

GROUP PERSONAL ACCIDENT

KEY INFORMATION SHEET

DISCLAIMER NOTE: The information mentioned below is illustrative and not exhaustive. The information must be read in conjunction with the policy wordings. In case of any conflict between the Key Information Sheet and the policy wordings, the terms and conditions mentioned in the policy wordings shall prevail.

S. No	Title	Description	Refer to Policy Wordings
1	Product Name	Group Personal Accident	
2	What is covered under the policy ?	The policy covers the Insured Person (or his Nominee/ legal heir, as the case may be) for the occurrence of any Insured Event, as specifically described, under different Benefit(s) (and Extensions - if any) arising due to an Injury sustained by the Insured Person during the Policy Period but not exceeding the Sum Insured as specified under the respective Benefits (and Extensions - if any) under Policy Schedule. The cover is for 24 hours or as mentioned in Part 1 of the policy and on a worldwide basis.	Part I of the Policy
3	Coverage and Optional Add-ons	<p>Benefits:</p> <ul style="list-style-type: none"> • Death • Permanent Total Disablement • Permanent Partial Disablement • Temporary Total Disablement <p>Extensions:</p> <ul style="list-style-type: none"> • Cover for Expenses related to Burns • Modification of residential accommodation & vehicle: • Repatriation of Mortal Remains • Ambulance Charges • Transportation Allowance (Compassionate visit) • Travel Expenses for Medical Treatment • Catastrophe Evacuation: • Cost of Clothing Damage • Loss of Job Cover • Improved Disability Benefit/ Dismemberment • Daily Cash Allowance: • Carriage of Dead Body • On Duty Cover • Children's Education Grant • Accidental Hospitalization Expenses • Mysterious disappearance • Treatment outside India (along with travelling cost & boarding & lodging of the attendant): • Medical Expenses • Out Patient Department (OPD) expenses • Loss/damage to School Bag/Books • Widowhood Cover • Purchase of Blood • Prosthesis & Artificial Limbs 	<p>Part II of the policy</p> <p>Clause No. 2 (Benefits) and Clause No. 3 (Extensions)</p>

		<ul style="list-style-type: none"> • Broken Bones • Legal Expenses 	
4	What are the major Exclusions in the Policy	<ul style="list-style-type: none"> • Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression. • Being under influence of drugs, alcohol, or other intoxication or hallucinogens • Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor • Committing any breach of law of land with criminal intent. • Death or disablement resulting from Pregnancy or childbirth • Professional sports team in respect of specific benefit for inability to perform • Participation in any kind of motor speed contest • While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers) • Underground mining & contractor specializing in tunneling • Naval, military or air force personnel • Radioactivity, Nuclear risks, ionizing radiation 	<p>Part I and Part II (Clause 4) of the policy</p> <p>Indicative list of Exclusions</p>
5	Payout Basis	<ul style="list-style-type: none"> • Reimbursement claims of covered benefits upto specified sum insured as per the scope of cover 	<p>Part II of the policy clause 4 (i, ii, iii and iv)- Claim Administration</p>
6	Terms of Renewal	<p>(i) The Policy can be renewed as a separate contract under the then prevailing ICICI Lombard Group Personal Accident Insurance product or its nearest substitute (in case the product ICICI Lombard Group Personal Accident Insurance is withdrawn by the Company) approved by IRDA.</p> <p>(ii) The policy shall ordinarily be renewable except on grounds of fraud, moral hazard or misrepresentation or non- cooperation by the insured.</p>	<p>Part II of the policy Clause 10- Terms of renewal</p>
7	Cancellation	<ul style="list-style-type: none"> • 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 fact. • Insured or the Company may cancel this Policy by giving the Company or the insured, as the case may be, 15 days written notice for the cancellation of the Policy, and then the Company shall refund premium on short term rates (if initiated by the insured) or pro rata rates (if initiated by the Company) for the unexpired Policy Period. The Company shall follow the short period scale unless otherwise mutually agreed. 	<p>Part III of the policy Clause 9- Cancellation/ Termination</p>

GROUP PERSONAL ACCIDENT

PREAMBLE

UIN- ICIPAGP03004V040203 Misc 05

ICICI Lombard General Insurance Company Limited ("the Company"), having received a Proposal and the premium from the Proposer named in the Schedule referred to hereinbelow, and the said Proposal and Declaration together with any statement, report or other document leading to the issue of this Policy and referred to therein having been accepted and agreed to by the Company and the Proposer as the basis of this contract do, by this Policy agree, in consideration of and subject to the due receipt of the subsequent premiums, as set out in the Schedule with all its Parts, and further, subject to the terms and conditions contained in this Policy, as set out in the Schedule with all its Parts that on proof to the satisfaction of the Company of the compensation having become payable as set out in Part I of the Schedule to the title of the said person or persons claiming payment or upon the happening of an event upon which one or more benefits become payable under this Policy, the Sum Insured/ appropriate benefit will be paid by the Company.

Part I of Policy: Policy Schedule

Policy No 4005/197028819/00/000 (TRUE COPY)

Issued at MUMBAI
ORIENTAL UNIVERSITY

1. Name of the Insured:

2. Mailing Address of the Insured:

Oppo. Rewati Range Gate No.1, Sanwer Road, Gram
Jakhiya, Indore, 452010
Indore
Madhya Pradesh Pin- 452010

4. Period of Insurance :

From: 02/03/2020 Time: 00:00 Hours
To Midnight of 01/03/2021

5. Total number of persons to be insured:

178

6. Total Capital Sum Insured:

178,000,000.00

7. Details of persons to be insured:

As per annexure attached

8. Benefit Table:

A - Accidental Death only - 100%

B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

D2= (A) + (B) + (C) + Temporary Total Disablement (TTD) 2% of S.I. Or Rs.10,000/=per week or actual weekly salary which ever is less

9. Premium

Premium Break Up	(Rs.)	Premium (Rs.)
Stamp Duty	(Rs.)	50.00
*Total Premium	(Rs.)	63,003.00

*Premium value mentioned above is inclusive of taxes applicable

10. Conditions/Endorsements

1. B- Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement

2. C - Accidental Death + loss of limbs + loss of eyes + Permanent Total Disablement + Permanent Partial Disablement

3. Subject to Medical Benefits Endorsement

4. The policy is issued on named basis.

5. D2= (A) + (B) + (C) + Temporary Total Disablement (TTD) 2% of S.I. Or Rs.10,000/=per week or actual weekly salary which ever is less

6. Medical Expenses 40% of death/disability claim amount or 10% of S.I or actual which ever is less triggered only when claim is admissible under benefit table A,B,C or D2
 7. Carriage of Dead Body 2% of SI subject to max to Rs 2,500/-
 8. Children Education fund for dependent children in case of Death or Permanent total disability of Employee will be covered upto 10,000/- per child (Restricted to 2 children max 25 Years of age)
 9. S.I is flat 10L in policy.
 10. Animal bite/Snake Bite/Insect bite is covered except mosquito bite.
 11. One live age above 75years is covered under the policy on named basis.
 12. Risk Category I & II are covered.
 13. Premium to be charged on prorata scale for addition/ deletion endorsement
 14. Any endorsements will be from the date of addition and not from the inception of the policy
 15. Premium shall not be refunded for deletion if any claim is paid during the policy.
 16. Age Limit : 18-65 years
 17. Terrorism is covered, however, terrorism activity arising out of Nuclear, Biological and/or Chemical means is excluded from the scope of this policy
 18. A - Accidental Death only - 100%
- 11. Special Conditions:**
1. Below mentioned activity shall be outside the scope of the policy :-
 Professional sports team in respect of specific benefit for inability to perform
 Participation in any kind of motor speed contest.
 While engaged in aviation, or whilst mounting or dismounting from or traveling in any aircraft. (Not applicable for fare Paying Passengers)
 Underground mining & contractor specializing in tunneling
 Naval, military or air force personnel
 Radioactivity, Nuclear risks, ionizing radiation
 Drivers are excluded from the policy
 Perils of the sea are excluded from the scope of the policy.
 Exclusions :-
 Suicide, attempt to Suicide or intentionally self- inflicted injury, sexually transmitted conditions, mental disorder, anxiety, stress or depression.
 Being under influence of drugs, alcohol, or other intoxication or hallucinogens
 Participation in actual or attempted felony, riot, civil commotion, crime misdemeanor
 Committing any breach of law of land with criminal intent.
 Death or disablement resulting from Pregnancy or childbirth
 Risk Category III people are out of the scope of the policy :-
 Persons working in mines,explosives,Electrical installations on high tension lines,Racing,Circus
 People,skiing,mountaineering,big game hunting,ballooning,hang gliding,river rafting,winter sports, skiing,ice hockey,polo&such other persons engaged in occupation of similar hazard are not covered under GPA
 For resolution of any query or grievance, Insured may contact the respective branch office of the Company or may call toll free no.1800-2666 or may approach us at the sub section "Grievance Redressal" on our website www.icicilombard.com (Customer Support section). However, if the resolution provided by us is not satisfactory you may approach Insurance Regulatory and Development Authority (IRDA) through the Integrated Grievance Management Section (IGMS) or IRDA Grievance Call Centre(IGCC) at their toll free no.155255
- 12. Clauses:**
1. The Cover is subject to inclusion of loss/ damage/ liability due to terrorism activity
- 13. Warranties:**
1. The claim should be intimated with in the three months of the occurrence of the event, failing to which company shall not be liable to pay the claim

Subject otherwise to terms and conditions of Group Personal Accident Insurance Policy.

Signed for and on behalf of the ICICI Lombard General Insurance Company Limited, at Mumbai on this date 18/03/2020 .



Authorized Signatory

GSTIN Reg. No: 23AAACI7904G1ZV

IL GIC GSTIN Address : Plot No 10 Second Alankar Palace MP Nagar, Zone II Bhopal Madhya Pradesh 462011

HSN/SAC code : 9971 - GENERAL INSURANCE SERVICES

Policy shall stand cancelled ab initio in the event of non realisation of the premium

The stamp duty of Rs 50.0000 paid in cash or by demand d
no. CSD33120208702020 dated 27/02/2019

Part II of Policy

GENERAL DEFINITIONS

The Company (ICICI Lombard General Insurance Company Limited) use certain words in this policy and Schedule, which have a specific meaning and are shown under the heading of Definitions in the policy. They have this meaning wherever they appear in the policy, including any endorsements, or Schedule. Where the context so permits, references to the singular shall also include references to the plural and references to the male gender shall also include references to the female gender, and vice versa in both cases.

- 1) **Accident** - means a sudden, unforeseen and involuntary event caused by external and visible and violent means.
- 2) **Admission** means admission of the insured in a Hospital as an inpatient for the purpose of medical treatment of an Injury and/or Illness.
- 3) **Age** - means the completed years of the Insured Person on his/her last birthday as per the English calendar.
- 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) **Claim** - means a demand made by You or on Your behalf for payment of Medical Expenses or any other expenses or benefits, as covered under the Policy.
- 6) **Company** – means ICICI Lombard General Insurance Company Limited.
- 7) **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.
- 8) **Condition Precedent** - shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 9) **Contribution** - is essentially the right of the insurer to call upon other insurers, liable to the same insured, to share the cost of an indemnity claim on a ratable proportion.
- 10) **Cover Year** - means duration of twelve months beginning from the Cover Period Start Date as specified in the Policy Schedule, and for subsequent Cover Years, it will include any successive durations of twelve months, till the Cover Period End Date, as specified in the Policy Schedule.
- 11) **Cumulative Bonus** - shall mean any increase in the Sum Insured / Mallus granted by the insurer without an associated increase in premium.
- 12) **Day** - means a period of 24 consecutive hours.

- 13) **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. This is to clarify that a deductible does not reduce the sum insured. Deductible shall be applicable per year, per life or per event as stated in Part I of the Policy and specific deductible to be applied shall be as Part I of the Policy.
- 14) **Dental Treatment** – is treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
- 15) **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 fact
- 16) **Child** - means dependent child/children including adopted and step child/children of the Insured Person between Ages two (2) years and eighteen (18) years (twenty three (23) years if attending as a full time student in an accredited Institution of Higher Learning) who are unmarried,, and receive the majority of maintenance and support from the Insured Person
- 17) **Emergency Care** - means management of 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.
- 18) **Grace Period** – means the specified period of time immediately following the premium due date during which as 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.
- 19) **Family Member** - means an Insured Person's legally wedded spouse, children, siblings, siblings-in-law, parents, mother-in-law, father-in-law, legal guardian, ward, step or adopted children, stepparents.
- 20) **Hospital/Nursing home** 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 Regulations) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act OR comply with all minimum criteria as under:
1. Has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places;
 2. Has qualified nursing staff under its employment round the clock;
 3. Has qualified medical practitioner(s) in charge round the clock;
 4. Has a fully equipped operation theatre of its own where surgical procedures are carried out
 5. Maintains daily records of patients and will make these accessible to the Insurance Company's authorized personnel.
- 21) **Hospital Confinement** - means confinement for a continuous uninterrupted period of at least 24 hours in a Hospital as a resident/registered bed patient on the written advice and under the regular care and attendance of Medical Practitioner

- 22) **Hospitalization** - shall mean admission in a Hospital for a minimum period of 24 In patient care consecutive hours except for specified Procedures/Treatments, where such admission could be for a period of less than 24 consecutive hours.
- 23) **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** - 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:
 - 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - 2. it needs ongoing or long-term control or relief of symptoms
 - 3. it requires your rehabilitation or for you to be specially trained to cope with it
 - 4. it continues indefinitely
 - 5. it comes back or is likely to come back.
- 24) **Injury** - means any accidental physical bodily harm occurring during the Policy Period, excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
- 25) **Inpatient Care** - means treatment for which the insured person has to stay in a Hospital for more than 24 hours for a covered event.
- 26) **Insured Event** – means any event specifically mentioned as covered under this policy.
- 27) **Insured Person(s)** - means the individuals (s) covered under the Policy whose name(s) is/are specifically appearing as such in the Policy Schedule and is/are hereinafter referred as "You"/"Your"/ "Yours"/ "Yourself"
- 28) **Medical Advice** -Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription
- 29) **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.
- 30) **Medically Necessary treatment** - is defines as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- 1. is required for the medical management of the illness or injury suffered by the insured;
 - 2. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - 3. must have been prescribed by a medical practitioner;
 - 4. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

- 31) **Medical Practitioner** is a person who holds a valid registration from Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license. The term Medical Practitioner would include physician, specialist, anesthetist and surgeon but would exclude the insured and his/her Immediate Family.
 "Immediate Family would comprise of spouse, dependent children, brother(s), sister(s) and dependent parent(s) of the insured.
- 32) **Nominee** - means the person(s) nominated by You to receive the benefits under this Policy payable on Your death caused by an Accident. For the purpose of avoidance of doubt it is clarified that if You are a minor, Your legal guardian shall appoint the Nominee.
- 33) **Notification of claim** - is the process of notifying a claim to the insurer or Third party administrator by specifying the timelines as well as the address / telephone number to which it should be notified.
- 34) **OPD Treatment** - is one in which the Insured visits a clinic/hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 35) **Out-patient** is the one in which the Insured who is not hospitalized for more than 24 consecutive hours but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. However any Insured undergoing any specified "Day care surgeries/Treatment" will not be considered as an Out-patient.
- 36) **Period of Insurance** means the period as specifically appearing in the Policy Schedule and commencing from the Policy Period Start Date of the first Policy taken by the insured from the company and then, running concurrent to the current Policy subject to the Insured's continuous renewal of such Policy with the company.
- 37) **Physical Separation** - means with respect to the hand, severance of limb at or above the wrists, and with respect to the foot, severance of limb at or above the ankle.
- 38) **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the insured, what is excluded from the cover and the terms & conditions on which the Policy is issued to the insured.
- 39) **Policy Holder** means the person(s) or the entity named in the Policy Schedule who executed the Policy Schedule and is (are) responsible for payment of premium(s).
- 40) **Policy Period** means the period commencing from the Policy Period Start Date, Time and ending at the Policy Period End Date, Time of the Policy and as specifically appearing in the Policy Schedule.
- 41) **Policy Year** means a period of twelve months beginning from the Policy Period Start Date and ending on the last day of such twelve- month period. For the purpose of subsequent years, "Policy Year" shall mean a period of twelve months beginning from the end of the previous Policy Year and lapsing on the last day of such twelve-month period, till the Policy Period End Date, as specified in the Policy Schedule.

- 42) **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
- 43) **Portability**- means transfer by an individual health insurance policyholder (including Family cover) of the credit gained for pre- existing conditions and time-bound exclusions if he/she chooses to switch from one insurer to another.
- 44) **Professional Sports** - means a sport which would remunerate a player in excess of 50% of his or her annual income as a means of their livelihood..
- 45) **Proposal and Declaration Form** - means any initial or subsequent declaration made by the policyholder and is deemed to be attached and which forms a part of this Policy.
- 46) **Scheduled Airline** - means any civilian aircraft operated by a civilian scheduled air carrier, holding a certificate license or similar authorization for civilian scheduled air carrier transport issued by the country of the aircraft's registry, and which in accordance therewith flies, maintains and publishes tariffs for regular passenger service between named cities at regular and at specified times, on regular or chartered flights operated by such carrier.
- 47) **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 .
- 48) **Renewal** - defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
- 49) **Surgery** - Surgery or Surgical Procedure means manual and/or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 50) **Sum Insured** - means and denotes the maximum amount of cover available to the Insured Person under each section and extension (s) therein as detailed in Part I of the Policy to this Policy, subject to the terms and conditions of this Policy, which represents the Company's maximum liability for all claims in aggregate payable to such Insured Person by the Company under each of the respective section(s) and extension (s) therein.
- 51) **Subrogation** - shall mean the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- 52) **Terrorism/Terrorism Activity** - means any actual or threatened use of force or violence directed at or causing damage, Injury, harm or disruption, or commission of an act dangerous to human life or property, against any individual, property or government, with the stated or unstated objective of pursuing economic, ethnic, nationalistic, political, racial or religious interests, whether such interests are declared or not. Robberies or other criminal acts, primarily committed for personal gain and acts arising primarily from prior personal relationships between perpetrator(s) and victim (s) shall not be considered Terrorist Acts. Terrorism shall also include any act, which is verified or recognized by the relevant Government as an act of terrorism.
- 53) **Third Party Administrator (TPA)** means the services rendered by a TPA to an insurer under an agreement in connection with health insurance business but does not include the business of an insurance company or the soliciting either directly or indirectly, of health insurance business or deciding on the admissibility of a claim or its rejection.