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Ref no.: Claim Number/IL/Medical/IT/1

Customer

Subject: Claims advice and procedure

Insurer: ICICI Lombard General Insurance Company Limited

Dear Sir/Madam,

Thank you for choosing ICICI Lombard as your preferred insurer. We write this letter/ mail on behalf of ICICI Lombard/Insurer. With reference to your Claim number, please find below the necessary information pertaining to your request for claims advice and procedure **Under Benefit - Medical Cover**.

Under the said Benefit it is provided that, the Company shall compensate the Insured for expenses incurred on account of any illness contracted or injury sustained whilst on a trip during the period of insurance, subject to the terms, exclusions, conditions and overall liability of the Company not exceeding the Sum Insured for the coverage as mentioned in the Policy Schedule.

Exclusions Applicable to Benefit & Extensions therein

The Company shall not be liable to make any payment towards expenses incurred by the Insured in connection with or in respect of:

- i. Any claim due to or arising out of **pre-existing medical condition/ailment whether declared or undeclared** is not covered under the policy.
- ii. Treatment of orthopedic, degenerative and oncological (Cancer) diseases unless such treatment pertains to Life Threatening Medical Conditions or measures solely taken to relieve acute pain and in any case, excluding chemotherapy or radiotherapy expenses.
- iii. Treatment for any dental illness/ Injury.
- iv. Beauty and/ or cosmetic treatment and/ or reconstructive plastic surgery in any form or manner.
- v. Any treatment related to general debility, convalescence, and rest or recuperation at a spa or health resort, sanatorium, convalescence home or similar institution.
- vi. Mental or psychiatric disorders.
- vii. Pregnancy and resulting childbirth, voluntary termination of pregnancy, miscarriage or disease of the female organs of reproduction and any fertility, infertility, sub fertility or assisted conception treatment or sterilization or procedure, birth control procedures and hormone replacement therapy. However, the exclusion do not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the doctor.
- viii. Routine physical tests and/ or examination of any kind not consistent with or incidental to the diagnosis and treatment of any illness or Injury either in a Hospital or as an outpatient.
- ix. Vaccination and inoculation of any kind, unless it is post animal bite.
- x. Rehabilitation and/ or physiotherapy expenses or the cost of prostheses/ prosthetics (artificial limbs) or any services provided by chiropractitioner.
- xi. Self-inflicted illness or Injury.
- xii. Cost of spectacles/ contact lenses, hearing aid.
- xiii. Hospitalization expenses of donor.
- xiv. Naturopathy treatment, ayurvedic/ homeopathic/ unani medicine, acupressure, acupuncture, magnetic and such other therapies.
- xv. Circumcision unless necessary for treatment of an illness or necessitated due to an accident.
- xvi. Weight management services and treatment, vitamins and tonics related to weight reduction programmes including treatment of obesity.
- xvii. Any treatment/ surgery for change of sex or treatment/ surgery/ complications/ illness arising as a consequence thereof.
- xviii. Personal comfort, convenience and hygiene related items and services.



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- xix. Alternative Treatments.
- xx. Any exclusion mentioned in the 'General Exclusions' section of this Policy.

Note: Claim Documents must be submitted within 90-days from the Date of Claim Intimation else the claim will be treated as withdrawn and closed.

Please find appended below the claim procedure information and claim form for your kind perusal.

1. Policy Deductible

For medical sickness/ accident there is a policy excess of USD 100 (deductible) which the Insured will have to bear and this amount cannot be claimed. This implies for any claim or series of claims arising out of one event, the first USD 100 are to be borne by the insured. This applies for both outpatient and inpatient treatment and is applicable on per diagnosis basis.

2. Outpatient Treatment

For outpatient consultation(s)/ visit to a hospital/ doctor including short stays in emergency room of hospital for less than 24 hours, please self-pay the medical expenses and then file the claim directly with the Claims Department at the address below. Please file your claim immediately once the treatment is completed and the claim will be settled within 14 days of having received complete documents. Payment will be made in Rupees only with the exchange rate on the date of loss. The documents must be sent within 30 days of the return to India or expiry of policy, whichever is earlier.

3. Inpatient/Hospitalization Treatment

In case of medical hospitalization where the insured is hospitalized for 24 hours or more, please call and notify us immediately. In case of hospitalization, the Insurance medical assistance department will review the medical reports received from the hospital and / or the treating doctor as well as the report from the family / regular doctor in India. If it is confirmed that the admission to a hospital is NOT due to any pre-existing conditions or any exclusion listed in the policy, then the Insurance Company shall settle the payments directly with the hospital less the policy deductible of USD100.

4. Special Conditions [NOT APPLICABLE FOR SCHENGEN COUNTRIES]

Terms and Conditions applicable To Benefit - Medical Expenses Cover:

i. Sub-limit A: Limit for any one illness and/ or injury

For policies with medical expenses sum insured over **USD 100,000**, the limit of liability of the company will be restricted to **USD 100,000 per sickness, disease or accident, sustained or contracted** within the period of insurance whilst on the trip abroad, that may lead to one or more medical expenses and/ or hospitalization expenses. (Sub-limit A is not applicable for Platinum Plan).

ii. Sub-limit B: Limits applicable for various types of medical expenses

For persons aged **51 years and above**, the maximum eligible medical expenses per sickness, disease or accident sustained or contracted within the period of insurance whilst on the trip abroad, that may lead to one or more medical expenses and/ or hospitalization expenses are as follows, irrespective of the plan/ option purchased.

These limits are further restricted to the maximum sum insured specified in Part 1 of the schedule.

- Hospital Room and boarding- maximum USD 1,800 per day up to 30 days
- Intensive care unit - maximum USD 3,250 per day up to 7 days
- Surgery* - maximum up to USD 15, 000
- Anesthetists services - up to 25% of surgical treatment
- Medical Practitioner's visit fees - maximum USD 100 per day per visit up to 10 visits
- Diagnostic and Radiology services - maximum USD1000



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- Ambulance services** - maximum USD 500
- Miscellaneous expenses*** - maximum of USD 2, 000

For the purpose of application of the above sub-limits,

*Surgery: Includes Operation room charges, Surgeon fees and Implant charges.

**Ambulance Services: Includes Cost of transportation to hospital and Paramedic services.

***Miscellaneous expenses: includes but not limited to cost of medicines/ Pharmacy/Drugs/Supplies, nursing charges, External medical appliances as prescribed by a registered Medical Practitioner as necessary and essential as part of the treatment on actual, Blood storage & processing charges, other services which are not part of any other above given heads.

Documents to be submitted in support of the claim for reimbursement are as follows:

- a. Covering letter to specify the claim and address for sending the claim (same as in proposal form)
- b. Claim Form duly signed by the Treating Doctor and Insured.
- c. Copy of passport, visa with entry and exit stamp.
- d. Medical reports and discharge summary issued by the Hospital furnishing the name of the Insured, period of treatment, details of treatment rendered.
- e. Bill & receipts in originals for
 - i. Charges paid towards Hospital accommodation, nursing facilities and other medical services rendered.
 - ii. Fees paid to the Medical Practitioner, special nursing charges, etc.
 - iii. Charges incurred towards any and all test and/ or examinations rendered in connection with the treatment.
 - iv. Charges incurred towards medicines or drugs purchased from outside duly supported by the prescriptions of the Medical Practitioner attending on the Insured.
- f. Copy of Cancelled Cheque (Insured's name should be printed on Cheque) or Active Bank Account Statement which contains Insured's Name, Account Number and IFSC Code of the Bank. Details furnished in Part C of the claim form must match with details mentioned on cancelled cheque / bank statement.
- g. PAN Card copy.

The duly filled in claim form with all relevant documents specified above and required for processing of claims shall be filed/sent to,

Mailing address:

CLAIMS DEPARTMENT

Falck India Pvt Ltd
Upper Floor
The Peach Tree, Block - C
Sushant Lok -I, Sector 43, Gurgaon,
Haryana -122015 (India)

Your prompt submission of the above documents will enable the medical assistance department to make a medical assessment and recommendation of coverage thereby expediting the claims process.

Attached is the Claim Form for your necessary action. Kindly note, the conclusion regarding the eligibility of claim / admissible amount can only be done, when all necessary documents are received. Subject to the terms, conditions and exclusions of the Policy, any claims received shall be settled, within 14 days of receipt of the duly filled Claim form along with all necessary documents/details. Please confirm once you receive this claims advice either on the 24hr help line or by e-mail.



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We hope the above adequately addresses your queries/concerns. Should you require any further assistance or clarification on this claims procedure matter, please do not hesitate to contact us at telephone number;

USA & Canada Toll Free Number: **18448711200**
Rest Of The World (Call Back Facility): **+91 124 4498778**
National Toll Free Number: **18001025721**
Fax Number: **+91 124 4006674**
Email Address: icicilombard@falck.com

Kind Regards,

Dolly Roy
Claims Department
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