

**CUSTOMER INFORMATION SHEET/KNOW  
YOUR POLICY**

***This document provides key information  
about your policy. You are also advised to go  
through your policy document.***

| <b>SI No</b> | <b>Title</b>  | <b>Description</b><br>(Please refer to applicable Policy Clause Number in next column)   | <b>Policy Clause Number</b> |
|--------------|---|--|-----------------------------|
| 1            | <b>Product Name</b>   | <ul style="list-style-type: none"> <li>• ICICI Pru Non-Linked Accidental Death and Disability Rider<br/>Benefit Option: Accidental Total and Permanent Disability Benefit</li> </ul>   |                             |
| 2            | <b>Application / Policy number</b>  | <Application Number>   |                             |
| 3            | <b>Type of Insurance/ Policy</b>  | Benefit  |                             |
| 4            | <b>Sum Insured (Basis)</b><br><br><b>(Along with amount)</b>                            | Sum Assured – <Sum Assured>  | Rider Schedule              |
| 5            | <b>Policy Coverage (What the policy covers?)</b><br><br><b>(Policy Clause Number/s)</b> | <p><b><i>SPECIFY AS PER POLICY TERMS AND CONDITIONS:</i></b></p> <ul style="list-style-type: none"> <li>i. In the event that the Life Assured has become totally, continuously and permanently disabled as a result of an Accident, the Sum Assured for ATPD will be payable to the Claimant in lump sum, provided the benefit option is in-force at the time of Accident and disability occurs within 180 days from the date of accident.</li> <li>ii. The Accident has to have happened within the Coverage Term for ATPD benefit and should mandatorily satisfy any of the following conditions.</li> <li>iii. The disabilities as stated in the Conditions below must have continuously lasted, without interruption for at least 180 days and must in the opinion of a Medical</li> </ul> | Part C, Clause 1            |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>Practitioner, be deemed permanent. These disabilities as stated in the below conditions must also be verified by a Medical Practitioner appointed by the Company. However, for the disabilities mentioned in Condition 1 under sub points (j) to (n) i.e., physical severance, such 180 days period would not be applicable.</p> <p>iv. For Accidental Total &amp; Permanent Disability occurring beyond the Coverage Term, this Benefit shall be payable provided the disability is within 180 days from the date of Accident. This is applicable subject to the Accident occurring within the Coverage Term and the Benefit Option being in-force at the time of the Accident.</p> <p><b>Condition 1:</b></p> <p>The Life Assured suffers the following disabilities due to an Injury/Accident due to which there is total and irrecoverable disability :</p> <ol style="list-style-type: none"> <li>a. Loss of Use of at least two limbs</li> <li>b. Loss of Sight of both eyes</li> <li>c. Loss of hearing and loss of speech</li> <li>d. Loss of Use of four fingers and Thumb of both hands</li> <li>e. Loss of Use of one limb and sight of one eye</li> <li>f. Loss of Use of one limb and hearing</li> <li>g. Loss of Use of one limb and speech</li> <li>h. Loss of sight of one eye and speech</li> <li>i. Loss of sight of one eye and hearing</li> <li>j. Loss by severance of two or more limbs at or above wrists or ankles</li> <li>k. Loss by severance of four Fingers and Thumb of both hands</li> <li>l. Loss by severance of one limb and sight of one eye</li> </ol> |  |
|--|--|---|--|

- m. Loss by severance of one limb and hearing
- n. Loss by severance of one limb and speech

The loss of sight, loss of hearing and loss of speech are defined as follows:

1. Loss of sight means total, permanent and irreversible loss of all vision in at least one eye as a result of accident.
  - a. The Blindness is evidenced by:
    - i. Corrected visual acuity being 3/60 or less in at least one eye or;
    - ii. The field of vision being less than 10 degrees in at least one eye; and
  - b. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.
2. Loss of hearing means total and irreversible loss of hearing in both ears as a result of 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 90 decibels across all frequencies of hearing" in both ears.
3. Loss of speech means total and irrecoverable loss of the ability to speak as a result of injury to the vocal cords due to an accident. 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.

Or,

**Condition 2:**

The Life Assured must be totally incapable of being employed or engaged in any work or any occupation whatsoever for remuneration or profit.

Or,

**Condition 3:**

The Life Assured must be unable to perform (whether aided or unaided) at least 3 of the following 6 "Activities of Daily Work":

|   |   |   |                  |
|---|---|---|------------------|
|   |   | <ul style="list-style-type: none"> <li>a. Mobility: The ability to walk a distance of 200 meters on flat ground.</li> <li>b. Bending: The ability to bend or kneel to touch the floor and straighten up again and the ability to get into a standard saloon car, and out again.</li> <li>c. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.</li> <li>d. Lifting: The ability to pick up an object weighing 2kg at table height and hold for 60 seconds before replacing the object on the table.</li> <li>e. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop personal computer keyboard.</li> <li>f. Blindness: permanent and irreversible – Permanent and irreversible loss of sight to the extent that even when tested with the use of visual aids, vision is measured at 3/60 or worse in the better eye using a Snellen eye chart.</li> </ul> <p>v. On payment of this ATPD benefit to the Claimant, the cover for ATPD will terminate and all rights, benefits and interests under this benefit option will stand extinguished.</p> <p>For more information please refer to the policy document (Part C, Clause 1) under the section 'Specimen Policy Document' available on our website at <a href="https://www.iciciprulife.com/services/download-centre.html">https://www.iciciprulife.com/services/download-centre.html</a></p> |                  |
| 6 | <p><b>Exclusions (what the policy does not cover)</b></p> | <ul style="list-style-type: none"> <li>1. Disability arising out of a Pre-existing Diseases or any complication arising therefrom. Pre-existing Disease means any condition, ailment, injury or disease: <ul style="list-style-type: none"> <li>a. That is/are diagnosed by a physician within 48 months prior to the effective date of the benefit option issued or its reinstatement; or</li> <li>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 benefit</li> </ul> </li> </ul>   | Part C, Clause 2 |

|  |  |   |  |
|--|--|---|--|
|  |  | <p>option or its reinstatement.</p> <p>Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the company.</p> <ol style="list-style-type: none"> <li>2. Disability caused due to attempted Suicide, intentional self-inflicted injury or acts of self-destruction.</li> <li>3. Disability caused due to any congenital external diseases, defects or anomalies or in consequence thereof</li> <li>4. Disability caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound)</li> <li>5. Disability arising out of or attributable to foreign invasion, act of foreign enemies, hostilities, warlike operations (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), participation in any naval, military or air-force operation, civil war, Riot, public defense, rebellion, revolution, insurrection, military or usurped power.</li> <li>6. Disability caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.</li> <li>7. Disability caused by Alcohol or Solvent abuse or taking of Drugs, narcotics or psychotropic substances unless taken in accordance with the lawful directions and prescription of a registered medical practitioner.</li> <li>8. Disability caused by participation of the Life Assured in any flying activity, except as a bona fide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.</li> <li>9. Disability of the Life Assured whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning,</li> </ol> |  |
|--|--|---|--|

|  |  |  |  |
|--|--|--|--|
|  |  | <p>parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, potholing, abseiling, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports in so far as they involve the training for or participation in competitions or professional sports, or involving a naval, military or air force operation and is specifically specified in the Policy Schedule.</p> <p>10. Disability caused by engaging in hazardous sports / pastimes, i.e., taking part in (or practicing for) boxing, caving, climbing, horse racing, jet skiing, martial arts, mountaineering, off piste skiing, pot holing, power boat racing, underwater diving, yacht racing or any race, trial or timed motor sport.</p> <p>11. Disability arising from or caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.</p> <p>a. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.</p> <p>b. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) microorganisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.</p> |  |
|--|--|--|--|

|   |   |  |  |
|---|---|--|--|
|   |   | <p>12.Certification by a Medical Practitioner who is either the Insured person(s) himself or related to the insured person(s) by blood or marriage or shares the same residence as the Insured Person</p> <p><b><i>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)</i></b></p> <p>For more information please refer to the policy document (Part C, Clause 2) under the section 'Specimen Policy Document' available on our website at <a href="https://www.iciciprulife.com/services/download-centre.html">https://www.iciciprulife.com/services/download-centre.html</a> for exclusions and conditions applicable</p> |  |
| 7 | <p><b>Waiting period</b></p> <ul style="list-style-type: none"> <li>•Time period during which specified diseases/treatments are not covered</li> <li>•It is counted from the beginning of the policy coverage</li> </ul>  | Not Applicable   |  |
| 8 | <p><b>Financial limits of coverage</b></p> <p><b>i. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of the limit)</b></p> <p><b>ii. Co- payment (It is a specified amount/percentage of the admissible claim amount to be paid by policyholder/insured)</b></p> <p><b>iii. Deductible (It is a specified amount:</b></p> <ul style="list-style-type: none"> <li>- Up to which an insurance company will not pay any claim, any</li> <li>- Which will be</li> </ul> | Not Applicable   |  |

|   |   |   |                          |
|---|---|---|--------------------------|
|   | <p>deducted from total claim amount (if claim amount is more than the specified amount)<br/>iv. Any other limit (as applicable)</p> |   |                          |
| 9 | <p><b>Claims/Claims Procedure</b></p>   | <p>For processing an Accidental Total and Permanent disability claim under this Rider, We will require the following documents (as may be relevant):</p> <ul style="list-style-type: none"> <li>a) Claimant's Statement</li> <li>b) Original Policy Certificate</li> <li>c) Claimant ID Proof.</li> <li>d) Claimant's residence proof</li> <li>e) Certificate from Medical Practitioner</li> <li>f) Recent Photograph of LA</li> <li>g) PAN/form 60</li> <li>h) EPM form with cancelled cheque</li> <li>i) Treating doctor's certificate giving exact duration, diagnosis, prognosis and treatment given post accident</li> <li>j) First and all consultation papers with all investigation reports, discharge summary, Indoor case papers, follow up papers since onset of accident.</li> <li>k) Current and previous medical records for last 5 years, if any.</li> <li>l) Certificate from employer.</li> <li>m) Income documents: Salary slip of last 6 months/ITR for last 3years/ Bank Statement of last 1 year giving income credit.</li> <li>n) Other Insurance policy Life/health/medicclaim with details of past claim settlement letters.</li> </ul> <p>For any assistance on Claims, you can call Us on 1-860-266-7766 (for calls within India) or +91 8069385555 (for calls outside India). You can also register a health or a death claim by sending us an email at <a href="mailto:claimsupport@iciciprulife.com">claimsupport@iciciprulife.com</a></p> <p>The claim form can be downloaded from the following links:</p> | <p>Part F, Clause 10</p> |



|            |                              |   |        |
|------------|------------------------------|---|--------|
|            |                              | <p>Digital Claim Form Link:<br/> <a href="https://buy.icicprulife.com/buy/Claim-Intimation.htm?execution=e2s1">https://buy.icicprulife.com/buy/Claim-Intimation.htm?execution=e2s1</a></p> <p>Physical Claim Form Link:<br/> <a href="https://www.icicprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content">https://www.icicprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content</a></p>  |        |
| <b>10</b>  | <b>Policy Servicing</b>      | <ul style="list-style-type: none"> <li>• <b>Company Officials:</b><br/> For any clarification or assistance, You may contact Our advisor or call Our customer service representative (between 10.00 a.m. to 7.00 p.m, Monday to Saturday; excluding national holidays) on the numbers mentioned on the reverse of the Policy folder or on Our website: <a href="http://www.icicprulife.com">www.icicprulife.com</a>.<br/> Alternatively, You may communicate with Us at any of our branches or the customer service desk whose details are mentioned in the Welcome Letter.<br/> For updated contact details, We request You to regularly check Our website.</li> </ul> | Part G |
| <b>11.</b> | <b>Grievances/Complaints</b> | <p><b>i.Grievance Redressal Officer:</b></p> <p>If You do not receive any resolution from Us or if You are not satisfied with Our resolution, You may get in touch with Our designated grievance redressal officer (GRO) at <a href="mailto:gro@icicprulife.com">gro@icicprulife.com</a> or 1860 266 7766.</p> <p>Address: ICICI Prudential Life Insurance Company Limited,<br/> Ground Floor &amp; Upper Basement,<br/> Unit No. 1A &amp; 2A, Raheja Tipco Plaza,<br/> Rani Sati Marg, Malad (East),<br/> Mumbai-400097</p>  | Part G |

The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.

For more details please refer to the “Grievance Redressal” section on [www.icicprulife.com](http://www.icicprulife.com).

**ii. Grievance Redressal Committee:**

If You do not receive any resolution or if You are not satisfied with the resolution provided by the GRO, You may escalate the matter to Our internal grievance redressal committee at the address mentioned below:

ICICI Prudential Life Insurance Co. Ltd.

Ground Floor & Upper Basement,  
Unit No. 1A & 2A, RahejaTipco Plaza,  
Rani Sati Marg, Malad (East), Mumbai-  
400097  
Maharashtra.

• **IRDAI/(IGMS/Call Centre):**

If you are not satisfied with the response or do not receive a response from us within 15 days, you may approach the Grievance Cell of the Insurance Regulatory and Development Authority of India (IRDAI) on the following contact details:

IRDAI Grievance Call Centre (IGCC) TOLL

FREE NO: **155255 (or) 1800 4254 732**

Email ID: [complaints@irdai.gov.in](mailto:complaints@irdai.gov.in)

You can also register your complaint online at [igms.irda.gov.in](http://igms.irda.gov.in)

Address for communication for complaints by fax/paper:

Consumer Affairs Department

Insurance Regulatory and Development Authority of India

Survey No. 115/1, Financial District,

Nanakramguda, Gachibowli,

Hyderabad, Telangana State – 500032

|    |                    |  |                  |
|----|--------------------|--|------------------|
|    |                    | <p><b>Ombudsman list:</b> Please refer to 'Specimen Policy Document' available at <a href="https://www.icicprulife.com/services/download-centre.html">https://www.icicprulife.com/services/download-centre.html</a></p>  |                  |
| 12 | Things to remember | <ul style="list-style-type: none"> <li> <p><b>Free Look cancellation:</b> You have an option to review the Rider within 15 days from the date you receive it, or 30 days in case of electronic policies or policies sourced through Distance Mode (as defined in Part B, Clause 9). In this period, if you are not satisfied with the terms and conditions of the Rider, you can return the Rider to us with reasons for cancellation. We will refund the premium paid towards the Rider after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by us on medical tests, if any.</p> <p>The Rider will terminate on payment of this amount and all rights, benefits and interests under this Rider will stand extinguished.</p> <p>The rider can be terminated during the Free look period either on its own or along with its Base Policy. In case the Base Policy is cancelled within free-look period, the rider will also be automatically cancelled</p> <p>Policy renewal: Not Applicable</p> <p>Migration and Portability: Not Applicable</p> <p>Change in Sum Insured: Not Applicable</p> <p>Moratorium Period: Not Applicable</p> </li> </ul> | Part D, Clause 1 |
| 13 | Your Obligations   | <ul style="list-style-type: none"> <li> <p>Please disclose all pre-existing disease/s or condition/s before buying a rider. Non-disclosure may affect the claim settlement. Disclosure of Material Information during the Rider period such as change in occupation</p> <p>Material information includes:</p> <ul style="list-style-type: none"> <li>Date of birth</li> </ul> </li> </ul>  |                  |

|  |  |  |  |
|--|--|--|--|
|  |  | <ul style="list-style-type: none"><li>• Gender</li><li>• Education</li><li>• Annual Income</li><li>• Occupation details</li><li>• Nationality &amp; country of residence</li><li>• Question on criminal charges</li><li>• Avocation/dangerous hobbies</li><li>• Address &amp; Pincode</li><li>• Details of existing &amp; applied insurance policies with other companies &amp; terms of acceptance</li><li>• Personal details like habits, Height &amp; weight</li><li>• Health Questions</li></ul> |  |
|--|--|--|--|