

Now with
added features

ICICI LOMBARD COMPLETE HEALTH INSURANCE



Find your Health Insurance Fit

With ICICI Lombard General Insurance Company Limited, choosing an insurance policy is not just a matter of saving tax at the end of the financial year. It is also about finding a policy that actually works for you. Once you have decided to take a policy, we will go about finding a policy that truly caters to your needs. Factors such as age, number of family members, and preferred insurance premium all come into play. As do factors such as hospitalisation cover and maternity cover, and a few others, which can be customised as per your needs. Once selected, a single policy will provide a health cover that fits you and your family like a glove.

The coverage entails:

Hospitalisation Cover: All expenses pertaining to in - patient hospitalisation such as boarding and nursing expenses, intensive care unit charges, surgeon's and doctor's fee, anesthesia, blood, oxygen, operation theatre charges etc. incurred during hospitalisation for a minimum period of 24 consecutive hours are covered under the basic hospitalisation cover.

Reset Benefit: We will reset up to 100% of the Sum Insured once in a policy year in case the Sum Insured including accrued additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year.

Day Care Surgeries / Treatments Coverage: All the medical expenses incurred while undergoing Specified Day Care Procedures / Treatment, (as mentioned in the list, please visit www.icicilombard.com for complete details), which require less than 24 hours hospitalisation are covered.

In patient AYUSH treatment: Expenses for Ayurveda, Unani, Siddha and Homeopathy (AYUSH) treatment only when it has been undergone in a government hospital or in any institute recognised by the government and / or accredited by Quality Council of India / National Accreditation Board on Health.

Pre and Post Hospitalisation Expenses: Medical expenses incurred, immediately, 30 days before and 60 days after hospitalisation will be covered.

Domestic Road Emergency Ambulance Cover: Reimbursement up to ₹ 1,500 per hospitalisation for reasonable expenses incurred on availing an ambulance service offered by a hospital / ambulance service provider in an emergency condition.

Maternity Benefit: Reimbursement for medical expenses incurred for delivery, including a cesarean section, during hospitalisation or lawful medical termination of pregnancy during the policy period. The waiting period for maternity cover is 3 years. The cover shall be limited to 2 deliveries / terminations during the period of insurance. Pre - natal and Post - natal expenses shall be covered under this benefit. This cover is applicable only for floater plan having Self and Spouse in the same policy. (Such waiting period shall reduce if the insured has been covered under a similar policy before opting for this policy, subject, however to the portability regulations).

New Born Baby Cover: The new born child can be covered under this policy during hospitalisation for a maximum period upto 91 days from the date of birth of the child. This cover will be provided only if maternity cover is opted.

Outpatient Treatment Cover: Reimbursement for the medical expenses incurred as an Outpatient (OPD).



Wellness and Preventive Healthcare: All the expenses pertaining to routine health check - ups and for other wellness and fitness activities taken by you will be reimbursed.

Wellness Program: Our wellness program intends to promote, incentivise and reward you for your healthy behavior through various wellness services. All the activities as mentioned in the desired section help you earn wellness points which will be tracked by us.

Hospital Daily Cash: A certain amount (as per the plan chosen) will be paid for each and every completed day of hospitalisation, if such hospitalisation is atleast for a minimum of 3 consecutive days and subject to maximum of 10 consecutive days.

Convalescence Benefit: A benefit amount of ` 10,000 per insured once during the policy period will be paid in case of hospitalisation arising out of any injury or illness as covered under the policy, for a period of consecutive 10 days or more.

Critical Illness Cover: The customer can opt for Critical Illness Cover covering specified Critical Illnesses / medical procedures like Cancer of Specified Severity, First Heart Attack - of Specified Severity, Open Chest Cabg, Stroke Resulting in Permanent Symptoms, Permanent Paralysis of Limbs, Kidney Failure Requiring Regular Dialysis, Major Organ / Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Open Heart Replacement or Repair of Heart Valves, Coma of specified severity. A benefit amount is paid up on the diagnosis of the chosen critical illness.

Donor Expenses: Reimbursement up to ` 50,000 for such medical expenses as incurred by the organ donor for undergoing any organ transplant surgery for your use.

Personal Accident Cover: The customer can also opt for a Personal Accident Cover where a fixed sum is paid upon the unfortunate event of Accidental Death or Permanent Total Disablement resulting from an accident. This cover can be availed only once during your lifetime. Once a claim becomes payable under this cover, no benefit will be provided under the same thereafter.

Nursing at Home / Patient Care: An amount of ` 3,000 per day for a maximum of up to 15 days post hospitalisation for the medical services of a nurse at your residence.

Compassionate Visit (Air Travel for family member): In the event of hospitalisation exceeding 5 days, the cost of economy class air ticket up to ` 20,000 incurred by the customer's "immediate family member" while traveling to place of hospitalisation from the place of origin / residence and back will be reimbursed. "Immediate family member" would mean spouse, children and dependant parents.

Medical Evacuation: Reimbursement of necessary and reasonable travel expenses, incurred as a result of evacuation to the nearest hospital under a medical emergency condition.

Features at glance:

Life Long Renewability: The policy provides life - long renewal.

Pre - Existing Disease: Pre - Existing conditions / diseases will be covered immediately after 2 years of continuous coverage under the policy, if the policy is issued for the first time with ICICI Lombard. Such waiting period shall reduce if the insured has been covered under a similar policy before opting for this policy, subject however to portability regulations.

Floater Benefit: Floater cover to get family (self, spouse, dependent parents, dependent children, brothers and sisters) covered for the same Sum Insured under a single policy by paying one premium amount. Any



individual above 3 months of age can be covered under the policy provided 1 adult is also covered under the same policy.

Additional Sum Insured: An Additional Sum Insured of 10% of Annual Sum Insured provided on each renewal for every claim free year up to a maximum of 50%. In case of a claim under the policy, the accumulated Additional Sum Insured will be reduced by 10% of the Annual Sum Insured in the following year.

Policy Period: Option of choosing 1 or 2 year policy period under various plans offered.

Cashless Hospitalisation: Avail cashless hospitalisation at any of our network providers / hospitals. A list of these hospitals / providers is available on our website www.icicilombard.com.

Free Health Check - up: The customer is entitled for a Free Health Check - up at designated centres. The coupons would be provided to each Insured for every policy year, subject to a maximum of 2 coupons per year for floater policies.

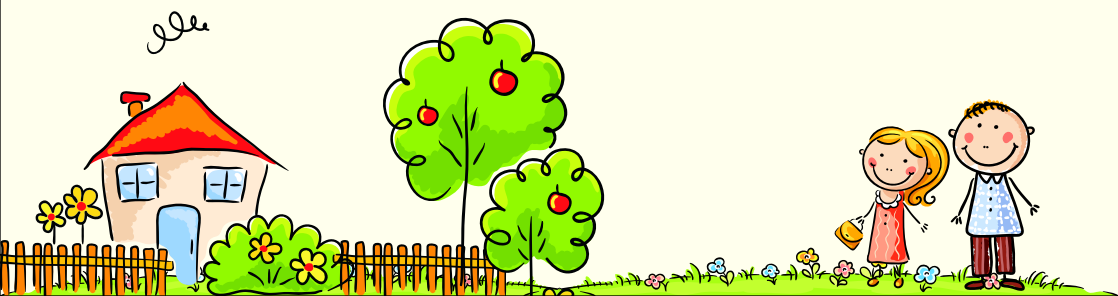
Tax Benefit: Avail tax deduction on premium paid under health insurance policy as per applicable provisions of Section 80D of Income Tax Act, 1961 and amendments made thereto.

Pre - Policy Medical Check - up: No medical tests will be required for insurance cover below the age of 46 years and Sum Insured up to ` 10 Lakhs.

Free Look Period: Policy can be cancelled by giving written notice within 15 days of receiving the policy.

What is Reset Benefit?

- We will reset up to 100% of the Sum Insured once in a policy year in case the Sum Insured including accrued additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that:
 - The reset amount can only be used for all future claims within the same policy year, not related to the illness / disease / injury for which a claim has been paid in that policy year for the same person
 - Reset will not trigger for the first claim
 - For individual policies, reset Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis
 - Any unutilised reset Sum Insured will not be carried forward to the subsequent policy year



Reset Benefit Example

		Scenario 1	Scenario 2
Sum Insured	Basic Sum Insured (`)	` 8,00,000	` 8,00,000
	Additional Sum Insured (if any)	-	` 1,60,000
	Total Sum Insured (`)	` 8,00,000	` 9,60,000
1 st Claim	Reason	Cancer	Accident
	First claim amount (`)	` 3,00,000	` 5,00,000
	Balance Sum Insured (`)	` 5,00,000	` 4,60,000
2 nd Claim	Reason	Heart Attack	Organ Transplant
	Second claim amount (`)	` 3,00,000	` 9,60,000
	Will the Reset trigger? (`)	No Why - Since the available Sum Insured is enough to pay for the claim, reset will not trigger	Yes, Basic Sum Insured reset to 8 Lakhs Why - The available Sum Insured is not enough to pay the claim and the claim is for unrelated disease. The payable claimed amount is ` 9,60,000 (Including Additional Sum Insured)
	Balance Sum Insured (`)	` 2,00,000	` 3,00,000 (From Reset)
3 rd Claim	Reason	Accident	NA
	3 rd Claim amount	` 10,00,000	
	Will the Reset trigger? (`)	Yes, Reset to ` 800,000 including available balance Sum Insured - Since the available Sum Insured is not enough to pay the claim.	
	Balance Sum Insured	` 2,00,000 (Available from Reset Benefit for all future claims of different illness)	
4 th Claim	Reason	Cancer	
	Fourth claim amount (`)	` 4,00,000	
	Will the Reset trigger?	No, Why - Reset will not trigger for same illness	

How to earn wellness points?

To earn wellness points, follow the appended below steps:

- Collect relevant reports / receipts and bills for the specific category of activity / activities under which you want to earn your wellness points
- Send the requisite documents along with dully filled submission form to ICICI Lombard Health Care, ICICI Bank tower, Plot No. 12, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500 032
- An acknowledgment will be sent and keep you updated regarding the status of your points accumulation request
- To track your earned points, Call our toll free no. 1800 2666 or send email to ihealthcare@icicilombard.com. You can also access your earned points by simply log - on to www.icicilombard.com -> claims and wellness management
- Your total wellness points earned will be sent to your registered email - id once in every 3 months
- Each wellness point is equivalent to 0.25 INR

You can redeem your earned wellness points against reimbursement of medical expenses like consultation charges, medicine and drugs, diagnostic expenses, dental expenses, wellness and preventive care and other miscellaneous charges that are not covered under any medical insurance.

To redeem your wellness points under OPD, follow the appended below steps:

- Collect all original bills of medicines / consultations, expenses of which you would like to redeem against the points accumulated
- Send the original bills / invoices, test reports if any along with the duly completed redemption form to ICICI Lombard Health Care, ICICI Bank tower, Plot No. 12, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500 032
- We will acknowledge you once the documents are received and keep you updated regarding the status of your redemption request
- To track the status yourself, call on our toll free no. 1800 2666 or simply log - on to www.icicilombard.com > Claims and Wellness management -> Track your claims. Enter your Claim No. or AL No. and click on search to know the status of your claim
- You can also send in a email to ihealthcare@icicilombard.com to enquire about status of your redemption request

Maximum points that can be earned under each category are as mentioned in the Table1. The customer can earn maximum 5,000 wellness points per insured, and maximum 10,000 wellness points per floater policy for categories 9, 10 and 11 combined altogether.



Table 1. List of wellness activities

Activity	Points accumulated per insured	Points accumulated per floater policy
1. Health Risk Assessment	250	500
2. Medical Risk Assessment*	1000	2000
3. Heart related screening tests (under PRA**) above 45 years	500	500
4. HbA1c / Complete lipid profile (under PRA) any age	500	500
5. PAP Smear (under PRA) for females above age 45	500	500
6. Mammogram (under PRA) for females above age 45	500	500
7. Prostate Specific Antigen (PSA) (under PRA) males above age 45	500	500
8. Any other test as suggested by our empanelled Medical expert (under PRA)	500	500
9. Gym / Yoga membership for 1 year	2500	2500
10. Participation in professional sporting events like Marathon / Cyclothon / Swimathon, etc.	2500	2500
11. Participation in any other health and fitness activity / event organised by ICICI Lombard	2500	2500
12. Quit smoking - based on self declaration	100	100
13. Share your fitness success story	100	100
14. On winning any Health quiz organized by Us	100	100

*Under MRA from 2nd year onwards, if tests are within normal limits, additional 1000 / 2000 points will be awarded

**PRA stands for Preventive Risk Assessment

Note: For HRA & MRA, the customer doesn't need to submit any form or documents as the points earned under those categories will automatically be updated against the policy.

Claim Service Guarantee: ICICI Lombard guarantees on time claim service.

- For Reimbursement Claims: We shall make the payment of admissible claim (as per terms and conditions of Policy) OR communicate non admissibility of claim within 14 days after You submit complete set of documents and information in respect of the claims. In case We fail to make the payment of admissible claims or to communicate non admissibility of claim within the time period, We shall pay 1% interest over and above the claim within the time period, We shall pay 1% interest over and above the rate defined as per IRDA (Protection of Policyholder's interest) Regulation 2002.
- For Cashless Claims: If you notify pre - authorisation request for cashless facility through any of our empanelled network hospitals along with complete set of documents and information, we shall respond within 4 hours of the actual receipt of such pre authorisation request with:
 - Approval, or
 - Rejection, or
 - Query seeking further information

In case the request is for enhancement, i.e. request for increase in the amount already authorised, we shall respond to it within 3 hours.



In case of delay in response by us beyond the stipulated time period as stated above for cashless claims, we shall be liable to pay ` 1,000 to the insured. Our maximum liability in respect of a single hospitalisation shall, at no time exceed ` 1,000.

Cancellation / Termination

- 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
- You may cancel the policy by giving us 15 days prior written notice for the cancellation of the policy by registered post, and after which we shall refund the premium on short term rates for the unexpired policy period as per the rates metioned below, provided no claim has been payable on your behalf under the Policy

Cancellation Grid

Cancellation period	Refund % for 1 year tenure Policy	Refund % for 2 year tenure Policy
Within 1 month	80%	80%
From 1 month to 3 months	60%	70%
From 3 months to 6 months	40%	60%
From 6 months to 9 months	20%	50%
From 9 months to 12 months	0%	40%
From 12 months to 15 months	NA	30%
From 15 months to 18 months	NA	20%
From 18 months to 21 months	NA	10%
From 21 months to 24 months	NA	0%

Wide range of Sum Insured: The customer has option to choose from a wide range of Sum Insured starting from ` 3 Lakhs to ` 50 Lakhs as per his / her needs

Value Added Services: Avail Value Added Services like Free Health Check - up, Online chat with doctors specialist e - consultation, Dietician and Nutrition e - consultation, Consultation on Physiotherapy, Speech and Audiology, Vaccination care, Provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy. To visit our website www.icicilombard.com for best deal.

Sub Limits: The customer can get the hospitalisation cover with a reduced premium by limiting the medical expenses pertaining to specified medical and surgical procedures as per below

*The deals and discounts mentioned may vary, please visit www.icicilombard.com or call 1800 2666 for updated deals and discounts.



No Sub - Limits shall be applicable on any major medical illness and procedures and joint replacement surgery. Major medical illness and procedures for the purpose of this policy shall mean and include the following:

- Cancer of Specified Severity
- Open Chest CABG
- Permanent Paralysis of Limbs
- Major Organ / Bone Marrow Transplant
- Open Heart Replacement or Repair of Heart Valves
- First Heart Attack - of Specified Severity
- Stroke Resulting in Permanent Symptoms
- Kidney Failure Requiring Regular Dialysis
- End stage liver disease

The Sub - Limits mentioned above shall be applicable for one hospitalisation. For the purpose of applicability of the said Sub - Limits, multiple hospitalisations pertaining to the same illness or medical procedure / surgery occurring within a period of 45 days from the date of discharge of the first hospitalisation shall be considered as one hospitalisation.

Surgeries / Medical Procedures	Sub - Limit C (For Sum Insured ` 3 Lakhs, ` 4 Lakhs, ` 5 Lakhs)
Cataract per eye	` 20,000
Other Eye Surgeries	` 35,000
ENT	` 35,000
Surgeries for - Tumors / Cysts / Nodule / Polyp	` 60,000
Stone in Urinary System	` 40,000
Hernia Related	` 60,000
Appendisectomy	` 40,000
Knee Ligament Reconstruction Surgery	` 90,000
Hysterectomy	` 60,000
Fissures / Piles / Fistulas	` 35,000
Spine and Vertebrae related	` 90,000
Cellulites / Abscess	` 35,000
All Medical Expenses for any treatment not involving surgery / medical procedure	` 25,000

Eligibility: The minimum entry age for the customer to receive the policy is 6 years and there is no restriction on maximum entry age. Children between 3 months to 5 years can be insured under floater plan only.



Plan Illustration

Age: 26 - 35 | Family Size: 2 Adults + 1 Child

	Health Protect	Health Protect Plus
₹ 3 Lakhs	₹ 9267	₹ 17174
₹ 4 Lakhs	₹ 11244	₹ 19151
₹ 5 Lakhs	₹ 11822	₹ 19728
	<ul style="list-style-type: none"> Hospitalisation (up to SI) In Patient AYUSH Reset Benefit (Once in policy year, upto SI) Ambulance (₹ 1,500 per hospitalisation) 2 years of waiting period for Pre - Existing Disease Wellness Program 	<ul style="list-style-type: none"> Hospitalisation (up to SI) In Patient AYUSH Reset Benefit (Once in policy year, upto SI) Ambulance (₹ 1,500 per hospitalisation) Maternity Cover <ul style="list-style-type: none"> Normal Delivery (₹ 15,000) / Caesarian (₹ 25,000) New - Born Baby Cover (₹ 10,000) Pre - Post Natal Expenses (₹ 2,000 each) Outpatient Treatment Cover + Wellness and Preventive Healthcare (₹ 5,000 applicable on floater basis) Hospital Daily Cash (₹ 1,000 per day for maximum 10 days with minimum of 3 days hospitalisation) Convalescence Benefit (₹ 10,000 per member) 2 years of waiting period for Pre Existing Disease Wellness Program

Optional Cover

All Members	Per Person**		
₹ 2329	₹ 3 Lakhs - 1468	₹ 4 Lakhs - 1881	₹ 5 Lakhs - 2293
<ul style="list-style-type: none"> Hospital Daily Cash (₹ 1,000 per day per member for maximum 10 days with minimum of 3 days hospitalisation) Convalescence Benefit (₹ 10,000 per member) 	<ul style="list-style-type: none"> Critical Illness (up to SI) Donor Expenses (up to ₹ 50,000 per member) Personal Accident Cover (up to SI) 		

^ Maternity under this cover is only applicable to spouse under 2 Adults, 2 Adults - 1 Child, 2 Adults - 2 Children, 2 Adults - 3 Children after waiting period of 3 years. ** Maximum 2 Adults can apply up to 60 years. *The premium amount is inclusive of Service tax @ 15.0%.

How do I make a claim?

The claims for ICICI Lombard Complete Health Insurance are serviced by ICICI Lombard Health Care, ICICI Lombard's very own claims processing portal. It has always been our endeavor to provide the best of policy and services to our valued customers, ICICI Lombard Health Care is our initiative towards this commitment. In case of emergency or planned hospitalisation, just use your health ID card at ICICI Lombard Health Care network hospitals and avail cashless services. Call our 24 hour toll free no. 1800 2666. For treatment in non - cashless hospitals, the form should be filled fully after discharge from hospital and sent to ICICI Lombard Health Care office along with mentioned below documents in original*

Standard list of documents

- Duly completed claim form signed by you and the medical practitioner
- Original bills, receipts and discharge certificate / card from the hospital / medical practitioner
- Original bills from chemists supported by proper prescription
- Original investigation test reports and payment receipts
- Indoor case papers
- Medical Practitioner's referral letter advising hospitalisation in non - accident cases
- Any other document as required by ICICI Lombard Health Care to investigate the claim or our obligation to make payment for the same

**Disclaimer: Cashless approval is subject to pre - authorisation by the company. Only expenses relating to hospitalisation will be reimbursed as per the policy coverage. Non - medical expenses will not be reimbursed.*

What We Will Not Pay (Exclusions Under the Policy)

- Any Pre - Existing condition(s) until 24 months of Your continuous coverage has elapsed, since Period of Insurance Start Date
- Any Illness contracted within 30 days of Period of insurance Start Date, except those incurred as a result of Injury
- Any Medical Expenses incurred by You on treatment of following Illnesses within the first two (2) consecutive years of Period of Insurance Start Date:
 - Cataract*
 - All types of Hernia, Hydrocele
 - Arthritis, gout, rheumatism and spinal disorders
 - Surgery on tonsils, adenoids and sinuses
 - Dilatation and curettage, Endometriosis
 - Gastric and Duodenal erosions and ulcers
 - Varicose Veins / Varicose Ulcers
 - All types of internal congenital anomalies / illness / defects
 - Myomectomy, Hysterectomy unless because of malignancy
 - All types of Skin and internal tumors / cysts / nodules / polyps of any kind including breast lumps unless malignant
 - Benign Prostatic Hypertrophy
 - Joint replacements unless due to accident
 - Sinusitis and related disorders
 - Stones in the urinary and biliary systems
 - Dialysis required for chronic renal failure
 - Deviated Nasal Septum
 - Fissures / Fistula in anus, hemorrhoids / piles

**After two years of continuous coverage (subject to portability provisions), a Sub - Limit of 1lac per eye will be applicable for Sum Insured greater than 5 Lakhs and 20,000 for the Sum Insured 5 Lakhs and below.*



Major Permanent Exclusions

- Any illness / disease / injury pre - existing before the inception of the policy for the first 2 years. Such waiting period shall reduce if the insured has been covered under a similar policy before opting for this policy, subject however to portability regulations
- Medical expenses incurred during the first 30 days of inception of the policy, except those arising out of accidents. This exclusion doesn't apply for subsequent renewals without a break
- Expenses attributable to self - inflicted injury (resulting from suicide, attempted suicide)
- Expenses arising out of or attributable to alcohol or drug use / misuse / abuse
- Cost of spectacles / contact lenses, dental treatment
- Medical expenses incurred for treatment of AIDS
- Treatment arising from or traceable to pregnancy (this exclusion does not apply to ectopic pregnancy proved by diagnostic means and is certified to be life threatening by the Medical Practitioner) and childbirth, miscarriage, abortion and its consequences congenital disease
- Tests and treatment relating to infertility and invitro fertilisation



Details

Plan Details	Health Protect	Health Protect Plus	Health Smart	Health Smart Plus	I Health
Mandatory Covers	Hospitalisation + In Patient AYUSH + Domestic Road Emergency Ambulance Cover + 2 Years PED + Reset Benefit + Wellness Program	Hospitalisation + In Patient AYUSH + Domestic Road Emergency Ambulance Cover + 2 Years PED + Maternity + New Born Baby Cover + OPD + HDC + Convalescence Benefit + Reset Benefit + Wellness Program	Hospitalisation + In Patient AYUSH + Domestic Road Emergency Ambulance Cover + 2 Years PED + Maternity + New Born Baby Cover + OPD + HDC + Convalescence Benefit + Reset Benefit + Wellness Program	Hospitalisation + In Patient AYUSH + Domestic Road Emergency Ambulance Cover + 2 Years PED + Maternity + New Born Baby Cover + OPD + HDC + Convalescence Benefit + Nursing at Home + Compassionate Visit + Medical Evacuation Cover + Reset Benefit + Wellness Program	Hospitalisation + In Patient AYUSH + Domestic Road Emergency Ambulance Cover + 2 Years PED + Reset Benefit + Wellness Program
Sum Insured (₹)	<ul style="list-style-type: none"> ₹ 3 Lakhs ₹ 4 Lakhs ₹ 5 Lakhs 	<ul style="list-style-type: none"> ₹ 3 Lakhs ₹ 4 Lakhs ₹ 5 Lakhs 	<ul style="list-style-type: none"> ₹ 7 Lakhs ₹ 10 Lakhs 	<ul style="list-style-type: none"> ₹ 15 Lakhs ₹ 20 Lakhs ₹ 30 Lakhs ₹ 50 Lakhs 	<ul style="list-style-type: none"> ₹ 3 Lakhs ₹ 4 Lakhs ₹ 5 Lakhs ₹ 7 Lakhs ₹ 10 Lakhs ₹ 15 Lakhs ₹ 20 Lakhs ₹ 30 Lakhs ₹ 50 Lakhs
Sub Limit (Optional)	Available	Not Available	Not Available	Not Available	Available upto Sum Insured of ₹ 5 Lakhs
Optional Add ons Covers*	Hospital Daily Cash (HDC) + Convalescence Benefit	Critical Illness + Donor Expenses + Personal Accident Cover	Compassionate Visit + Nursing at Home Critical Illness + Donor Expenses + Personal Accident Cover	Critical Illness + Donor Expenses + Personal Accident Cover	Hospital Daily Cash + Convalescence Benefit + Critical illness + Donor Expense

*Add on not mandatory and are available for a nominal extra cost. Critical Illness, Donor Expenses and Personal Accident available only for adults, subject to maximum of 2 Adults only up to 60 years of age.



ICICI Lombard *Nibhaye Vaade*

Statutory Warning: Prohibition of Rebates(Under Section 41 of Insurance Act 1938). No person shall allow or offer to allow, either directly or indirectly as an inducement to any person to take out 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 continuing a Policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectuses or tables of the Insurer. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to five hundred rupees.

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