CRITICAL ILLNESS - POLICY WORDING

Part II of the Policy

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

A Insuring Clause

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

B Definition of *Critical Illness*

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

1) **CANCER OF SPECIFIED SEVERITY**

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

The following are excluded -

i. All tumors which are histologically described as carcinoma in situ,benign, pre-malignant, borderline malignant, low malignant potential,neoplasm of unknown behaviour, or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 and CIN-3.

ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

iii. Malignant melanoma that has not caused invasion beyond the epidermis ;

iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0

v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;

vi. Chronic lymphocytic leukaemia less than RAI stage 3

vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,

viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

ix. All tumors in the presence of HIV infection.

2) OPEN CHEST CABG

I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
II. The following are excluded:
i. Angioplasty and/or any other intra-arterial procedures.

3) MYOCARDIAL INFARCTION (First Heart Attack of specific severity)

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I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
ii. New characteristic electrocardiogram changes
iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:
i. Other acute Coronary Syndromes
ii. Any type of angina pectoris
iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

4) KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

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

5) MAJOR ORGAN /BONE MARROW TRANSPLANT

I The actual undergoing of a transplant of:
i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.

II. The following are excluded:
i. Other stem-cell transplants
ii. Where only islets of langerhans are transplanted

6) **STROKE RESULTING IN PERMANENT SYMPTOMS**

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

II. The following are excluded:

i. Transient ischemic attacks (TIA)
ii. Traumatic injury of the brain
iii. Vascular disease affecting only the eye or optic nerve or vestibular functions

7) **PERMANENT PARALYSIS OF LIMBS**

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

8) **OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES**

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

9) **End Stage Liver Disease**

I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
i. Permanent jaundice; and
ii. Ascites; and
iii. Hepatic encephalopathy.
II. Liver failure secondary to drug or alcohol abuse is **excluded.**

10) **Loss of Limbs:** The physical separation of two or more limbs at or above the wrist or ankle level limbs as result of injury or disease this will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug use is excluded.

11) **Loss Of Speech:** I. 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.
II. All psychiatric related causes are excluded.

12) **MAJOR BURNS**

There must be third-degree burns with scarring that cover at least 20% of the body's surface area. The diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

13) **COMA OF SPECIFIED SEVERITY**

I. 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:
i. no response to external stimuli continuously for at least 96 hours;
ii. life support measures are necessary to sustain life; and
iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
II. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

14) **ALZHEIMER'S DISEASE BEFORE THE AGE OF 50 YEARS**

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living –bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

15) **Blindness:**

I. Total, permanent and irreversible loss of all vision in both eyes as a result of illness or accident.

II. The Blindness is evidenced by:
i. corrected visual acuity being 3/60 or less in both eyes or ;
ii. the field of vision being less than 10 degrees in both eyes.

III. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

16) **PARKINSON'S DISEASE BEFORE THE AGE OF 50 YEARS**

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below

I. Transfer: Getting in and out of bed without requiring external physical assistance

ii. Mobility: The ability to move from one room to another without requiring any external physical assistance

iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance

iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
v. Eating: All tasks of getting food into the body once it has been prepared Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

17) **Deafness:**
I. Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing" in both ears.

18) **MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS**
I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
II. Other causes of neurological damage such as SLE and HIV are excluded.

C Other Definitions

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

1) An *Accident* is a sudden, unforeseen and involuntary event caused by external, visible and violent means.

2) Any one illness means continuous Period o f illness and it includes relapse within 45 days from the date o f last consultation with the Hospital/Nursing Home where treatment was taken.

3) *Alternative treatments* are forms of treatments other than treatment "Allopathy" or "modem medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context

4) "Break in policy" occurs at the end of the existing policy term, when the premium due for renewal on a given policy is not paid on or before the premium renewal date or within 30 days thereof.

5) *Cashless facility* means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization approved.

6) *Co-payment* is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claim amount. A co-payment does not reduce the Sum Insured.

7) *Critical Illness* means an illness, sickness, disease or corrective measure defined in Part B of this *Policy* and shown in the *Schedule* to be an operative event.

8) *Company* means the ICICI Lombard General Insurance Company Limited

9) *Condition Precedent* shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

10) *Congenital* Anomaly refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
    a) Internal Congenital Anomaly
    Congenital anomaly which is not in the visible and accessible parts of the body

    b) External Congenital Anomaly
    Congenital anomaly which is in the visible and accessible parts of the body

11) *Contribution* is essentially the right of an insurer to call upon other insurers liable to the same insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured.

12) *Day care centre* means A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under—
    --has qualified nursing staff under its employment;
    --has qualified medical practitioner/s in charge;
    --has a fully equipped operation theatre of its own where surgical procedures are carried out;
    --maintains daily records of patients and will make these accessible to the insurance company's authorized personnel

13) *Day care treatment* refers to medical treatment, and/or *surgical procedure* which is:
    i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    ii. Which would have otherwise required a hospitalization of more than 24 hours.
    iii. Treatment normally taken on an out-patient basis is not included in the scope of this definition. [Insurers can, in addition, restrict coverage to a specified list

14) *Deductible* is a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

15) Doctor: Means a person who holds a degree of a recognized medical institute and is registered by Medical Council of India or of the respective States of India, if so required and acting within the scope of the license of registration granted to him/her. The definition would include Physician, Specialist, Anesthetist and Surgeon and specifically excludes doctors / practitioners in non-allopathic fields.

16) *Emergency care* means management for a severe illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a *medical practitioner* to prevent death or serious long term impairment of the insured person's health.

17) *Grace Period* means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of Pre Existing Diseases. Coverage is not available for the period for which no premium is received.

18) *Hospital* means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) and the said Act OR complies with all minimum criteria as under:
--has qualified nursing staff under its employment round the clock;
--has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
--has qualified medical practitioner(s) in charge round the clock;
--has a fully equipped operation theatre of its own where surgical procedures are carried out;
--maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

19) Hospitalization:Hospitalization means admission in a Hospital for a minimum period of 24 consecutive *'In-patient Care'* hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.

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

21) *Inpatient care* means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.

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

a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/illness/injury which leads to full recovery.

b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

-it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
-it needs ongoing or long-term control or relief of symptoms
-it requires your rehabilitation or for you to be specially trained to cope with it—
-it continues indefinitely
- it recurs or is likely to recur.

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

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

25) Maternity expenses shall include—(a). medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).(b). expenses towards lawful medical termination of pregnancy during the policy period.

26) Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

27) Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

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

29) *Medically necessary treatment* is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- is required for the medical management of the illness or injury suffered by the insured;
- must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- must have been prescribed by a *medical practitioner,*
- must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

30) Migration: Migration means, the right accorded to individual health insurance policyholders (including all member under family cover and members of group health insurance policy),

to transfer the credit gained for pre-existing conditions and time bound exclusions, with same insurer.

31) Network Provider: Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

32) New born baby means baby born during the Policy Period and is aged upto 90 days.

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

34) Notification of Claim: Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

35) OPD treatment is one in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

36) Period of Insurance: Means the period commencing from the date of incorporation of the insured under the policy as specifically stated in Part I of Schedule against the Period of Insurance Start Date but not earlier than Policy Start Date and ending on the Period of Insurance End Date as specified in Part I of the Schedule to this Policy.

37) Portability means, the right accorded to individual health insurance policyholders (including all member under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

38) Policy: Means the Policy booklet, the Schedule, any Extension and applicable endorsements under the Policy. The Policy contains details of the extent of cover available to the Insured, the exclusions under the cover and the terms and conditions of the issue of the Policy

39) Policy holder: Means the entity, whether a company (including Banks/Financial Institutions), trust, association or other organization, whose name specifically appears as such in Part I of the Schedule to this Policy

40) Pre-Hospitalization Medical Expenses means Medical Expenses incurred immediately before the Insured Person is Hospitalised, provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and
    ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

41) Post-Hospitalization Medical Expenses means Medical Expenses incurred immediately after the Insured Person is Hospitalised, provided that:
    i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and

ii. The In-patient Hospitalization claim for such Hospitalization is admissible bythe Insurance Company.

42) Pre-Existing Disease means any condition, ailment, injury or disease
a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or

b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement

43) *Proposal* means the proposal form for and forming part of this *Policy* and any other documentation or information provided to the *Company* for the purposes of its determination as to whether and upon what terms to offer or renew this insurance.

44) Policy Period: Means the period commencing from Policy start date and hour as specified in Part I of the Schedule and terminating at midnight on the Policy end date as specified in Part I of the Schedule to this Policy

45) *Qualified nurse* is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

46) *Reasonable and Customary charges* means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved .

47) Renewal: Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.

48) Sum Insured: Means and denotes the amount of cover available to each Insured, subject to the terms and conditions of this Policy and as stated against such Insured's name in Part I of the Schedule which is the maximum liability of the Company for that respective Insured under this Policy.

49) **"**Senior citizen" means any person who has completed sixty or more years of age as on the date of commencement or renewal of a health insurance policy.

50) *Surgery* or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a Medical Practitioner**.**

51) *Unproven/Experimental treatment* is Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

D Exclusions

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

1) Any *Critical Illness* existing or for which the *Insured* sought or received treatment prior to:

   a) The inception date of the first *Policy* of a series of Critical Illness Policies taken by the *Insured* from the *Company* without any break, where this insurance is shown in the *Schedule* to be an annual contract or a longer-term contract.

   b) The inception date of this *Policy* where this insurance is shown in the *Schedule* to be an annual contract and either:

      i) This is the *Insured's* first Critical Illness Policy taken from the Company, or
      ii) There has been a break between this Critical Illness Policy being taken and an earlier Critical Illness Policy having expired.

2) Any *Critical Illness* discovered or discoverable within 90 days of the inception date of this *Policy*, but this exclusion shall not apply to the second or subsequent Critical Illness Policy taken by the *Insured* from the *Company* without any break.

3) Any *Critical Illness* discovered or discoverable when the premium due for this *Policy* has not been received by the *Company*.

4) Congenital external illness or defects or anomalies, intentional self-injury and the use or misuse of intoxication liquor or drugs.

5) Pregnancy and childbirth.

6) Consequential losses of any kind.

7) War (declared or not), invasion, act of foreign enemy, hostilities, civil war, insurrection, rebellion, revolution, mutiny, military or usurped power, riot, strike, lockout, military or popular uprising, civil commotion, martial law, loot, sack, pillage, terrorism or terrorist acts, or any epidemic.

8) Nuclear weapons, materials, ionising radiation, contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel.

E Conditions

1. Due Observance

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

2. When & How to Claim

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

a) Give the *Company* notice in writing to the address shown in the *Schedule* within 21 days from the date of discovery.

b) Promptly give the *Company* any and all information and documentation concerning the claim or the *Company's* liability for it.

c) If asked to by the *Company,* submit to a medical examination by the *Company's* own doctor as often as the *Company* considers necessary.

d) Any other document as required by the Company or Company's TPA to investigate the Claim or Our obligation to make payment for it.

Common list of documents for all Critical Illness:

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

Illustrative list for each of the Critical Illness
CANCER OF SPECIFIED SEVERITY

1. Claim form

2. Hospital Discharge Card photocopy

3. Hospital Bills photocopy

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Details of the Treatment received by the Customer from the inception of the Ailment.

7. Letter from treating consultant stating presenting complaints with duration and the past medical history.

8. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.

9. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.

10. Blood Tests.

11. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.

12. Xerox Policy Certificate

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

FIRST HEART ATTACK - OF SPECIFIED SEVERITY

1. Claim form

2. Hospital Discharge Card photocopy

3. Photocopy Hospital Bills.

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.

7. Subsequent Consultation Papers with the Treating Doctor and the treatment received

8. ECG On Admission and subsequent ECG's

9. Stress test/ Tread Mill Test

10. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes

11. X-ray / 2D-Echocardiography Report

12. Thallium Scan Report

13. Xerox Policy Certificate

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

OPEN CHEST CABG

1. Claim form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills.
4. Pharmacy/Investigations Bills
5. Investigations Reports
6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
8. Stress test/ Tread Mill Test
9. Letter from treating consultant suggesting Coronary Angiography and

   CABG
10. Coronary Angiography report / CT Angiography Report
11. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT,

LDH / Electrolytes

12. X-ray / 2D-Echocardiography Report
13. Thallium Scan Report
14. Xerox Policy Certificate
15. Age proof of Insured: Election ID Card / PAN Card/ School Leaving Certificate / Copy of passport

KIDNEY FAILURE REQUIRING REGULAR DIALYSIS

1. Claim form
2. Hospital Discharge Card photocopy
3. Photocopy Hospital Bills.

4. Pharmacy/ Investigations Bills

5. Investigations Reports

6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
8. Dialysis Papers/Receipts done in recent past.

9. Renal scan

10. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.

11. Xerox Policy Certificate

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

MAJOR ORGAN /BONE MARROW TRANSPLANT

1. Claim form

2. Hospital Discharge Card photocopy

3. Photocopy Hospital Bills.

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ. 8 Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)

8. Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)

10. Xerox Policy Certificate

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

STROKE RESULTING IN PERMANENT SYMPTOMS

1. Claim form

2. Hospital Discharge Card photocopy

3. Photocopy Hospital Bills.

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
9. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the StrokeBlood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)

10. Xerox Policy Certificate

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

PERMANENT PARALYSIS OF LIMBS

1. Claim form

2. Hospital Discharge Card photocopy

3. Photocopy Hospital Bills.

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
8. Confirmation from the Central/State Government Hospital about the complete, irreversible and permanent loss

9. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke

10. Electro-myogram Report

11. Xerox Policy Certificate

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

OPEN HEART REPLACEMENT OR REPAIR OF HEART VALVES

1. Claim form

2. Hospital Discharge Card photocopy

3. Photocopy Hospital Bills.

4. Pharmacy/Investigations Bills

5. Investigations Reports

6. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
7. X-ray and 2D-Echocardiography Report.

8. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.

9. Xerox Policy Certificate

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

END STAGE LIVER DISEASE

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. Sonography / Biopsy Reports

7. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.

8. Subsequent details of the treatment with the consultation papers from the treating specialist.

9. Blood Tests

10. Xerox Policy Certificate

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

Loss of Limbs:

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. Consultation Papers & Subsequent details of the treatment with the consultation papers from the treating specialist

7. Xerox Policy Certificate

8. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport
9. MLC, FIR, Panchnama, in case of accidental injury
10. Certificate from civil surgeon confirming the diagnosis and disability

LOSS OF SPEECH

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.

7. Subsequent details of the treatment with the consultation papers from the treating specialist.

8. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same

9. Xerox Policy Certificate

10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

MAJOR BURNS:

1. Duly completed Claim Form

2. FIR

3. Panchnama

4. Inquest Panchnama

5. Police Final Report/Charge Sheet (Based on FIR)

6. Letter from the treating doctor specifying the degree of burns along with body surface area involved

7. Post-Mortem Report

8. Xerox Policy Certificate

9. Any other supporting documents as required by the company

10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

COMA OF SPECIFIED SEVERITY

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.

7. Subsequent details of the treatment with the consultation papers from the treating specialist.

8. Confirmation from the Central/State Government Hospital about the permanent neurological deficit and duration of the same

9. Xerox Policy Certificate

10. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

ALZHEIMER'S DISEASE BEFORE THE AGE OF 50 YEARS

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. PET Scan / CT Scan/ MRI Scan / EEG

7. Neuropsychological Tests

8. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.

9. Subsequent details of the treatment with the consultation papers from the treating specialist.

10. Confirmation from the Central/State Government Hospital about the permanent neurological deficit

11. Xerox Policy Certificate

12. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

Blindness:

1. Duly completed Claim Form

2. Photocopy Hospital Discharge Card

3. Photocopy Hospital Bills

4. Pharmacy/Investigation Bills

5. Investigation Reports

6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.

7. Subsequent details of the treatment with the consultation papers from the treating specialist.
8. Xerox Policy Certificate

9. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport.
10. Visual Field Testing, Vision Acuity Testing, Certificate from Civil Surgeon confirming the diagnosis and disability

PARKINSON'S DISEASE BEFORE THE AGE OF 50

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. PET Scan / CT Scan / MRI Scan / EEG
7. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
8. Subsequent details of the treatment with the consultation papers from the treating specialist.
9. Confirmation from the Central/State Government Hospital about the permanent neurological deficit
10. Xerox Policy Certificate

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

DEAFNESS

1. Duly completed Claim Form
2. Photocopy Hospital Discharge Card
3. Photocopy Hospital Bills
4. Pharmacy/Investigation Bills
5. Investigation Reports
6. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
7. Subsequent details of the treatment with the consultation papers from the treating specialist.
8. Confirmation from the Central/State Government Hospital about the total and irreversible loss by an ENT specialist
9. Audiometry Reports
10. Xerox Policy Certificate
11. Age proof of Insured: Election ID Card / PAN Card / School Leaving Certificate / Copy of Passport

MULTIPLE SCLEROSIS WITH PERSISTING SYMPTOMS

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

8. Electo-myogram report

9. Biopsy / Cytology Report

10. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up

11. Any other relevant Blood investigations.

12. Confirmation from the Central/State Government Hospital about diagnosis of Multiple Sclerosis and the duration of the same.

13. Xerox Policy Certificate

14. Age proof of Insured: Election ID Card / PAN Card/ School Leaving

Certificate / Copy of passport

3. The *Policyholder*

It is hereby agreed that:

a) Any notice or declaration for the attention of any *Insured* shall be validly given if sent by the *Company* to the *Policyholder* at his address given in the *Schedule.*

b) Any payment due to any *Insured* under this *Policy* shall have been validly paid if paid by the *Company* to the *Policyholder*. The *Policyholder* shall hold harmless and indemnify the *Company* against any claim, costs or expenses made by any *Insured* arising out of the *Policyholder's* delay or default in making payment to any *Insured*.

c) The *Policyholder* may propose any person to the *Company* as an *Insured*, and the *Company* may (in its sole and absolute discretion) agree to accept such person as an *Insured* and has received premium for him, provided that:

i) Such person shall only become an *Insured* when a *Proposal* has been completed for him (or, if a minor, on his behalf) has agreed to and does add his name to the list of *Insured's* in the *Schedule*.

ii) Such person shall only become an *Insured* from the date that his name is added to the list of *Insured's* in the *Schedule*.

d) Settlement/Rejection of Claim –The Settlement of claims would be done by Us within 30 days after the receipt of the last necessary document, any rejections if done, would

be provided with proper reasons by Us. The role of the TPA (if any) would be limited to facilitate the flow of information between You and Us.

Penal interest provision shall be as per Regulation 9(6) of (Protection of Policyholders' Interests) Regulations, 2002.

e) **Terms of Renewal**

- The Policy can be renewed under the then prevailing Critical Illness product or its nearest substitute, (in case the product Critical Illness is withdrawn by the Company), approved by IRDA
- A health insurance policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured
- ***Renewal Premium*** - Premium payable on renewal and on subsequent continuation of cover are subject to change with prior approval from IRDA.
    - ***Maximum Renewal Age*** – There will be life-long renewal without any age restriction for the cover.

4. **Cancellation/Termination**

a) Disclosure to information norm

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

(b) You may cancel this Policy by giving Us 15 days written notice and in such case We shall refund premium on pro rata basis for the unexpired Policy Period as per the rates, provided no claim has been payable on Your behalf under the Policy.

c) The Policy shall terminate in the event of claim in respect of the Insured becoming admissible and accepted by the Company.

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5. Contribution

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

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

6. Free Look Up period

Insured would be given a period of 15 days (Free Look Period) from the date of receipt of the Policy to review its terms and conditions. Where the Policy Holder disagrees to any of the terms or conditions of the Policy, he has the option to return the Policy stating the reasons for his objection, when he shall be entitled to a refund of the premium paid, subject only to a deduction of the expenses incurred by Us on medical examination of the Insured Person(s) and the stamp duty charges. In case the request for cancellation comes 30 days after the Policy Period start date, pro-rata refund of premium would be paid to You

7. **Renewal notice**

a) The Company shall ordinarily renew the policy except on grounds of moral hazard, misrepresentation or fraud or non cooperation by the Insured. Company shall not be

bound to give notice that the renewal premium is due. Every renewal premium (which shall be paid and accepted in respect of this Policy) shall be so paid and accepted upon the distinct understanding that no alteration has taken place in the facts contained in the proposal or declaration herein before mentioned and that nothing is known to Insured that may result to enhance Company risk under the guarantee hereby given. Any change in the risk will be intimated by Insured to Company. Nothing herein or otherwise shall affect Our right to impose any additional terms and conditions on renewal or restrict any renewal terms as to premium or otherwise.

b) The Policy may be renewed by mutual consent and in such event the renewal premium shall be paid to The Company on or before the date of expiry of the Policy and in no case later than Grace Period of 30 days from the expiry of the Policy.

8. **Fraud**

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

9. **Governing Law & Dispute Resolution**

This *Policy* is subject to Indian law, and any payment to be made under or in relation to it by the *Company* shall be payable in Indian Rupees only.

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

10. Notices

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

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

In case of the Company:

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

Notice and instructions will be deemed served 7 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

11. Customer Service

If at any time the Insured requires any clarification or assistance, the Insured may contact the offices of the Company at the address specified, during normal business hours.

12. Grievances

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

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

2. If You are not satisfied with the resolution then You may successively write to **The Manager - Service Quality**, at the following address:

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

3. If you are not satisfied with the resolution provided, you may approach us at the section "Grievance Redressal" on our website www. icicilombard.com (Customer Support section).
As per the IRDAI's guidelines on special provision for senior citizens, We will provide a separate channel for addressing grievances of Insured Persons who are senior citizens. You may avail the service by contacting the above mentioned toll free no and selecting suitable option provided on the Interactive Voice Response System (IVRS).

4. If You are not satisfied with Our response or do not receive a response from Us within 15 days, You may approach the Grievance Cell of the Authority at:

   Insurance Regulatory and Development Authority of India;
   Grievance Call Centre (IGCC) Toll Free No:155255 Email ID: complaints@irda.gov.in.

You can also register Your complaint online at http://www.igms.irda.gov.in
You can also register Your complaint through fax/letter by submitting Your complaint to:
   Consumer Affairs Department Insurance Regulatory and Development Authority of India;
   Sy No. 115/1 Financial District Nanakramguda Gachibowli -500032

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

The details of Insurance Ombudsman are available below:

CONTACT DETAILS	JURISDICTION
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.:- 079 - 25501201/02/05/06 Email:-**bimalokpal.ahmedabad@ecoi.co.in**	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road,	Karnataka.

JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@ecoi.co.in	
BHOPAL Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp.Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email:- **bimalokpalbhopal@ecoi.co.in**	States of Madhya Pradesh and Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461 / 2596455 Fax:- 0674-2596429 Email:-**bimalokpal.bhubaneswar@ecoi.co.in**	State of Orissa.
CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196 / 2706468 Fax:- 0172-2708274 Email:- **bimalokpal.chandigarh@ecoi.co.in**	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668 / 24335284 Fax:- 044-24333664 Email:- bimalokpal.chennai@ecoi.co.in	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email:- bimalokpal.delhi@ecoi.co.in	State of Delhi
ERNAKULAM Office of the Insurance Ombudsman, 2nd floor, Pulinat Building, Opp. Cochin Shipyard, M.G. Road, Ernakulum - 682 015. Tel.:- 0484-2358759/2359338	Kerala, Lakshadweep, Mahe-a part of Pondicherry

Fax:- 0484-2359336 Email:- **bimalokpal.ernakulum@ecoi.co.in**	
GUWAHATI Office of the Insurance Ombudsman, 'Jeevan Nivesh', 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361- 2132204 / 2132205 Fax:- 0361-2732937 Email:- **bimalokpal.guwahati@ecoi.co.in**	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123/23312122 Fax:- 040-23376599 Email:- **bimalokpal.hyderabad@ecoi.co.in**	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry.
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Ground Floor, Bhawani Singh Marg, Jaipur - 302005. Tel.:- 0141-2740363 Email:- bimalokpal.jaipur@ecoi.co.in	State of Rajasthan.
KOLKATA Office of the Insurance Ombudsman, Hindustan Building Annexe, 4th floor, 4, CR Avenue, Kolkata - 700 072. Tel.:- 033-22124339 / 22124340 Fax:- 033-22124341 Email:- **bimalokpal.kolkata@ecoi.co.in**	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310. Email:- **bimalokpal.lucknow@ecoi.co.in**	District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.

Tel.: 022 - 26106552 / 26106960 Fax:- 022-26106052 Email:- **bimalokpal.mumbai@ecoi.co.in**	
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector-15, Gautam Budh Nagar, Noida U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email:- **bimalokpal.noida@ecoi.co.in**	States of Uttaranchal and the following Districts of Uttar Pradesh:. Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006. Tel.: 0612-2680952 Email:- bimalokpal.patna@ecoi.co.in	States of Bihar and Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Building, 3rd Floor, CTS Nos. 195 to 198, NC Kelkar Road, Narayan Peth, Pune - 411 030 Tel: 020 -41312555 Email:- bimalokpal.pune@ecoi.co.in	States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are also available on IRDA website: www.irdaindia.org, on the website of Executive Council of Insurers (ECOI): http://www.ecoi.co.in/ombudsman.html, Our website www.icicilombard.com or from any of Our offices.