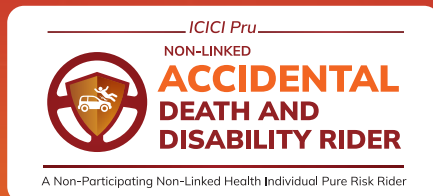


Ab savings ke saath double suraksha!

Add an



to your Savings Plan



ICICI PRUDENTIAL 
L I F E I N S U R A N C E

The ICICI Prudential Life Insurance logo. It features the company name 'ICICI PRUDENTIAL' in a bold, sans-serif font. The 'i' in 'ICICI' is stylized with a red dot. To the right of the name is the Prudential logo, which is a stylized face of a woman wearing a red crown. Below the name is a dark blue horizontal bar with the words 'L I F E I N S U R A N C E' in white, spaced-out capital letters.

You have made the right choice of protecting your family through a life insurance plan. However, it is always prudent to have an extra safety net.

ICICI Pru Non-Linked Accidental Death and Disability Rider is designed to secure the financial needs of your loved ones in case of your unfortunate demise or a disability caused due to accidents. The Rider will have to be attached to your base policy and it will provide additional sum assured to give you that extra comfort of safety.

What makes

ICICI Pru Non-Linked Accidental Death and Disability Rider suitable for you?



Protection against accidental death and disabilities



Option to add the rider benefit option to your base policy at its inception or on any subsequent policy anniversary during the premium payment term of the base policy



Option to get cover of up to the sum assured on death at inception of the base policy



Flexible payment and rider coverage term combinations



Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws



Under Accidental Death Benefit option, Sum Assured is now available upto three times the Sum Assured on Death at inception for the base policy

Plan at a glance

Premium Payment Option	Premium Payment Term (PPT) (in years)	Min/Max Coverage Term (in years)	Min/Max Age at Entry (in years)	Min/Max Age at Maturity (in years)	Min/Max Sum Assured	Min/Max Annualized Premium
Single Pay	1	5 to 67			Min: ₹ 50K Max: As per Board Approved Underwriting Policy, under each benefit option	Corresponding to the minimum/maximum sum assured
Limited Pay	5 to 66	PPT+1 to 67	18/65	23/85		
Regular Pay	5 to 67	Equal to PPT				

*Applicable taxes will be taken separately, as per applicable rates. The tax laws are subject to amendments from time to time.

Premium Payment Frequency: Single Premium, Yearly, Half-Yearly, Monthly (same as chosen under the Base policy)

Please note: The maximum Rider Premium Payment Term under each of the benefit option(s) (Accidental Death and Accidental Total & Permanent Disability) will be equal to the outstanding Premium Payment Term of the Base policy. The maximum permissible Rider Coverage Term will be equal to the outstanding policy term of the base policy. These will be subject to minimum and maximum conditions mentioned in the table above.

“Coverage Term” means the period in complete years (excluding date of maturity) during which risk cover in respect of the chosen Benefit Option is in effect.

Any of the benefit option under the rider can be attached to an applicable base policy at the inception of such policy or at any subsequent policy anniversary during the premium payment term of the base policy, subject to the age restrictions mentioned in the table above.

Premium will vary depending upon the Option chosen.

Benefits in detail

This Rider offers two types of Benefit Options as given below

- Accidental Death Benefit (“ADB”)
- Accidental Total and Permanent Disability Benefit (“ATPD”)

The Benefit Option(s) under this Rider can be opted along with Your Base Policy at inception or on any subsequent Policy anniversary occurring during the premium payment term of the Base Policy.

Since this is an Accidental Death and Disability Rider, we have defined ‘Accident’ as sudden, unforeseen, and involuntary event caused by external, visible and violent means.

Accidental Death Benefit (ADB) option

Under this option, if the person whose life is covered by this benefit option (known as the Life Assured) passes away, due to an accidental death which happens within the Coverage term such that death happens 180 days from the date of accident, the sum assured for ADB will be paid out as a lump sum to the person specified (known as the Claimant) in the policy, provided the benefit option is in-force as on the date of the accident. Sum Assured available under Accidental Death Benefit option will be up to three times the Sum Assured on Death at inception for the base policy.

If Accidental Death occurs beyond the Coverage Term, this sum assured will be paid provided the accidental death occurs within 180 days from the date of accident. This is applicable subject to Accident occurring within the Coverage Term and the Benefit Option being in-force as on the date of the accident.

On payment of the Accidental Death Benefit to the Claimant, the cover under this benefit option will terminate and all rights, benefits and interests under the option will stand extinguished.

In the event of an accident on the date of maturity resulting in the death of the Life Assured, Sum Assured for ADB shall not be payable

Illustration:

The below table shows sample annualized premiums for the Accidental Death Benefit Option at different premium payment terms and rider terms for a sum assured of ₹ 10 Lacs.

Premium Payment Term (A)	RiderTerm (B)	Annualized Premium (C)	Total Premiums Paid (AXC)
5 years	10 years	940	4,700
6 years	12 years	988	5,928
10 years	12 years	684	6,840
12 years	20 years	923	11,076
20 years	20 years	600	12,000

Taxes applicable on premium will be charged extra as per prevailing tax laws.

Annualized Premium is the premium amount payable in a year chosen by policyholder, excluding the taxes, underwriting extra premium and loadings for modal premium, if any.

Total Premiums Paid means the total of all the premium received, excluding any extra premium and taxes.

Accidental Total and Permanent Disability (ATPD) Benefit option

Under this option, if the person whose life is covered by this benefit option (known as the Life Assured) gets totally, continuously and permanently disabled, due to an accident which happens within the Coverage term of this benefit option such that the disability occurs within 180 days from the date of accident, the Sum Assured for ATPD will be paid out as a lump sum to the person specified (known as Claimant) in the policy.

If Accidental Total and Permanent Disability occurs beyond the Coverage Term, this sum assured will be paid provided the disability occurs within 180 days from the date of accident. This is applicable subject to Accident occurring within the Coverage Term and the Benefit Option being in-force as on the date of the accident.

Accidental Total and Permanent Disability Benefit is payable to the Claimant if the Accidental Total and Permanent disability meets any of the 3 conditions mentioned below.

The disabilities as stated in these Conditions must have continuously lasted, without interruption for at least 180 days and must in the opinion of a Medical Practitioner, be deemed permanent. These disabilities as stated above 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.

In the event of an accident on the Date of Maturity resulting in a total and permanent disability of the life assured, Sum Assured for ATPD shall not be payable.

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. The Medical Practitioner should neither be the insured person(s) himself nor related to the insured person(s) by blood or marriage, nor share the same residence as the Insured Person.

Condition 1:

The Life Assured suffers the following disabilities due to an Injury/Accident due to which there is total and irrecoverable disability:

- a. Loss of Use of at least two limbs
- b. Loss of Sight of both eyes

- c. Loss of hearing and loss of speech
- d. Loss of Use of four fingers and Thumb of both hands
- e. Loss of Use of one limb and sight of one eye
- f. Loss of Use of one limb and hearing
- g. Loss of Use of one limb and speech
- h. Loss of sight of one eye and speech
- i. Loss of sight of one eye and hearing
- j. Loss by severance of two or more limbs at or above wrists or ankles
- k. Loss by severance of four Fingers and Thumb of both hands
- l. Loss by severance of one limb and sight of one eye
- m. Loss by severance of one limb and hearing
- n. Loss by severance of one limb and speech

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

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":

- a. Mobility: The ability to walk a distance of 200 meters on flat ground.
- 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.
- c. Climbing: The ability to climb up a flight of 12 stairs and down again, using the handrail if needed.
- 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.
- e. Writing: The manual dexterity to write legibly using a pen or pencil, or type using a desktop

personal computer keyboard.

- 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.

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

1. Loss of Sight:

- a. Total, permanent and irreversible loss of all vision in at least one eye as a result of an Accident.
- b. 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.
- c. The diagnosis of blindness must be confirmed and must not be correctable by aids or surgical procedure.

2. Loss of Hearing:

Total and irreversible loss of hearing in both ears as a result of an 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:

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. The respective benefit options will terminate on payment of ADB or ATPD Sum Assured, as applicable.

On payment of the Accidental Disability Benefit to the Claimant, the cover under for ATPD benefit will terminate and all rights, benefits and interests under the option will stand extinguished.

If You have opted for both the ATPD and ABD benefit options, then on payment of Accidental Total and Permanent Disability Benefit, the Rider coverage for that benefit option will terminate Rider shall continue with coverage only for Accidental Death Benefit.

Illustration:

The below table shows sample annualized premiums for the Accidental Total and Permanent Disability Benefit Option at different premium payment terms and rider terms for a sum assured of ₹ 10 Lacs.

Premium Payment Term (A)	Rider Term (B)	Annualized Premium (C)	Total Premiums Paid (AXC)
5 years	10 years	724	3,620
6 years	12 years	759	4,554
10 years	12 years	525	5,250
12 years	20 years	705	8,460
20 years	20 years	460	9,200

Taxes applicable on premium will be charged extra as per prevailing tax laws.

Annualized Premium is the premium amount payable in a year chosen by policyholder, excluding the taxes, underwriting extra premium and loadings for modal premium, if any.

Total Premiums Paid means the total of all the premium received, excluding any extra premium and taxes.

Policy loan

Loan facility is not available under this Rider.

What happens if you stop paying your premiums?

At any stage if you stop paying premiums under the Benefit Option(s) along with the base policy, the Benefit Option(s) will lapse on expiry of grace period (as defined below in Clause 3 under Terms and Conditions). If you do not revive the lapsed Benefit Option(s) along with the base policy by the end of revival period (defined below under 'Revival'), it will terminate after payment of the Unexpired Risk Premium Value, as defined in the Clause below. The Unexpired Risk Premium Value will be paid for the Benefit Option(s) on earlier of:

- Death of the Life Assured within the revival period, or
- At the end of the revival period

On revival of any benefit option(s) along with the base policy, the sum assured under the benefit option(s) will be restored to the initial sum assured, provided the request for revival is received with the Coverage Term of the Benefit Option(s).

Unexpired Risk Premium Value

If you surrender the base policy along with the Benefit Option(s) or if you surrender the Benefit Option(s) only by itself, you will receive 'Unexpired Risk Premium Value'.

Unexpired risk premium value for the rider will be calculated as below:

For Single Premium:

Unexpired risk premium value = $25\% \times [1 - (\text{Policy month of surrender} - 1) / (\text{Total Coverage Term} \times 12)] \times \text{Single Premium}$

You will be eligible for unexpired risk premium value post payment of single premium.

For Limited Premium:

Unexpired risk premium value = $25\% \times [\text{Number of months for which premiums are paid} / (\text{Premium Payment Term} \times 12)] \times [1 - (\text{Policy month of surrender} - 1) / (\text{Total Coverage Term} \times 12)] \times \text{Total Premiums paid}$

You will be eligible for unexpired risk premium value post payment of first two full years' premium.

For Regular Premium:

No unexpired risk premium value is payable.

Revival

You can revive the Benefit Option(s) along with the base policy for their full value subject to underwriting and the following conditions:

- Where the request for revival has been received for the Benefit Option(s) along with the base policy
- The revival period applicable for Benefit Option(s) will be same as the revival period applicable to the base policy from the due date of the first unpaid premium and before the termination date of the Benefit Option(s). Revival will be based on the prevailing Board Approved Underwriting Policy.
- The Policyholder furnishes, at his/her own expense, satisfactory evidence of health of the Life Assured if required by the prevailing Board Approved Underwriting Policy.
- The arrears of premiums together with interest at such rate as the Company may charge for late payment of premiums are paid. Revival interest rate will be same as applicable for revival of base policy.

The revival of the Benefit Option(s) may be on terms different from those applicable to the Benefit Option(s) before premiums were discontinued; for example, extra mortality/morbidity premiums or charges may be applicable. The revival will take effect only if it is specifically communicated by the Company to the Policyholder. The Company reserves the right to refuse to revive the Benefit Option(s). Any change in revival conditions will be disclosed to policyholders.

What are the exclusions?

The following exclusions shall apply for the Accidental Disability Cover:

1. Disability arising out of a Pre-existing Diseases or any complication arising therefrom.

Pre-existing Disease means any condition, ailment, injury or disease:

- a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the benefit option issued by the insurer or its reinstatement; or
- b) For which medical advice or treatment was recommended by, or received from, a Physician not more than 36 months Prior to the date of commencement of of the benefit option issued or its reinstatement.

Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by the company.

2. Disability caused due to attempted Suicide, intentional self-inflicted injury or acts of self- destruction.
3. Disability caused due to any congenital external diseases, defects or anomalies or in consequence thereof.
4. Disability caused by or arising from Bacterial / Viral infections (except pyogenic infection which occurs through an Accidental cut or wound).
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.
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.
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.

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.
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, 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.
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.
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.
 - 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.
 - 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.
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.

The following exclusions shall apply for the Accidental Death Cover:

1. Death caused due to Suicide or attempted Suicide, intentional self-inflicted injury or acts of self-destruction.
2. Death caused by congenital external diseases, defects or anomalies or in consequence thereof
3. Death 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.
4. Death caused by treatment directly arising from or consequent upon any Life Assured committing or attempting to commit a breach of law with criminal intent.

5. Death 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.
6. Death 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.
7. Death of the Life Assured whilst engaging in a speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, 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.
8. Death 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.
9. Death 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.
 - 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.
 - 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.

We shall not be liable to pay the Benefit, if Accidental Death or Accidental Total and Permanent Disability of the Life Assured occurs after 180 days from the date of accident.

Cancellation of the Rider

The benefit option(s) chosen under the rider shall be terminated by Us on the occurrence of any of the below mentioned conditions:

- (i) When the Base Policy to which the Rider is attached terminates upon payment of death benefit
- (ii) When the Base Policy to which this Rider is attached is cancelled, surrendered or terminated due to any reason whatsoever
- (iii) When the coverage under the Base Policy to which the Rider is attached lapses on account of non-payment of premiums and has not been revived within the Coverage Term under the benefit option.
- (iv) When the Benefit Option(s) in this Rider along with the Base Policy has not been revived within the revival period
- (v) Upon expiry of the Coverage Term for each of Benefit Option(s) chosen i.e. on Date of Maturity of the Benefit Options(s)
- (vi) On cancellation of the Rider by the Company for any reason whatsoever
- (vii) On payment of free look cancellation proceeds

Terms & Conditions

1. Free look period: On receipt of the rider policy document, whether received electronically or otherwise, You have an option to review the policy terms and conditions. If You are not satisfied or have any disagreement with the terms and conditions of the Policy or otherwise and have not made any claim, the rider Policy Document needs to be returned to the Company with reasons for cancellation within 30 days from the date of receipt of the Policy Document. We will refund the premium paid after deduction of Stamp duty, proportionate risk premium for the period of cover and the expenses borne by Us on medical tests, if any.

The rider will terminate on payment of this amount and all rights, benefits and interests under this policy will stand extinguished.

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, Rider will also be automatically cancelled.

2. Tax Benefits: Tax benefits may be available on premiums paid and benefits received as per prevailing tax laws. Taxes, if any, will be charged extra as per prevailing rates. Tax laws are subject to amendments made thereto from time to time. Please consult your tax advisor for more details.
3. Grace Period: If the policyholder is unable to pay an installment premium by the due date, a grace period of 15 days will be given for payment of due installment premium for monthly frequency, and 30 days will be given for payment of due installment premium for any other frequency commencing from the premium due date. The cover continues during the grace period. In case the insured event occurs during this period, We will pay the benefit under the applicable Benefit Option(s) subject to terms and conditions as outlined in "Benefits in Detail" and "What are the exclusions".
4. Sum Assured, premium payment term, and coverage term chosen at inception of Rider cannot be changed. You have the flexibility to change the frequency of premium payment on Rider policy anniversary and subject to the premium payment frequency of the Rider being same as that of the Base policy.
5. Renewal Premium in Advance: Collection of renewal Premium in advance shall be allowed within the same financial year for the Premium due in that financial year and advance premium for base policy is also collected for the same duration. Provided, the premium due in one financial year is being collected in advance in earlier financial year maximum period of three months in advance from the due date of the premium. The renewal premium so collected in advance shall only be adjusted on the due date of the premium.

6. In case of any contradiction between the terms and conditions of the Base Policy Document and this Rider Document, then:
 - For the benefits payable under the Rider, the Rider Terms and Conditions shall prevail; and
 - For the benefits payable under the Base Policy, the Base Policy Terms and conditions shall prevail
7. If the Life Assured and Policyholder are different individuals, then in the event of death of the Policyholder and subsequent intimation of the death with the Company, the Rider shall vest on the Life Assured. Thereafter, the Life Assured shall become the Policyholder and will be entitled to all benefits and subject to all liabilities as per the terms and conditions of the rider. The Life Assured cum Policyholder can register due nomination as per Section 39 of the Insurance Act, 1938 as amended from time to time.
8. The Rider is also available for sale through online mode.
9. For monthly and half-yearly modes of premium payments, additional loadings will be applied to the base premium and the extra mortality/morbidity premium. The additional loadings, expressed as a percentage of the annual premium will be as given below.

Mode of Premium Payment	Loading (% of Annual Premium)
Yearly	0.0%
Half-yearly	1.25%
Monthly	2.50%

10. Nomination: Nomination shall be as per Section 39 of the Insurance Act, 1938 as amended from time to time. Details of nomination will be as mentioned for the Base Policy. For more details on this section, please refer to our website.
11. Assignment: Assignment shall be as per Section 38 of the Insurance Act, 1938 as amended from time to time. For more details on this section, please refer to our website.
12. Section 41: In accordance with Section 41 of the Insurance Act, 1938 as amended from time to time, no person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the insurer.

13. Section 45: 1) No policy of life insurance shall be called in question on any ground whatsoever after the expiry of three years from the date of the policy, i.e., from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later. 2) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground of fraud: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision is based. 3) Notwithstanding anything contained in sub-section (2), no insurer shall repudiate a life insurance policy on the ground of fraud if the insured can prove that the mis-statement of or suppression of a material fact was true to the best of his knowledge and belief or that there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of a material fact are within the knowledge of the insurer: Provided that in case of fraud, the onus of disproving lies upon the beneficiaries, in case the policyholder is not alive. 4) A policy of life insurance may be called in question at any time within three years from the date of issuance of the policy or the date of commencement of risk or the date of revival of the policy or the date of the rider to the policy, whichever is later, on the ground that any statement of or suppression of a fact material to the expectancy of the life of the insured was incorrectly made in the proposal or other document on the basis of which the policy was issued or revived or rider issued: Provided that the insurer shall have to communicate in writing to the insured or the legal representatives or nominees or assignees of the insured the grounds and materials on which such decision to repudiate the policy of life insurance is based: Provided further that in case of repudiation of the policy on the ground of misstatement or suppression of a material fact, and not on the ground of fraud, the premiums collected on the policy till the date of repudiation shall be paid to the insured or the legal representatives or nominees or assignees of the insured within a period of ninety days from the date of such repudiation. 5) Nothing in this section shall prevent the insurer from calling for proof of age at any time if he is entitled to do so, and no policy shall be deemed to be called in question merely because the terms of the policy are adjusted on subsequent proof that the age of the Life Insured was incorrectly stated in the proposal.

In case of fraud or misstatement, the policy shall be cancelled immediately by paying the unexpired risk premium value, subject to the fraud or misstatement being established by the Company in accordance with Section 45 of the Insurance Act, 1938 as amended from time to time.

14. Policy Servicing and Grievance Handling Mechanism: 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: www.icicprulife.com. For updated contact details, We request You to regularly check Our website. 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 gro@icicprulife.com or 1800 2660.

Address:

ICICI Prudential Life Insurance Company Limited,
Ground Floor & Upper Basement, Unit No. 1A & 2A,
Raheja Tipco Plaza Rani Sati Marg,
Malad (East) Mumbai-400097 .

For more details, please refer to the “Grievance Redressal” section on www.iciciprulife.com. 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,
Raheja Tipco Plaza, Rani Sati Marg,
Malad (East), Mumbai- 40009, Maharashtra.

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

IRDAI Grievance Call Centre (BIMA BHAROSA SHIKAYAT NIVARAN KENDRA)
155255 (or) 1800 4254 732
Email ID: complaints@irdai.gov.in

Address for communication for complaints by fax/paper:
Policyholders’ Protection and Grievance Redressal Department – Grievance Redressal Cell
Insurance Regulatory and Development Authority of India
Survey No. 115/1, Financial District, Nanakramguda, Gachibowli,
Hyderabad, Telangana State – 500032

You can also register your complaint online at bimabharosa.irdai.gov.in.

This is subject to change from time to time. Refer <https://www.iciciprulife.com/services/grievance-redressal.html> for more details

15. For further details, please refer to the policy document.

About ICICI Prudential Life Insurance

ICICI Prudential Life Insurance Company Limited is a joint venture between ICICI Bank Limited and Prudential Corporation Holdings Limited, a part of the Prudential group. ICICI Prudential began its operations in Fiscal 2001 after receiving approval from Insurance Regulatory Development Authority of India (IRDAI) in November 2000.

ICICI Prudential Life Insurance has maintained its focus on offering a wide range of savings and protection products that meet the different life stage requirements of customers.



For More Information:

Customers calling from anywhere in India, please dial 1800 2660

Do not prefix this number with “+” or “91” or “00”

Call Centre Timings: 10.00 am to 7.00 pm

Monday to Saturday, except National Holidays.

To know more, please visit www.iciciprulife.com

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IRDAI is not involved in activities like selling insurance policies, announcing bonus or investment of premiums.

Public receiving such phone calls are requested to lodge a police complaint.