign Brain Tumour:** A Benign Tumour in the brain where all of the following conditions are met: **I) It is life threatening; II) It has caused damage to the brain; III) It has undergone surgical removal or, if inoperable, has caused a permanent neurological deficit such as but not restricted to characteristic symptoms of increased intracranial pressure such as papilloedema, mental symptoms, seizures and sensory impairment; and IV) Its presence must be confirmed by a neurologist or neurosurgeon and supported by findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques.**

- Exclusions:** 1) Cysts 2) Granulomas 3) Vascular malformations 4) Haematomas 5) Calcification 6) Meningiomas 7) Tumours of the pituitary gland or spinal cord and 8) Tumours of acoustic nerve (acoustic neuroma).

**Benefit Payable:** As specified in Clause 3, Sub-Clause B of Terms and Condition.

- 6) Blindness:** Total and irreversible loss of sight in both eyes as a result of illness or accident. The blindness must be confirmed by an Ophthalmologist.  
**Benefit Payable:** As specified in Clause 3.1.
- 7) Brain Surgery:** The actual undergoing of surgery to the brain, under general anaesthesia, during which a Craniotomy is performed. Burr hole and brain surgery as a result of an accident is excluded. The procedure must be considered necessary by a qualified specialist and the benefit shall only be payable once corrective surgery has been carried out.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 8) Cancer:** A malignant tumour characterised by the uncontrolled growth and spread of malignant cells and the invasion of tissue. The diagnosis must be Histologically confirmed. The term cancer includes leukaemia but the following cancers are excluded:  
**(a)** All tumours which are Histologically described as premalignant, non-invasive or carcinoma in situ; **(b)** All forms of lymphoma in the presence of any Human Immunodeficiency Virus; **(c)** Kaposi's sarcoma in the presence of any Human Immunodeficiency Virus; **(d)** Any skin cancer other than invasive malignant melanoma; **(e)** 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; and **(f)** T1N0M0 Papillary micro-carcinoma of the Thyroid less than 1 cm in diameter.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 9) Cardiomyopathy:** The unequivocal diagnosis by a consultant cardiologist of Cardiomyopathy causing impaired ventricular function, suspected by ECG abnormalities and confirmed by cardiac echo of variable etiology and resulting in permanent physical impairments to the degree of at least Class IV of the New York Association (NYHA) Classification of cardiac impairment. The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):  
**a.** Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain. **b.** Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. **c.** Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms. **d.** Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest. Cardiomyopathy related to alcohol abuse is excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 10) Chronic Lung Disease:** End Stage Respiratory Failure including Chronic Interstitial Lung Disease. The following criteria must be met:  
**a.** Requiring permanent oxygen therapy as a result of a consistent FEV1 test value of less than one litre (Forced Expiratory Volume during the first second of a forced exhalation). **b.** Arterial Blood Gas analysis with partial oxygen pressures of 55mmHg or less **c.** Dyspnoea at rest. This diagnosis must be confirmed by a chest physician  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 11) Coma:** A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:  
**a.** No response to external stimuli continuously for at least 96 hours; **b.** Life support measures are necessary to sustain life; and **c.** Brain damage resulting in permanent neurological deficit which must be assessed at least 30 days after the onset of the coma. Confirmation by a neurologist must be present. Coma resulting directly from self inflicted injury, alcohol or drug abuse is excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 12) Coronary Artery Bypass Surgery:** The undergoing of open heart surgery on the advice of a consultant cardiologist to correct narrowing or blockage of one or more Coronary Arteries with Bypass Grafts. Angiographic evidence to support the necessity of the surgery will be required. Balloon Angioplasty, laser or any Catheter based procedures are not covered.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 13) Deafness:** Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by audiometric and sound threshold tests provided and certified by an Ear, Nose, Throat (ENT) specialist. Total means "the loss of at least 80 decibels in all frequencies of hearing" in both ears.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 14) End Stage Liver Disease:** End Stage Liver Disease means chronic end stage liver failure evidenced by all of the following:  
**1)** Uncontrollable Ascites **2)** permanent Jaundice **3)** Oesophageal or Gastric Varices and Portal Hypertension **4)** Hepatic Encephalopathy  
Liver disease arising out of or secondary to alcohol or drug abuse is excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 15) Heart Attack:** The first occurrence of Heart Attack or Myocardial Infarction which means death of heart muscle, due to inadequate blood supply, that has resulted in all of the following evidence of acute myocardial infarction:  
**1.** Typical clinical symptoms (for example, characteristic chest pain). **2.** New characteristic electrocardiographic changes. **3.** The characteristic rise of cardiac enzymes or Troponins recorded at the following levels or higher; **4.** Troponin T > 1.0 ng/ml **5.** AccuTnl > 0.5 ng/ml or equivalent threshold with other Troponin I methods **6.** The evidence must show a definite acute myocardial infarction.  
The following are not covered:  
**(a)** Angina. **(b)** Other acute coronary syndromes, for example myocyte necrosis. Diagnosis must be confirmed by a Consultant Cardiologist  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 16) Heart Valve Surgery:** The actual undergoing of Open Heart Surgery to replace or repair heart valve abnormalities. The diagnosis of heart valve abnormality must be evidenced by echocardiogram and supported by cardiac catheterization if done and the procedure must be considered medically necessary by a consultant Cardiologist.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 17) Kidney Failure:** End Stage Renal Failure presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis or renal transplant is undertaken. Evidence of End Stage Kidney Disease must be provided and the requirement for dialysis or transplantation must be confirmed by a consultant physician.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 18) Loss of Independent Existence:** Confirmation by a Consultant Physician of the loss of independent existence due to illness or trauma, lasting for a minimum period of 6 months and resulting in a permanent inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent", shall mean beyond the scope of recovery with current medical knowledge and technology.  
**Activities of Daily Living:** As specified in Clause 1 (Definitions), sub-clause u of Terms and Condition  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 19) Loss of Limbs:** The loss by severance of two or more limbs, at or above the wrist or ankle. Loss of Limbs resulting directly or indirectly from self inflicted injury, alcohol or drug abuse is excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 20) Loss of Speech:** Total and irrecoverable loss of the ability to speak as a result of injury or disease to the Vocal Cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist. All psychiatric related causes are excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 21) Major Burns:** Third degree (full thickness of the skin) burns covering at least 20% of the surface of the Life Assured's body. The condition should be confirmed by a Consultant Physician Burns arising due to self infliction are excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 22) Major Head Trauma:** Accidental head injury resulting in permanent Neurological deficit to be assessed no sooner than 6 weeks from the date of the accident. This diagnosis must be confirmed by a consultant Neurologist and supported by unequivocal findings on Magnetic Resonance Imaging, Computerised Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes. The Accidental Head injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.  
**The Activities of Daily Living:** As specified in Clause 1 (Definitions), sub-clause u of Terms and Condition  
**The following are excluded: (a)** Spinal cord injury; and **(b)** Head injury due to any other causes.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 23) Major Organ Transplant:** The receipt of a transplant of:  
**1.** Human Bone Marrow using haematopoietic stem cells preceded by total Bone Marrow Ablation; or  
**2.** One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end stage failure of the relevant organ. Other stem cell transplants are excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 24) Medullary Cystic Disease:** A progressive hereditary disease of the kidneys characterized by the presence of cysts in the medulla, tubular atrophy and interstitial fibrosis with the clinical manifestations of anaemia, polyuria and renal loss of sodium, progressing to chronic renal failure. Diagnosis should be supported by renal biopsy.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 25) Motor Neuron Disease:** Motor Neuron Disease characterised by progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neuron which include Spinal Muscular Atrophy, Progressive Bulbar Palsy, Amyotrophic Lateral Sclerosis and Primary Lateral Sclerosis. This diagnosis must be confirmed by a Neurologist as progressive and resulting in permanent clinical impairment of motor functions. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.  
**The Activities of Daily Living:** As specified in Clause 1 (Definitions), sub-clause u of Terms and Condition  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 26) Multiple Sclerosis:** The definite occurrence of Multiple Sclerosis. The diagnosis must be supported by all of the following:  
**1.** Investigations which unequivocally confirm the diagnosis to be Multiple Sclerosis; **2.** There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and **3.** Well documented history of exacerbations and remissions of said symptoms or neurological deficits.  
Other causes of neurological damage such as Systemic Lupus Erythematosus and Human Immunodeficiency Virus are excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 27) Muscular Dystrophy:** A group of hereditary degenerative diseases of muscle characterised by weakness and atrophy of muscle. The diagnosis of Muscular Dystrophy must be unequivocal and made by a consultant neurologist with confirmation of the combination of 3 out of 4 following conditions.  
**1.** History of other affected family members **2.** Clinical presentation including absence of sensory disturbance, normal Cerebrospinal Fluid and mild tendon reflex reduction **3.** Characteristic Electromyogram **4.** Clinical suspicion confirmed by muscle biopsy. The condition must result in the inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months.  
**The Activities of Daily Living are:** As specified in Clause 18.1.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 28) Paralysis:** Complete and permanent loss of the use of two or more limbs, as a result of injury or disease of the brain or spinal cord. To establish permanence, the paralysis must normally have persisted for at least 6 months from the date of trauma or illness resulting in the Life Insured being unable to perform his / her usual occupation. The condition must be confirmed by a consultant Neurologist on basis of appropriate imaging techniques such as CT/MRI scans.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.
- 29) Parkinson's Disease:** The unequivocal diagnosis of progressive degenerative idiopathic Parkinson's Disease by a consultant Neurologist. This diagnosis must be supported by all of the following conditions:  
**1.** The disease cannot be controlled with medication; **2.** Signs of progressive impairment; and **3.** Inability of the Life Assured to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living" for a continuous period of at least 6 months  
**The Activities of Daily Living:** As specified in Clause 1 (Definitions), sub-clause u of Terms and Condition  
Drug induced or toxic causes of Parkinsonism are excluded.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 30) Poliomyelitis:** The occurrence of Poliomyelitis where the following conditions are met:  
**1.** Poliovirus is identified as the cause and is proved by Stool Analysis, **2.** Paralysis of the limb muscles or respiratory muscles must be present and persist for at least 3 months.  
**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.
- 31) Primary Pulmonary Hypertension:** Primary Pulmonary Hypertension with substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Life Insured being unable to perform his / her usual occupation. The NYHA Classification of Cardiac Impairment (Source: "Current Medical Diagnosis and Treatment – 39th Edition"):  
**1.** Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or anginal pain. **2.** Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms. **3.** Class III: Marked limitation of physical activity. Comfortable at rest, but less

than ordinary activity causes symptoms. **4. Class IV:** Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.

**32) Stroke:** Defined as a CerebroVascular Accident or incident producing Neurological sequelae of a permanent nature, having lasted not less than six months. Infarction of brain tissue, haemorrhage and embolisation from an extracranial source are included. The diagnosis must be based on changes seen in a CT scan or MRI and certified by a Neurologist.

Specifically excluded are cerebral symptoms due to Transient Ischaemic Attacks, any reversible ischaemic neurological deficit, vertebrobasilar ischaemia, cerebral symptoms due to migraine, cerebral injury resulting from trauma or hypoxia and vascular disease affecting the eye or optic nerve or vestibular functions

**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.

**33) Surgery to Aorta:** The actual undergoing of surgery (including key hole type) for a disease or injury of the aorta needing excision and surgical replacement of the diseased part of the aorta with a graft. The term 'Aorta' means the Thoracic and Abdominal Aorta but not its branches.

**Benefit Payable:** As specified in Clause 3, Sub-Clause B) of Terms and Condition.

**34) Systemic Lupus Erythematosus with Lupus Nephritis:** A multisystem, multifactorial, autoimmune disorder characterised by the development of autoantibodies directed against various self antigens. In respect of this contract, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a certified doctor specialising in Rheumatology and Immunology.

Other forms, discoid Lupus, and those forms with only Haematological and joint involvement will be specifically excluded. WHO Lupus Classification: **1. Class I (Minimal change)** – Negative, normal urine **2. Class II (Mesangial)** – Moderate proteinuria, active sediment **3. Class III (Focal Segmental)** – Proteinuria, active sediment **4. Class IV (Diffuse)** – Acute nephritis with active sediment and / or nephritic syndrome **5. Class V (Membranous)** – Nephrotic Syndrome or severe proteinuria.

**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.

**35) Terminal Illness:** A Life Assured shall be regarded as terminally ill only if that Life Assured is diagnosed as suffering from a condition which, in the opinion of two appropriate independent medical consultants, is highly likely to lead to death within 12 months. The terminal illness must be diagnosed and confirmed by medical consultants registered with the Indian Medical Association and approved by the Company. The Company reserves the right for independent assessment. The insured must no longer be receiving active treatment other than that of the pain relief. Terminal Illness due to AIDS is excluded.

**Benefit Payable:** As specified in Clause 3, Sub-Clause A) of Terms and Condition.

**4. Total and Permanent Disability (TPD):** Definition: The life assured has become totally and irreversibly disabled as a result of sickness or injury.

**a)** Up until the policy anniversary on which the life assured is aged 65 nearest birthday. To be regarded as totally and permanently disabled, the Life Assured must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

**b)** From the policy anniversary on which the life assured is aged 65 nearest birthday. To be regarded as totally and permanently disabled, the life assured must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Living"

**The Activities of Daily Living:** As specified in Clause 1 (Definitions), sub-clause u of Terms and Condition

**c)** At any time while this policy is in force, the total and permanent loss of use of both hands, or both feet, or both eyes, or a combination of any two, will also result in the life assured being regarded as totally and permanently disabled.

**d)** The above disability must have lasted without interruption for at least six consecutive months and must be deemed permanent by an appropriate medical practitioner appointed by the company.

**e)** Subject to the Policy being in force on the date of disability and in the event of the Life Assured becoming totally and permanently disabled as stated above, the Company shall pay the Sum Assured mentioned in the Policy Certificate less the amount of earlier claim paid, if any, under the Critical Illness Benefit provisions. On the admission of a claim for this benefit, the Policy shall stand terminated forthwith.

**f)** However in the event the Life Assured is determined to be Totally and Permanently Disabled as a result of a sickness where the symptoms have occurred or for which care, treatment or medical advice was recommended, received, or which first manifested itself or was contracted within the waiting period or for which a claim has or could have been made under any earlier policy on the life of the Life Assured, and such sickness has resulted in the Life Assured being Totally and Permanently Disabled, the Company shall refund the premiums paid (without interest and excluding any extra premiums paid) and the policy shall stand terminated.

**5. Death Benefit:**

**a.** In the event of the death of the Life Assured while the Policy is in force on the date of death, the Company shall pay the Sum Assured mentioned in the Policy Certificate less the amount of earlier claim paid, if any, towards the Critical Illness Benefit. On the admission of a claim for this benefit, the Policy shall stand terminated forthwith.

**b.** Where within the waiting period, the Life Assured had been diagnosed of any one of the stated Critical Illnesses or the Life Assured had suffered from sickness resulting in total & permanent disability for which a claim could have been made and then death of the Life Assured occurs any time during the Policy term, the Company shall refund the premiums paid (without interest and excluding any extra premiums paid, if any). No other benefit shall be payable and the Policy shall stand terminated thereafter.

**c.** Subject to the Policy being in force on date of death and subject to what is stated in the above Clause, in case of death of the Life Assured while the Claim for Critical Illness or Total and Permanent Disability is under consideration, the Company shall pay only the Sum Assured less the amount of earlier claim paid, if any, towards the Critical Illness Benefit.

**d.** In the event the Life Assured, whether sane or insane commits suicide, within one year of the Policy Issue Date, the premiums paid under the Policy shall be refunded after deducting the expenses incurred by the company towards the issuance of the policy which include the stamp duty and cost of medical examination if any. Any extra premium charged will also not be refunded. No other benefits shall become payable and the Policy shall stand terminated.

**6. Termination of the Policy on the Cover Cessation Date:** The Policy shall stand automatically terminated on the survival of the Life Assured to the Cover Cessation Date as mentioned in the Policy Certificate. No benefit shall be payable under this policy on the Cover Cessation Date.

**7. Exclusions:** Without prejudice to the exclusions mentioned elsewhere in this document, the following exclusions shall apply to the benefits admissible under this policy: **a) For Critical Illness Benefit & Total and Permanent Disability:**

**i.** No benefits shall be paid for the following circumstances and for the following conditions / tests / treatments: **(1)** Pre-Existing Conditions or conditions connected to a Pre-Existing Condition unless such Pre-Existing Condition is stated in the proposal form and specifically accepted by ICICI Prudential and endorsed thereon. **(2)** Existence of any Sexually Transmitted Disease (STD) and its related complications or

Acquired Immune Deficiency Syndrome (AIDS) or the presence of any Human Immuno-deficiency Virus (HIV). **(3)** Failure to seek or follow medical advice, the Life assured has delayed medical treatment in order to circumvent the waiting period or other conditions and restriction applying to this policy. **(4)** self inflicted injury **(5)** Use of intoxicating drugs / alcohol / solvent, taking of drugs except under the direction of a qualified medical practitioner **(6)** War – whether declared or not, civil commotion, breach of law, invasion, hostilities (whether war is declared or not), rebellion, revolution, military or usurped power or wilful participation in acts of violence. **(7)** Treatment for injury or illness caused by avocations / activities such as hunting, mountaineering, steeple-chasing, professional sports, racing of any kind, scuba diving, aerial sports, activities such as hand-gliding, ballooning, deliberate exposure to exceptional danger. **(8)** Aviation other than as a fare paying passenger in a commercial licensed aircraft. **(9)** Taking part in any act of a criminal nature. **(10)** Pregnancy or childbirth or complications arising there from **(11)** Radioactive contamination due to nuclear accident. **(12)** Any treatment of a donor for the replacement of an organ; **(13)** Ayurvedic, Homeopathy, Unani, naturopathy, reflexology, acupuncture, bone-setting, herbalist treatment, hypnotism, rolfing, massage therapy, aroma therapy or any other treatments other than Allopathy / western medicines. **(14)** Diagnosis and treatment outside India. However, this exclusion shall not be applicable in the following countries: Australia, Brunei, Canada, Dubai, Hong Kong, Japan, Malaysia, New Zealand, Singapore, Switzerland, UAE, USA, and countries of the European Union. The company may review the above list of accepted foreign countries from time to time with approval from IRDA (Insurance Regulatory and Development Authority). Claims documents from outside India are only acceptable in English language unless specifically agreed otherwise, and duly authenticated.

**8. Other Conditions :**

**a)** Without prejudice to the provisions relating to termination of Policy mentioned elsewhere, the policy terminates or the cover will cease on the earliest of: **i)** The policy anniversary following the life assured's 75th birthday (age completed) **ii)** The date on which the policy is lapsed by the policyholder **iii)** On payment of 100% of the Sum Assured as mentioned in the Policy Certificate.

**b)** For the purpose of Critical Illness benefit, the date of occurrence of the listed condition (critical illness) will be reckoned as the date of first diagnosis of that condition. It will be the date on which a registered medical examiner has first confirmed and certified the diagnosis of any of the listed condition to be in accordance with the definition provided.

**c)** For the purpose of total and permanent disability benefit, the date of disability shall be date of evidence confirming the total and permanent disability of the Life Assured, as per the definition of Disability mentioned above.

**d)** Written Notice of a claim must be given to the Company within 60 days of the insured event. The Company may condone the delay in claim submission, where the delay is proved to be for reasons beyond the control of the insured

**e)** The admission of any claim shall be subject to satisfactory proof that the Life Assured is diagnosed to be suffering from any Critical Illness or has suffered Total and Permanent Disability, or of the death of the Life Assured as the case may be as the Company may reasonably require.

**f)** In the event of any doubt regarding the appropriateness or correctness of the diagnosis, the Company shall have the right to call for an examination of the Life Assured on the evidence used in arriving at such diagnosis, by a Medical Specialist appointed by the Company and the opinion of such Specialist as to such diagnosis shall be considered binding on both the Life Assured and the Company.

**9. Payment of premiums:**

**a)** Premiums are payable on the due dates and at the amount mentioned in the Policy Certificate or at such altered rate as is payable in terms of Condition 1(b) of the General Conditions or Condition 2(a) as explained above of this Policy Document. However, a grace period of not more than 30 days, where the mode of payment of premium is other than monthly, and not 15 days in case of monthly mode is allowed. The benefit payable in the event of a claim under the Policy shall be paid after deducting the premium falling due during the then current policy year.

**b)** Premiums are payable on the due dates mentioned in the Policy Certificate or within the grace period allowed without any obligation on the company to notify the Life Assured/policyholder of the due dates. If the premiums are not paid on the due dates or even during the grace period, the policy lapses and no benefits shall be payable.

**c)** Premiums are payable through any of the following modes: **1)** Cash **2)** Cheques **3)** Demand Drafts **4)** Pay Orders **5)** Bankers Cheque **6)** Internet facility as approved by the Company from time to time. **7)** Electronic Clearing System **8)** Credit Cards (Only standing instruction)

\*Amount and Modalities will be subject to company Rules and relevant legislation/regulations  
**d)** Premium shall be construed to be received only when the same is received at any of the Company's offices.

**e)** If the Policyholder suspends payment of premium for any reason whatsoever, the Company shall not be held liable and the benefits, if any will be available only in accordance to the policy conditions.

**f)** Where the Policyholder has opted for monthly premium frequency and where the payment is made by any mode other than by way of Electronic Clearing System and / or Internet facility as approved by the Company, additional 5% of premium would be levied.

**g)** Where the premium paying frequency is changed, there will be a revision in the premium amount as per the then norms of the Company.

**10. Premium Review:** The premiums paid under the Policy are guaranteed for five years from the date of commencement of the Policy. Thereafter, the premiums are annually reviewable. Any change in premiums will only be effected with approval from the Authority. The Company will give notice in writing about the change to the Policyholder. In case the Policyholder does not wish to pay the revised premium, then the Sum Assured under the policy shall be appropriately revised from the effective date of revision in the Premium by the Company.

**11. Force majeure:** If the performance by ICICI Prudential of any of its obligations herein shall be in any way prevented or hindered in consequence of any act of God or State, Strike, Lock out, Legislation or restriction of any Government or other authority or any other circumstances beyond the anticipation or control of the Company, the performance of this contract shall be wholly or partially suspended during the continuance of the contract.

**12. No surrender / No loan option:** The Policy has no surrender value. There shall not be any amount payable in the event of discontinuation of the Policy by the Policyholder. Under this Policy, there exists no option to avail any loan.

**GENERAL CONDITIONS**

**1. Age:** **a)** The premium payable under the policy has been calculated on the basis of the age of the Life Assured as declared in the Proposal. In case the age of the Life Assured has not been admitted by the Company, the Policyholder shall furnish such proof of age of the Life Assured as is acceptable to the Company and have the age admitted. **b)** If the age so admitted ("the correct age") is found to be different from the age declared in the Proposal, without prejudice to the Company's other rights and remedies including those under the Insurance Act, 1938, one of the following actions shall be taken: **i)** If the correct age is such as would have made the Life Assured uninsurable under the plan of assurance specified in the Policy Certificate, the plan of assurance shall be altered to such plan of insurance as is generally granted by the Company for the correct age of the Life Assured, subject to the terms and conditions as are applicable to that plan of insurance. If the Policyholder does not wish to opt for altered Plan or if it is not possible for the

Company to grant any other plan of insurance, the policy shall stand cancelled from the date of issue of the policy and the premium paid shall be refunded subject to deduction of the expenses incurred by the Company on the policy. **ii)** If the correct age is higher than the age declared in the Proposal, then subject to the underwriting evaluation at point of such knowledge, if the Life Assured is found insurable the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Policyholder shall pay to the Company the accumulated difference between the corrected premium and the original premium from the commencement of the policy up to the date of such payment with interest at such rate and in such manner as is charged by the Company for late payment of premium. If the Policyholder fails to pay the difference of premium with interest thereon as mentioned above, the same shall be treated as debt due to the Company and shall be recovered with further interest thereon as mentioned above from the moneys payable under the Policy. Where the life assured is not found insurable, then the company shall return the premiums paid under the policy and the policy shall be terminated. **iii)** If the correct age of the Life Assured is lower than the age declared in the Proposal, the premium payable under the policy shall be altered corresponding to the correct age of the Life Assured ("the corrected premium") from the date of commencement of the policy and the Company shall refund without interest, the accumulated difference between the original premium paid and the corrected premium.

- 2. Re-instatement of the policy:** A policy, which has lapsed for non payment of premium within the days of grace, may be re-instated subject to the following conditions: **i)** The application for reinstatement is made within 2 years from the date of the first unpaid premium and before the Cover Cessation Date of the policy; **ii)** The applicant being the Policyholder furnishes, at his own expense, satisfactory evidence of health of the Life Assured as required by the Company; **iii)** The arrears of premiums together with interest at such rate as the company may charge for late payment of premia are paid; **iv)** The reinstatement of the policy may be on terms different from those applicable to the policy before it lapsed; and **v)** The reinstatement will take effect only on it being specifically communicated by the Company to the applicant. **vi)** A waiting period of three months is applicable from the date of reinstatement of the policy where the Policy has lapsed for more than 3 months. **vii)** Even after revival, no benefit is payable for an even which occurred or symptoms of which occurred during the period when the policy was in lapsed condition.
- 3. Assignment and nomination:** **a)** An assignment of this policy may be made by an endorsement upon the policy itself or by a separate instrument signed in either case by the assignor specifically stating the fact of assignment and duly attested. The first assignment may be only made by the Life Assured or the Proposer. Such assignment shall be effective, as against the Company, from and upon the service of a written notice upon the Company and the Company recording the assignment in its books. Assignment will not be permitted where policy is under the Married Women's Property Act, 1874. Section 38 of the Insurance Act, 1938 may be referred to for complete provision. **b)** The Life Assured, where he is the holder of the policy, (on his own life) may, at any time before the termination date of policy, make a nomination for the purpose of payment of the moneys secured by the policy if the Life Assured dies. Where the nominee is a minor, he may also appoint a person to receive the money during the minority of the nominee. Section 39 of the Insurance Act, 1938 may be referred to for complete provision. Nomination may be made by an endorsement on the policy and by communicating the same in writing to the Company. Any change of nomination, which may be effected before the termination date of policy shall also be communicated to the Company. The Company does not express itself upon the validity or accept any responsibility on the assignment or nomination in recording the assignment or registering the nomination or change in nomination.
- 4. Special Provisions:** Any other special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.
- 5. Incontestability:** In accordance to the Section 45 of the Insurance Act, 1938, no Policy of life insurance shall after the expiry of two years from the date on which it was effected, be called in question by an insurer on the ground that a statement made in the proposal of insurance or any report of a medical officer, or a referee, or friend of the insured, or in any other document leading to the issue of the Policy, was inaccurate or false, unless the insurer shows that such statements were on material matter or suppressed facts which it was material to disclose and that it was fraudulently made by the Policyholder and that the Policyholder knew at the time of making it that the statement was false or that it suppressed facts which it was material to disclose. Provided that nothing in the section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so and no policy shall be deemed to be called in question merely because the terms of the Policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal. The Company would declare the policy void in case of suppression / mis-statement / mis-representation of facts and this would lead to forfeiture of the premiums received under this policy.
- 6. Notices:** Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, facsimile or e-mail to:  
**In case of the Policy holder/ Nominee:** As per the details specified by the policy holder/nominee in the Proposal Form / Change of Address intimation submitted by him.  
**In case of the Company:** Address: Customer Service Desk, ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Nagar, Ashok Road, Kandivali (East) Mumbai- 400 101; Fax: 022 67100803 / 805; E-mail: lifeline@icicprulife.com  
Notice and instructions sent by the Company to the Policyholder will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail. It is very important that the Policyholder immediately informs the Company about the change in the address or the nominee particulars to enable the company to service him effectively.
- 7. Payment of Claim:** Before payment of any claim under the Policy, the Company shall require the written Intimation and other documents as mentioned below establishing the right of the claimant or claimants to receive payment. Claim payments are made only in Indian currency: **1)** Original Policy Certificate **2)** Claimant's Statement Form **3)** Treating Doctor's Certificate **4)** Hospital Discharge Card / Summary **5)** Medical evidence in form of diagnostic reports **6)** Death certificate issued by the local and medical authority in case of death claim **7)** Physical Handicap Certificate issued by the competent authority in case of disability claim **8)** Any other document as specified under each benefit condition mentioned in clause 3 of Terms & Conditions **9)** Any other documents or information as may be required by the Company for processing of the claim depending on the cause of the claim.
- 8. Legislative Changes:** All benefits payable under the Policy including the premiums (including the rider premiums, if applicable) are subject to prevailing tax laws and other financial enactments. Service tax, education cess and any other statutory levies as may be applicable will be charged as per the prevailing rates & regulations and will be recovered completely and directly from the policyholder.
- 9. Electronic Transactions:** The Customer shall adhere to and comply with all such terms and conditions as the Company may prescribe from time to time, and all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, or the Company's other products and services, shall constitute legally binding and valid transactions when done in adherence

to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

#### 10. Customer Service:

- a. For any clarification or assistance,** the Policyholder may contact our advisor or call our Customer Service Representative (between 9.00 a.m. to 9.00 p.m. Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy Folder or on our website: www.icicprulife.com. Alternatively the Policyholder may communicate with us at the Customer Service Desk details mentioned earlier. The Company's website must be checked for the updated contact details.
  - b. Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided does is not satisfactory, the Policyholder may get in touch with our designated Grievance Redressal Officer (GRO). For GRO contact details please refer to the "Grievance Redressal" section on www.icicprulife.com.
  - c. Senior Grievance Redressal Officer:** If the Policyholder does not receive any resolution or the resolution provided by the GRO is not satisfactory, the Policyholder may write to our Senior Grievance Redressal Officer (SGRO). For SGRO contact details please refer to the "Grievance Redressal" section on www.icicprulife.com.
  - d. Grievance Redressal Committee:** In the event that any complaint / grievance addressed to the SGRO is not resolved, the Policyholder may escalate the same to the Grievance Redressal Committee at the following address: ICICI Prudential Life Insurance Company Limited, Vinod Silk Mills Compound, Chakravathy Ashok Road, Ashok Nagar, Kandivali (East), Mumbai - 400 101.
  - e. Insurance Ombudsman:** **i.** The Central Government has established an office of the Insurance Ombudsman for redressal of grievances with respect to life insurance policies. **ii.** As per provision 13(3) of the Redressal of Public Grievances Rules 1998, the complaint to the Ombudsman can be made only if: **1.** The grievance has been rejected by the Grievance Redressal Machinery of the Insurance Company **2.** Within a period of one year from the date of rejection by the Insurance Company **3.** If any other Judicial authority has not been approached **iii.** In case if the Policyholder is not satisfied with the decision / resolution of the Company, the Policyholder may approach the Insurance Ombudsman at the address given below if the grievance pertains to • any partial or total repudiation of claims or • the premium paid or payable in terms of the policy • any claim related dispute on the legal construction of the policies in so far as such dispute relate to claims or • delay in settlement of claims • non-issue of policy document to customers after receipt of premiums iv. The complaint to the office of the Insurance Ombudsman should be made in writing duly signed by the complainant (Policyholder) or by his legal heirs with full details of the complaint and the contact information of complainant. Given below are details of the ombudsman office considering address of the Policyholder mentioned in the application form: The Insurance Regulatory and Development Authority's or the Company's website must be checked for the updated contact details.
    - 1. Ahmedabad:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, Ambica House, Nr. C.U. Shah College, Ashram Road, AHMEDABAD-380 014. **Jurisdiction:** State of Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu. Tel: 079-27546840, Fax: 079-27546142, E-mail: ins.omb@rediffmail.com
    - 2. Bhopal:** Insurance Ombudsman, Office of the Insurance Ombudsman, Janak Vihar Complex, 2<sup>nd</sup> floor, 6, Mahiya Nagar, Opp. Airtel, Near New Market, BHOPAL (M.P.)-462 023. **Jurisdiction:** States of Madhya Pradesh & Chhattisgarh. Tel: 0755-2569201, Fax: 0755-2769203, E-mail: bimalokpalbhopal@airtelmail.in
    - 3. Bhubneshwar:** Insurance Ombudsman, Office of the Insurance Ombudsman, 62, Forest Park, BHUBANESHWAR-751 009. **Jurisdiction:** State of Orissa. Tel: 0674-2596455, Fax: 0674-2596429, E-mail: ioobbsr@dataone.in.
    - 4. Chandigarh:** Insurance Ombudsman, Office of the Insurance Ombudsman, S.C.O. No.101-103, 2<sup>nd</sup> Floor, Batra Building, Sector 17-D, CHANDIGARH-160 017. **Jurisdiction:** State of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh. Tel: 0172-2706468, Fax: 0172-2708274, E-mail: ombchd@yahoo.co.in.
    - 5. Chennai:** Insurance Ombudsman, Office of the Insurance Ombudsman, Fathima Akhtar Court, 4<sup>th</sup> Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI-600 018. **Jurisdiction:** State of Tamil Nadu, UT-Pondicherry Town and Karaikal (which are part of UT of Pondicherry) Tel: 044-24333668 /5284, Fax: 044-24333664, E-mail: insombud@md4.vsnl.net.in.
    - 6. New Delhi:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2/A A, Universal Insurance Bldg., Asaf Ali Road, NEW DELHI-110 002. **Jurisdiction:** States of Delhi & Rajasthan. Tel: 011-23239633, Fax: 011-23230858, E-mail: iobdelraj@rediffmail.com.
    - 7. Guwahati:** Insurance Ombudsman, Office of the Insurance Ombudsman, "Jeevan Nivesh", 5<sup>th</sup> Floor, Near Panbazar Overbridge, S.S. Road, GUWAHATI-781 001 (ASSAM). **Jurisdiction:** States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. Tel: 0361-2132204/5, Fax: 0361-2732937, E-mail: ombudsmanghy@rediffmail.com.
    - 8. Hyderabad:** Insurance Ombudsman, Office of the Insurance Ombudsman, 6-2-46, 1<sup>st</sup> Floor, Moin Court, A.C. Guards, Lakdi-Ka-Pool, HYDERABAD-500 004. **Jurisdiction:** States of Andhra Pradesh, Karnataka and UT of Yanam – a part of the UT of Pondicherry. Tel: 040-65504123, Fax: 040-23376599, E-mail: insombudhyd@gmail.com.
    - 9. Kochi:** Insurance Ombudsman, Office of the Insurance Ombudsman, 2<sup>nd</sup> Floor, CC 27/2603, Pulint Bldg., Opp. Cochin Shipyard, M.G. Road, ERNAKULAM-682 015. **Jurisdiction:** State of Kerala, UT of (a) Lakshadweep, (b) Mahe – a part of UT of Pondicherry. Tel: 0484-2358759, Fax: 0484-2359336, E-mail: iokochi@asianetindia.com.
    - 10. Kolkata:** Insurance Ombudsman, Office of the Insurance Ombudsman, North British Bldg., 29, N.S. Road, 4<sup>th</sup> Floor, KOLKATA-700 001. **Jurisdiction:** States of West Bengal, Bihar, Jharkhand and UT of Andaman & Nicobar Islands, Sikkim. Tel: 033-22134866, Fax: 033-22134868, E-mail: iombkol@vsnl.net.
    - 11. Lucknow:** Insurance Ombudsman, Office of the Insurance Ombudsman, Jeevan Bhawan, Phase-2, 6<sup>th</sup> Floor, Naval Kishore Road, Hazaratganj, LUCKNOW-226 001. **Jurisdiction:** State of Uttar Pradesh and Uttaranchal. Tel: 0522-2231331, Fax: 0522-2231310, E-mail: insombudsman@rediffmail.com.
    - 12. Mumbai:** Insurance Ombudsman, Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S.V. Road, Santacruz(W), MUMBAI-400 054. **Jurisdiction:** States of Maharashtra, Goa. Tel: 022-26106928, Fax: 022-26106052, E-mail: ombudsmanmumbai@gmail.com.
- "The policy shall be subject to and be governed by this policy document and the terms and conditions of the schedule enclosed herewith including every endorsement by the Company and shall together form a single contract" (Ver T16 : 3)**