

CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

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

Sl No	Title	Description (Please refer to applicable Policy Clause Number in next column)	Policy Clause Number
1	Name of Insurance Product and Unique Identification Number (UIN)	ICICI Pru Shubh Raksha Credit- A Group Micro Insurance Plan UIN: 105N159V03	Certificate of Insurance Schedule
2	Application number/ Policy Number	<Member policy number>	Certificate of Insurance Schedule
3	Type of Insurance Policy	A Non – Participating, Non- Linked Life Group Pure Risk Micro insurance Plan	Certificate of Insurance Schedule
4	Basic Policy details	Base Sum Assured<<>> Total Premium Amount<> Policy Term << Months>> Premium Payment Term <<>> Coverage Option <<>> If any additional benefit option is opted (if applicable) , Please refer Certificate of Insurance for information on additional Sum Assured	Certificate of Insurance Schedule
5	Policy Coverage/benefits payable	Benefits payable on maturity- Not Applicable Benefits payable on death- Death Benefit will be payable on death of the Member during the coverage Term. Sum Assured is specified in the Certificate of Insurance. At the start of the Member cover, Death Benefit is equal to Sum Assured. In case of reducing cover option being chosen, the death benefit reduces throughout the Coverage Term. For more information, refer clause 2 Surrender benefits- Incase of surrender of the Master Policy by the Master Policyholder, an option shall be given to individual members of the group on such surrender to continue the cover till expiry of the coverage term	Certificate of Insurance – Clause 2 , 7

		<p>At Member level, unexpired risk premium value as surrender value will be payable under the following circumstances:</p> <p>On surrender of membership upon Master Policy being surrendered</p> <p>Member surrendering his/ her Certificate of Insurance</p> <p>On foreclosure or prepayment of loan or on transfer of loan to another financial institution and if cover continuance is not opted by the Member;</p> <p>In the event of death of member post full prepayment of loan ,foreclosure or transfer of loan and cover continuance is not opted by the Member</p> <p>For more information, refer clause 7</p> <p>Survival Benefits excluding that payable on maturity- Not applicable</p> <p>Options to policyholders for availing benefits, if any, covered under the policy Benefits – Not applicable</p> <p>Other benefits /options payable, specific to the policy – Not applicable</p>	
6	Options available (in case of Linked Insurance Products)	Not Applicable	
7	Option available (in case of Annuity product)	Not Applicable	
8	Riders opted, if any	Not Applicable	
9	Exclusions (events where insurance coverage is not payable), if any	<p>Suicide-</p> <p>If a Member, whether sane or insane, commits suicide within 12 months from the date of commencement of cover, while the Cover is in force, 80% of the total premiums paid in respect to such member will be payable. Exclusion related to option benefit mentioned in Certificate of Insurance if applicable</p> <p>For more information, refer clause 8</p>	Certificate of Insurance, Clause 8

10	Waiting /lien Period, if any	Not applicable	
11	Grace Period	Not applicable	
12	Free Look Period	30 days For more information, refer Part D, clause 1	Certificate of Insurance
13	Lapse, paid-up and revival of the Policy	Not applicable	
14	Policy Loan, if applicable	Not applicable	
15	Claims/Claims Procedure	<p>Turn around Time – For TAT details for death claim refer to https://www.icicprulife.com/contact-us/our-services-turn-around-times.html</p> <p>For any assistance on Claims, you can call Us on 18002660 (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 claimsupport@icicprulife.com</p> <p>The claim form can be downloaded from the following links: Digital Claim Form Link: https://buy.icicprulife.com/buy/Claim-Intimation.htm?execution=e2s1</p> <p>Physical Claim Form Link: https://www.icicprulife.com/insurance-library/life-insurance-claims-related-faqs.html#linked_content</p> <p>For information on documents required to process claims, please refer to the policy document under the section 'Specimen Policy Document' available on our website at https://www.icicprulife.com/services/download-centre.html</p>	
16	Policy Servicing	<p>Turn around Time – For TAT details for policy servicing - refer to https://www.icicprulife.com/contact-us/our-services-turn-around-times.html</p>	

		<p>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 18002660 or visit Our website: www.iciciprulife.com.</p> <p>Alternatively, You may communicate with Us at any of our branches or the customer service helpline number 18002660 or email at lifeline@iciciprulife.com. For updated contact details, We request You to regularly check Our website.</p>	
17	Grievances /Complaints	<p>i. You may write to gro by visiting the grievance redressal page of our website: https://www.iciciprulife.com/service/s/grievance-redressal.html. Alternatively, you can contact the Grievance redressal officer at our branches or write to us at gro@iciciprulife.com</p> <p>ii. https://www.iciciprulife.com/service/s/grievance-redressal.html</p> <p>iii. Kindly refer the Insurance Ombudsman details under part G under the 'Specimen Policy Document' available at Download Centre ICICI Prulife . This is subject to change from time to time</p> <p>Additionally, the contact details of Ombudsman can be accessed through https://www.cioins.co.in/Ombudsman The concerns of senior citizens will be resolved on priority ensuring there is a speedy disposal of the grievances.</p>	

Note: In case of any conflict, the terms and conditions mentioned in the policy document shall prevail

Declaration by the Policyholder

I have read the above and confirm having noted the details.

Place:

(Signature of the Policyholder)

Date: