

## ACCIDENT ARMOUR - POLICY TERMS AND CONDITIONS

### 1. Preamble

This Policy covers Death & Injury solely and directly from Accidents. Expense incurred outside the Policy Period will **NOT** be covered. Unutilized Sum Insured will expire at the end of policy year. All applicable benefits, details and limits are mentioned in your Certificate of Insurance.

### 2. Definitions

#### 2.1 Standard definitions

- 2.1.1 **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2.1.2 **Cashless Facility** means a facility extended by the insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 2.1.3 **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
- 2.1.4 **Cumulative Bonus** means any increase or addition in the Sum Insured granted by the insurer without an associated increase in premium.
- 2.1.5 **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.
- 2.1.6 **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 2.1.7 **Emergency care** means management for an illness or Injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a Medical Practitioner to prevent death or serious long term impairment of the Insured Person's health.
- 2.1.8 **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- 2.1.9 **Hospital** means any institution established for Inpatient Care and Day Care Treatment of Illness and / or Injuries and which has been registered as a Hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- a. has Qualified Nursing staff under its employment round the clock;
  - b. has at least 10 Inpatient beds in towns having a population of less than 10,00,000 and at least 15 Inpatient beds in all other places;
  - c. has qualified Medical Practitioner(s) in charge round the clock;
  - d. has a fully equipped operation theatre of its own where Surgical Procedures are carried out;
  - e. Maintains daily records of patients and makes these accessible to the Insurance Company's authorized personnel.
- 2.1.10 **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 2.1.11 **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ Injury which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, illness, or Injury that has one or more of the following characteristics:
1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
  2. it needs ongoing or long-term control or relief of symptoms

- 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
- 4. it continues indefinitely
- 5. it recurs or is likely to recur
- 2.1.12 **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 2.1.13 **Injury** means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- 2.1.14 **Inpatient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
- 2.1.15 **Intensive Care Unit** means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 2.1.16 **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 2.1.17 **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been Insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
- 2.1.18 **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 the scope and jurisdiction of his licence.
- 2.1.19 **Medically Necessary Treatment** means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which:
  - a. is required for the medical management of the Illness or Injury suffered by the Insured;
  - b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - c. must have been prescribed by a Medical Practitioner;
  - d. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 2.1.20 **Network Provider** means Hospital enlisted by an insurer, TPA or jointly by an insurer and TPA to provide medical services to an Insured by a Cashless Facility.
- 2.1.21 **Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.
- 2.1.22 **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
- 2.1.23 **OPD Treatment** means the one in which the Insured visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or Inpatient.
- 2.1.24 **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 policy issued by the insurer, 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 the policy
- 2.1.25 **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:
  - a. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- 2.1.26 **Post-hospitalization Medical Expenses** means medical expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital, provided that:
  - a. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalization was required, and
  - b. The Inpatient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

- 2.1.27 **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing disease and specific waiting periods from one insurer to another.
- 2.1.28 **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
- 2.1.29 **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the Illness / Injury involved.
- 2.1.30 **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time bound exclusions and for all Waiting Periods.
- 2.1.31 **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 2.1.32 **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering or prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.

## 2.2 Specific definitions

- 2.2.1 **Accidental Death** means the Insured Person has deceased, solely and directly, due to an Injury sustained in an Accident within 365 days from the date of the Accident.
- 2.2.2 **Accidental Hospitalization** means admission in a Hospital for injuries sustained in an Accident for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/treatments, where such admission could be for a period of less than 24 consecutive hours.
- 2.2.3 **Age** means age as on last birthday.
- 2.2.4 **Assault** means any willful or unlawful use of force inflicted upon an Insured Person that is a criminal offence in the jurisdiction in which it occurs and which results in Injury to an Insured Person.
- 2.2.5 **Base Sum Insured** means the amount stated in the Certificate of Insurance.
- 2.2.6 **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period..
- 2.2.7 **Broken Bone or Fracture** means a break in the continuity of the bone. This does not include hairline Fracture. This has to be confirmed by a Doctor and imaging investigations like an X-ray.
- 2.2.8 **Coma:** An Insured Person is said to be in Comatose State (Coma) if:
  - a. Has been in a State of Comatose for continuous 96 hours
  - b. Is on Life support systems
  - c. Condition is confirmed by the treating Doctor
- 2.2.9 **Common Carrier** refers to any commercial public airline, railway, motor transport, or water borne vessel (including ocean going and/or coastal vessels and/or vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/or cargo.
- 2.2.10 **Complete & Irrecoverable loss of limb** means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.
- 2.2.11 **Dependent Child** refers to the legal Child of the Insured; whose age is less than or equal to 21 years (as on the last birthdate) with respect to the Date of Loss or Accident.
- 2.2.12 **Immediate Family Member** means Insured Person's Spouse, Parents, Sibling, Mother In-Law, Father In-Law, and Child.
- 2.2.13 **Insured Event** means any event specifically mentioned as covered under this Policy.
- 2.2.14 **Insured Person** means person(s) named as Insured Persons in the Certificate of Insurance.
- 2.2.15 **Miscarriage** means the spontaneous or unplanned expulsion of a fetus from the womb before it is able to survive independently, due to an Accident.
- 2.2.16 **Permanent Partial Disability** means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner. Conditions for Permanent Partial Disability are as per below table –

| Condition for Permanent Partial Disability – Loss of: |
|---|
| arm at the shoulder joint                             |
| arm to a point above elbow joint                      |
| arm below elbow joint                                 |
| hand at the wrist                                     |
| Thumb   |
| Index Finger  |
| other Finger  |
| leg above center of the femur                         |
| leg up to a point below the femur                     |
| leg to a point below the knee                         |
| foot at the ankle                                     |
| big toe   |
| other toe   |
| eye   |
| Hearing in ear  |
| Sense of smell  |
| Sense of taste  |

2.2.17 **Permanent Total Disability** means the Insured Person has suffered a total and permanent loss of physical function or anatomical loss of use of a body part due to injury sustained in an Accident and within 365 days from the date of the Accident. Provided that the condition is substantiated by diagnosis of a Medical Practitioner. Conditions for Permanent Total Disability are as per below table –

| Condition for Permanent Total Disability - Complete & Irrecoverable loss of:   |
|--|
| <ul style="list-style-type: none"> <li>• Any 2 Limbs</li> <li>• Sight of both eyes</li> <li>• Speech &amp; hearing of both Ears</li> <li>• Combination of One Limb &amp; Sight of One Eye</li> <li>• 1 Limb</li> <li>• Sight of 1 Eye</li> </ul> |

- 2.2.18 **Physiotherapy** means any form of physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Medical Practitioner for treatment of Injury.
- 2.2.19 **Policy** means these terms and conditions, the Certificate of Insurance (as amended from time to time), Your statements in the Proposal and any endorsements attached by Us to the Policy from time to time.
- 2.2.20 **Policy Period** is the period between the inception date and the expiry date of the Policy as specified in the Certificate of Insurance or the date of cancellation of this Policy, whichever is earlier.
- 2.2.21 **Policy Year** means the period of one year commencing on the date of commencement specified in the Certificate of Insurance or any anniversary thereof.
- 2.2.22 **Reconstructive surgery** means surgery to treat body parts affected aesthetically or functionally by an Accident or Burns.
- 2.2.23 **Reimbursement** means settlement of claims paid directly by Us to the Policyholder/Insured Person.
- 2.2.24 **Service Provider** means any person, organization, institution that has been empanelled with Us to provide services specified under the benefits to the Insured Person.

2.2.25 **Sum Insured:**

In case of Individual Policy, Sum Insured means the total of the Base Sum Insured and No Claim Bonus (if applicable) for that Insured Person. Our maximum, total and cumulative liability for all claims during the Policy Year in respect of the Insured Person will be Sum Insured and amount provided under Refill benefit.

In case of Family Floater Policy, Sum Insured means the total of the Base Sum Insured and No Claim Bonus (if applicable). Our maximum, total and cumulative liability for all claims during the Policy Year in respect of all Insured Persons taken together will be Sum Insured and amount provided under Refill benefit.

The sequence of utilization of Sum Insured will be as below:

- i. Base Sum Insured followed by;
- ii. Accumulated No Claim Bonus (if applicable) followed by;
- iii. Refill benefit (if applicable)

If the Policy Period is 2 years or 3 years, then the Sum Insured shall be applied separately for each Policy Year in the Policy Period. All claims paid (except for Health Check-up) will reduce the Sum Insured for the Policy Year in which the Insured event has occurred. Any claim admitted under Pre & Post Hospitalization shall reduce the Sum Insured for the Policy Year in which Hospital admission claim has incurred.

- 2.2.26 **Temporary Total Disability** means a disability caused due to injury sustained in an Accident which temporarily incapacitates and prevents Insured Person from engaging in any employment or occupation of any description whatsoever.
- 2.2.27 **Terrorism** means an Act, including but not limited to the use of force or violence and/ or the threat thereof, of any person or group(s) of Persons whether acting alone or on behalf of or in connection with any organization(s) or government(s), committed for political, religious, ideological or similar purpose including the intention to influence any government and/or to put the public, or any section of the public in fear.
- 2.2.28 **We/Our/Us** means Niva Bupa Health Insurance Company Limited.
- 2.2.29 **You/Your/Policyholder** means the person named in the Certificate of Insurance who has concluded this Policy with Us.

### 3. Scope of Cover:

- a. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.
- b. The Certificate of Insurance will specify the Benefits, Sum Insured, pay outs, limits, sub limits, Deductible and/or Franchise applicable to the respective benefits available for the Insured Person.
- c. Policy will be active only during the date and/or time as specified in Certificate of Insurance.
- d. Claim under this policy will be paid only if the underlying cause of claim is solely and directly due to an Accident caused during the Policy/Coverage Period.
- e. Any claim payable towards Dependent Child, where the Dependent Child is a minor, shall be payable to the legal guardian of the Dependent Child.
- f. All benefits can be taken either in India or/and outside India, as mentioned in your Certificate of Insurance.

#### 3.1 Accidental Death Benefit

If the Insured Person dies within 365 days from the date of the Accident, then We will pay the Sum Insured under Accidental Death (AD) benefit. The benefit also covers for Disappearance of the Insured Member.

For the purpose of this benefit, **Disappearance** means that Insured body is missing for at least 365 days following an Accident or natural disaster during the Policy Period. If at any time, after the payment of the Death benefit, it is discovered that the Insured Person is still alive, all payments shall be reimbursed in full to the Company.

**NOTE:** If we have paid any claim under Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability (if applicable) then for any subsequent Accidental Death claim in the same policy year, we will pay claim amount after adjusting the amount already paid.

**The policy will terminate for the member for whom we have paid the claim under this benefit.**

#### 3.2 Permanent Total Disability Benefit

- a. If the Insured Person suffers a Permanent Total Disability (PTD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 1.

**Table 1:**

| Condition for Permanent Total Disability   | % of Sum Insured |
|--|------------------|
| <b>Complete &amp; Irrecoverable loss of:</b><br>Any 2 Limbs<br>Sight of both eyes<br>Speech & hearing of both Ears<br>Combination of One Limb & Sight of One Eye | 100%             |
| <b>Complete &amp; Irrecoverable loss of:</b>   | 50%              |

|                          |  |
|--------------------------|--|
| 1 Limb<br>Sight of 1 Eye |  |
|--------------------------|--|

- b. **Complete & Irrecoverable loss of limb** means physical separation or complete loss of functionality of the limb, within 365 days from the date of the Accident. This will include Paralysis including Paraplegia, Quadriplegia with loss of functional use of limb.

**The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.**

### 3.3 Permanent Partial Disability Benefit

- a. If the Insured Person suffers a Permanent Partial Disability (PPD), within 365 days from the date of the Accident, then We will pay the benefit as per the Table 2.

**Table 2:**

| Condition for Permanent Partial Disability | % of Sum Insured |
|--|------------------|
| Each arm at the shoulder joint             | 70%              |
| Each arm to a point above elbow joint      | 65%              |
| Each arm below elbow joint                 | 50%              |
| Each hand at the wrist                     | 50%              |
| Each Thumb                                 | 20%              |
| Each Index Finger                          | 10%              |
| Each other Finger                          | 5%               |
| Each leg above center of the femur         | 70%              |
| Each leg up to a point below the femur     | 65%              |
| Each leg to a point below the knee         | 50%              |
| Each foot at the ankle                     | 40%              |
| Each big toe                               | 5%               |
| Each other toe                             | 2%               |
| Each eye                                   | 50%              |
| Hearing in each ear                        | 30%              |
| Sense of smell                             | 10%              |
| Sense of taste                             | 5%               |

- b. If a loss is not mentioned in the table above, then We will internally assess the degree of disablement and determine the amount of payment to be made.
- c. If there is more than one Permanent Partial Disability loss, then the total claim amount put together for all losses will not exceed the total Sum Insured available under this benefit.

### 3.4 Temporary Total Disablement Benefit

If an Insured Person suffers a Temporary Total Disability (TTD) due to an Accident and it temporarily incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever, then We will pay the Sum Insured as mentioned in the Certificate of Insurance.

#### Conditions:

- a. Earning and Non-Earning members (if applicable) would be covered as per separate limits mentioned in the Certificate of Insurance.
- b. If the Insured is disabled for part of a week, then proportionate amount will be paid.
- c. TTD caused due to Broken bones or Fractures, Coma or Burns will also be covered.
- d. TTD is **NOT** applicable for Dependent Children.
- e. Claim is payable **ONLY** if bed rest is prescribed by treating Medical Practitioner.
- f. We will not pay for Hairline fractures of any kind.
- g. TTD benefit can be taken only once for any single event.
- h. We reserve the right to stop making any further payments, if we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier.

### 3.5 Accidental Hospitalization

If an Insured Person is hospitalized (24 Hours or more) due to injuries sustained in an Accident during the Policy Period, then We will pay the expenses incurred by the Insured on Medically Necessary Treatment up to the limits mentioned in the Certificate of Insurance.

Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics. Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.

#### Conditions:

- a. **Expenses before and after hospitalization (Pre & Post hospitalization):** We will pay expenses incurred on consultations, medicines, diagnostic tests up to **30 days** before date of admission and up to **60 days** after date of discharge, if these are related to the Accident for which hospital admission claim is paid.
- b. We will **NOT** pay, even if you were admitted, if there was no treatment and only investigations were done. Example: Admission only for investigations like MRI, CT Scan, Endoscopy, Colonoscopy etc.
- c. **We will pay for hospitalization within India ONLY.**

**Either Accidental Hospitalization or Animal Attack cover can be offered. Both the benefits cannot be offered together.**

### 3.6 Refill

The first claim paid under Accidental Hospitalization, will trigger the Refill benefit.

#### Conditions:



- a. Accidental Hospitalization Sum Insured will be triggered on partial/complete utilization of Accidental Hospitalization Sum Insured up to an amount mentioned in your Certificate of Insurance.
- b. The Refill Benefit will be triggered as mentioned in your Certificate of Insurance.
- c. The Refill Benefit can be used by either the same person for same illness or/and for different illness as mentioned in the Certificate of Insurance
- d. The unutilized Refill Benefit Sum Insured cannot be carried forward to the next Policy year.
- e. Any single claim cannot be more than the base Accidental Hospitalization Sum Insured.
- f. The accumulated Sum Insured under this benefit can be utilized ONLY for Accidental Hospitalization benefit of this policy.

**The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.**

### 3.7 No Claim Bonus

We will provide a No Claim Bonus equal to a percentage of expiring policy's Accidental Hospitalization Sum Insured for every Accidental Hospitalization claim free year. The percentage and limit up to which No Claim Bonus can accumulate is defined in your Certificate of Insurance.

**The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered. This benefit can only be utilized for Accidental Hospitalization.**

### 3.8 Serious Illness Benefit

We will pay an amount as mentioned in the Certificate of Insurance basis number of days of hospitalization (24 Hours or more) of Insured due to injuries following an Accident in the Policy Period.

**Note:** Coverage in a policy year can be given for any number of days, maximum up to 365 days.

#### Conditions:

- a. The payout under this benefit will be made as per the minimum and maximum number of days of hospitalization as mention in the Certificate of Insurance.
- b. The Hospitalization is Medically Necessary and is carried out on the written advice of a Medical Practitioner.  
The payout of this benefit can be a lump sum amount or can be linked to specific payouts as mentioned in your Certificate of Insurance.

### 3.9 Safeguard+

Claim Safeguard: If We have accepted an Accidental Hospitalization claim, then the items which are not payable as per List I, II, III, IV – 'Expenses not covered' under Annexure I related to that particular claim will become payable.

**The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.**

### 3.10 Out-patient Expenses Cover

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on Outpatient (OPD) treatment of the Insured.

#### Outpatient Expenses includes ONLY:

- a. Procedures that require less than 24 hours of hospitalization. This excludes day care treatment.

- b. Diagnostic Tests for Accident related injury or procedure
- c. Vaccinations/Vaccinations for Animal Bites
- d. Plaster cast and/or crutches

**Either Out-patient Expense Cover or Animal Attack cover can be offered. Both the benefits cannot be offered together.**

### **3.11 Physiotherapy Cover**

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on Physiotherapy of Insured Person.

#### **Conditions:**

- a. The physiotherapy is Medically Necessary for Treatment of the Injury and prescribed by a Medical Practitioner.
- b. Only that Physiotherapy treatment will be considered that is directly related to any Accident that had happened within 90 days from the start of the Physiotherapy sessions.
- c. For the purpose of this benefit, **Physiotherapy** means any form of physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Medical Practitioner for treatment of Injury.

**Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.**

### **3.12 Transportation of Imported Medicine Cover**

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on the freight charges for importing medicines to India.

#### **Conditions:**

- a. Then Insured is hospitalized (for 24 hours or more) for the Injury sustained due to the Accident.
- b. Such medicines, formulations or their alternatives are not available in India.
- c. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital and are prescribed by a Medical Practitioner.
- d. Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

### **3.13 Purchase of Blood Cover**

If the Insured Person sustains an Accidental Injury during the Policy Period which results in Accidental Hospitalization (for 24 hours or more), then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on purchase of blood from blood bank.

### **3.14 Prosthesis Device Cover**

If the Insured Person sustains an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on purchasing medically necessary Prosthetics Device(s) to resume normal living post Injury due to Accident.

#### **Conditions:**

- a. The Prosthetic device must be Medically Necessary for Treatment and prescribed by a Medical Practitioner.

- b. **The Insured suffers Accidental Hospitalization, Permanent Total Disability, Permanent Partial Disability, Burns, Coma or Broken Bones due to the Accident.**
- c. For the purpose of this benefit, **Prosthetic device** means artificial devices replacing body parts including but not limiting to artificial limbs or eyes, orthopedic braces, intra-ocular lenses, spectacles, hearing aids, dentures, artificial teeth and durable medical equipment such as wheelchair, crutches, hospital beds, traction equipment, Walkers, tri-cycles.

### 3.15 Hospital Daily Cash Benefit

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will pay either a fixed amount on per hospitalization day basis or a lump sum amount as mentioned in Certificate of Insurance.

### 3.16 Road Ambulance Cover

If the Insured Person sustains an Accidental Injury during the Policy Period which results in Accidental Hospitalization (for 24 hours or more), then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on availing Road Ambulance to reach hospital post-Accident

**NOTE:** Must use a registered ambulance provider Only.

### 3.17 Air Ambulance Cover

If the Insured Person is hospitalized (for 24 hours or more) following an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on availing Air Ambulance to reach a hospital.

**NOTE:** Must use a registered ambulance provider Only. Air ambulance is available ONLY for Emergency care, in case a Road Ambulance is not available.

### 3.18 Second Medical Opinion Benefit

If the Insured Person is undergoing a treatment for an Accidental Injury, the Insured Person can, at the Insured Person's choice, obtain a Second Medical Opinion during the Policy Period.

#### Conditions:

- a) The Second Medical Opinion if arranged by Our Service Provider, will be based only on the information and documentation provided by the Insured Person with the Medical Practitioner.
- b) This benefit can be availed as per the times mentioned in your Certificate of Insurance.

### 3.19 Burns Benefit

If the Insured Person suffers from Burns due to an Accident, then We will pay the claim as per Table 3. Total Sum Insured for this benefit will be mentioned in the Certificate of Insurance.

The Degree of the burns and total body surface area burnt has to be certified by a Medical Practitioner.

**Table 3:**

| Condition for Burns  | Percentage of Burns Sum Insured |
|--|---------------------------------|
| 3rd degree burns of 30% or more of the total body surface                    | 100%                            |
| 2nd degree burns of 30% or more of the total body surface                    | 50%                             |
| 3rd degree burns of 20% or more, but less than 30% of the total body surface | 80%                             |
| 2nd degree burns of 20% or more, but less than 30% of the total body surface | 40%                             |
| 3rd degree burns of 10% or more, but less than 20% of the total body surface | 40%                             |
| 2nd degree burns of 10% or more, but less than 20% of the total body surface | 20%                             |
| 3rd degree burns of 5% or more, but less than 10% of the total body surface  | 20%                             |
| 2nd degree burns of 5% or more, but less than 10% of the total body surface  | 10%                             |

**The coverage under this Benefit would terminate for the Insured Member (for lifetime) for whom we have paid a total of 100% Burns Sum Insured claim in the lifetime of the Insured.**

### 3.20 Broken Bones Benefit

If the Insured Person suffers from Broken Bone or Fracture due to an Accident, then We will pay claim as per Table 4. Total Sum Insured for this benefit is as mentioned in Certificate of Insurance.

**Table 4:**

| Condition for Broken Bone  | Percentage of Broken Bone Sum Insured |
|--|---------------------------------------|
| Pelvis, Vertebral body resulting in spinal cord Injury   | 100%                                  |
| Shoulder (collar bone & shoulder blade), Chest (all ribs & breast bone), Arm, Leg, Vertebra (excluding Coccyx) | 30%                                   |
| Fracture to any other bone in the body   | 10%                                   |

**NOTE:** For the purpose of this benefit, **Broken Bone or Fracture** will mean a break in the continuity of the bone. This does not include hairline Fractures. This has to be confirmed by a Medical Practitioner and imaging investigations like an X-ray.

### 3.21 Coma Benefit

If the Insured Person is in Comatose (coma) State within one month from date of Accident, then We will pay the Sum Insured as mentioned in the Certificate of Insurance.

An Insured Person is said to be in Comatose State (Coma) if:

- a. Has been in a State of Comatose for continuous 96 hours

- b. Is on Life support systems
- c. Condition is confirmed by the treating Doctor

**NOTE:** We will NOT pay for coma which results from alcohol or drug abuse.

**The coverage under this Benefit would terminate for the Insured Member (for lifetime) for whom we have paid a total of 100% Coma Sum Insured claim in the lifetime of the Insured.**

### 3.22 Animal Attack Cover

We will cover cost of treatment as per per the sum insured mentioned in the Certificate of Insurance for treatment of Accidental Injury caused by an animal. We will also cover cost of vaccinations if prescribed by Medical Practitioner.

**NOTE:** The benefit does **NOT** cover diseases spread through an insect bite by transfer of organisms for which the insect is a known carrier or host.

**If Out-patient Expense Cover or Accidental Hospitalization offered, then this benefit cannot be offered.**

### 3.23 Rehabilitation Cover

We will cover cost of treatment as per the sum insured mentioned in the Certificate of Insurance for the Rehabilitation of the Insured Person following an Accident.

**Conditions:**

- a. Rehabilitation to start within 3 weeks of date of Accident.
- b. Treatment by a licensed, registered, or certified therapist; or
- c. Treatment in an institution which is licensed to provide such treatment, when the treatment is intended to prepare the Insured Person for work in any gainful occupation, including the Insured Person's regular occupation.
- d. The Rehabilitation is Medically Necessary for Treatment and prescribed by a Medical Practitioner.

**Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.**

### 3.24 Reconstructive Surgery Cover

We will cover cost of treatment as per the sum insured mentioned in the Certificate of Insurance for the Reconstructive Surgery following an Accident. Provided that the Accidental Injury results in Accidental Hospitalization, Permanent Total Disability, Permanent Partial Disability or Burns.

**Conditions:**

- a. The Surgery must be conducted within six months of date of Accident.
- b. The Reconstructive Surgery is Medically Necessary for Treatment of the Injury and prescribed by a Medical Practitioner.
- c. We shall **NOT** be liable to make any payment in respect of any Insured Person for:
  - Any Reconstructive Surgery not performed by a registered and licensed Medical Practitioner.
  - Any Reconstructive Surgery an Insured Person elects to have even if it is not medically necessary.

**NOTE:** For the purpose of this benefit, **Reconstructive surgery** means surgery to treat body parts affected aesthetically or functionally by Accident or Burns.

### 3.25 Accidental Miscarriage Benefit

If an Accidental Injury leads to miscarriage within 3 months of date of Accident, then We will provide a lump sum coverage as mentioned in the Certificate of Insurance.

**Conditions:**

- a. This benefit is applicable ONLY to the female Insured Member covered under this Policy.
- b. Coverage under this Benefit is available ONLY once in a policy year.
- c. This benefit is applicable ONLY if Insured is minimum five weeks pregnant at the time of the Accident event.

### 3.26 Domestic Travel for Medical Treatment Cover

If the Insured Person sustains an Accidental Injury during the Policy Period which requires the Insured to move to another city for treatment, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on the following –

- a. Reasonable travel expenses incurred to move to another city.
- b. Travel expenses incurred on return from outside the city of residence, including the modification of carrier for convenient transportation post discharge.

**Conditions:**

- a. The distance between the place of residence and the place of treatment facility must be at least 50 KMs.
- b. Travel to another city is Medically Necessary for Treatment of the Injury due to unavailability of such treatment in the city of residence and the same is carried out on the written advice of a Medical Practitioner.
- c. The Insured is hospitalized (for 24 hours or more) for the treatment of the Injury.

### 3.27 Repatriation Cover

In case of Accidental Death of Insured Person during the Policy Period, we will reimburse as per the sum insured mentioned in Certificate of Insurance towards transportation of mortal remains from the place of death to the residence of the deceased Insured Person.

### 3.28 Funeral Benefit

In case of Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards funeral expenses of the deceased Insured Person.

### 3.29 Home and Vehicle Modification Benefit

We will pay Sum Insured as mentioned in the Certificate of Insurance towards modification of residential accommodation and/or vehicle of the Insured Person following an Accident which resulted into Permanent Total Disability or Permanent Partial Disability of Insured Person. Provided that the modifications have been carried out in India and certified by a Doctor as necessary for treatment and resume normal living.

### 3.30 Personal liability

We will pay Sum Insured as mentioned in the Certificate of Insurance for expenses incurred by the Insured Person for:

- a. Any actual legal liability of the Insured for causing an unintentional Injury or death of a third party due to any involvement of the Insured in an Accident.
- b. All costs, fees and expenses in the investigation, defense or settlement of any claim.

**Special conditions:**

1. You shall:
  - a. Give Us written notice within 10 days of any claim or demand made against you
  - b. Not admit liability/ settle/ compromise/ make any payment without Our prior written consent.
  - c. Allow Us, in Our sole and absolute discretion, to take over and conduct investigation, defence and/or settlement of any claim. You shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, we may in Our sole and absolute discretion relinquish the same.
2. We will not settle any claim without your consent. But if you refuse settlement recommend by Us and choose to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
3. For us to cover the costs, claim shall be made on you by the third parties during the Period of Insurance or within 60 days from the date of expiry of the insurance.

**Conditions:**

What is **NOT** covered?

1. Any fines or exemplary damages aimed at punishing you rather than awarding compensation to third party
2. Liability arising from:
  - a. Violation of operating/safety guidelines published by the service provider contracted by you.
  - b. Action of any type by any other person accompanying you.
  - c. Loss of or damage to property which belongs to you or is under your control or the control of a member of your household or the control of people who work for you.
  - d. Your job/profession/professional activities/trade/business/employment or occupation.
  - e. Any willful, malicious, criminal or unlawful act, error, or omission.
  - f. Liability assumed by you by an agreement / contract which would not have attached in the absence of such agreement / contract.
  - g. Personal injuries including but not limited to libel, slander, false arrest, sexual molestation, corporal punishment, wrongful eviction, wrongful detention, defamation, any mental Injury, anguish, or shock resulting therefrom.
  - h. Ownership and / or Occupation of any land and / or building, unless you are occupying any temporary holiday accommodation, which is not owned by you.
  - i. Ownership and / or Usage of any of the following:
    - livestock (except domestic animals);
    - firearms (except sporting guns used for clay-pigeon shooting);
    - motorized vehicles, aircraft of any description, including unpowered flight
    - vessels (except manually-propelled watercraft); or
  - j. Your participation in any leisure activity or activity-based holiday or adventure sports where Personal Liability is specifically excluded.
  - k. Transmission of illness or disease by the Insured
    - l. Any family member, relative, friend, travel companion or close business associate
3. Any Claim paid or compromised or commitment made without our prior written consent

**3.31 Emergency Hotel Requirement Cover**

If the Insured Person sustains Accidental Injury which results in Accidental Hospitalization (for 24 hours or more) during the Policy Period, then We will reimburse as per the sum insured and limits mentioned in the Certificate of Insurance for the expenses incurred on hotel stay for the Insured Person and any one Immediate Family Member travelling with the Insured Person for treatment.

**Conditions:**

- a. We shall **NOT** accept more than one claim under this Benefit during the Policy Period.
- b. For the purpose of this benefit, **Immediate Family Member** relationship with respect to the Insured Person applicable are - Spouse, Parents, Sibling, Mother In-Law, Father In-Law, and Child.

**3.32 Home Convalescence Cover**

If the Insured Person sustains Accidental Injury which results in Accidental Hospitalization (for 24 hours or more) during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance for the expenses incurred on engaging one qualified nurse at residence immediately after discharge from the hospital. Provided that the qualified nurse is prescribed by a Medical Practitioner and is appointed for a period that is medically necessary for treatment of the Insured.

**3.33 Loss of Activities of Daily Living Benefit**

If the Insured Person is unable to perform three or more Activities of Daily Living for a period of at least six consecutive months following an Accidental Injury within the Policy Period, then We will pay Sum Insured as mentioned in the Certificate of Insurance. Provided that the Accidental Injury results in Permanent Total Disability, Permanent Partial Disability, Burns, Coma or Broken Bones.

**Conditions:**

- a. This loss of ability to perform Activities of Daily Living and its duration should be certified by a Medical Practitioner.
- b. This cover is **NOT** applicable for Insured aged seventy-five or above.
- c. For the purpose of this benefit, the **Activities of Daily Living** are –
  - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
  - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
  - iii. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
  - iv. Mobility: the ability to move indoors from room to room on level surfaces;
  - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
  - vi. Feeding: the ability to feed oneself once food has been prepared and made available.

**3.34 Monthly Needs Benefit**

In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Certificate of Insurance towards monthly needs of the insured for up to twelve months. Provided that the condition is certified by a Medical Practitioner.

**3.35 Education for Dependent Children Benefit**



In case of Accidental Death or Permanent Total Disability of Insured Person due to an Accident, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the Education of the dependent children

**Conditions:**

- a. Dependent child is a full-time student in any recognized Educational Institute at the time of occurrence of the Accident event.
- b. For the purpose of this benefit, **Educational Institute** means any accredited institution that provides education or training, including but not limited to, any technical / vocational school.
- c. The age of the child at the time of occurrence of the Accident event would be considered to validate of the child is dependent.
- d. We will make a single payment, irrespective of the number of Children.
- e. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

### 3.36 Marriage Fund for Children Benefit

In case of Accidental Death or Permanent Total Disability of Insured Person due to Accident, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the marriage expenses of the adult and unmarried children of the Insured.

**Conditions:**

- a. We will make a single payment, irrespective of the number of Children.
- b. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

### 3.37 Orphan Benefit

Following the Accidental Death of both parents in same or different Accident event(s) in a policy year, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the care of orphan children.

**Conditions:**

- a. Both the parents have to be covered as Insured Members under this policy.
- b. We will make a single payment, irrespective of the number of children.

### 3.38 Spouse Care Benefit

Following Accidental Death of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the care of living spouse of the Insured.

The spouse of the Insured need **NOT** be covered in the policy.

**NOTE:** For the purpose of this benefit, **Spouse** means an individual legally married to the Insured Person.

### 3.39 Compassionate Visit Benefit

In case of Accidental Hospitalization (for 24 hours or more) of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance, towards the travel expense of one Immediate Family member of the Insured Person to the place of Hospitalization.

**Conditions:**

- a. The place of Hospitalisation must be at least 50 KMs from the place of residence of the Insured.
- b. For the purpose of this benefit, **Immediate Family Member** relationship with Insured Person applicable are - Spouse, Parents, Sibling, Mother In-Law, Father In-Law, and Child.
- c. The Immediate Family Member must be an Adult (18 years or more).

**3.40 Medical Insurance Premium Cover**

In case of Accidental Death or Permanent Total Disability of Insured Person, we will reimburse as per the sum insured mentioned in the Certificate of Insurance towards one time immediate and annual medical insurance premium for the Insured Person's surviving Spouse and Dependent Children combined.

**NOTE: The claim under this benefit would payable only once in the lifetime for the Insured Member.**

**3.41 Parental Care Benefit**

In case of Accidental Death or Permanent Total Disability of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards the care of parents of the Insured Person.

**Conditions:**

- a. Elderly parent has to be above the age of 60 years and alive.
- b. We will make a single payment, irrespective of the number of parents above 60 years of age and alive.
- c. **The claim under this benefit would payable only once in the lifetime for the Insured Member.**

**3.42 Family Counselling Benefit**

In case of Accidental Death, Permanent Total Disability or Coma of Insured Person, we will pay Sum Insured as mentioned in the Certificate of Insurance towards Professional Counselling for Insured Person's Spouse and Dependent Child. Provided that the counselling is prescribed by a Medical Practitioner.

**3.43 Loss of Personal Material Cover**

If the Insured Person suffers an Accidental Injury during the Policy Period, then We will reimburse as per the sum insured mentioned in the Certificate of Insurance towards the Loss or Theft of Personal Material of the Insured caused due to the Accident event.

**Coverage as per the following options would be applicable as mentioned in the Certificate of Insurance –**

- Coverage for Electronic Equipment, like Cellphone, laptop, headphones
- Coverage for Books, Bag, Course Material, Study Material
- Coverage for Uniform (outfit provided by an employer to a professional)
- Any one or Combination of the above option can be offered

**Conditions:**

- a. We would **NOT** cover the damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the Insured Person to repair, clean or alter the property.

- b. The Insured Person provides Us with a written proof of to validate the ownership of the item under consideration.

### 3.44 On Duty Cover

This benefit provides inclusion in the Policy to the members with risky professions as classified under Risk Class 4 of the Annexure 3 – Risk Class Grid. The Coverage will be provided to the Insured as per the benefits offered in the Certificate of Insurance while the Insured is on Professional Duty during the official work hours (and not for all the 24 hours of the day & night).

### 3.45 Common Carrier Benefit

If the Insured Person sustains Accidental Injury while travelling in a common carrier as a fare-paying passenger (including boarding and alighting from that Common Carrier) during the Policy Period which results in Accidental Death or Permanent Total Disability of Insured, then We will pay Sum Insured as mentioned in the Certificate of Insurance.

### 3.46 Terrorism Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 4.1.3. Such extension will not result into any increase in Sum Insured of the respective Coverages.

### 3.47 Common Accident Benefit

In case of Accidental Death of Insured Person and his/her spouse in same Accidental event during the Policy Period, we will pay Sum Insured as mentioned in the Certificate of Insurance. Provided that both the Insured and his/her Spouse must be covered under the Policy.

### 3.48 Adventure Sport Cover

This benefit provides extension of scope of coverage under this policy by providing a waiver of the exclusion 4.1.6. Provided that the Adventure Sports are performed in non-professional capacity, under the supervision of a trained professional and for leisure purpose ONLY.

For the purpose of this benefit, **Adventure Sports** includes:

- I. **Sky Sports:** Sky Diving, Hang Gliding, Ballooning, Parasailing, Paragliding, Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking
- II. **Mountain Sports:** Skiing, Snowboarding, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Indoor Rock Climbing, Mountain Biking, Cannoning, Mountaineering
- III. **Water Sports:** Fishing, Deep Sea Fishing, Kite Surfing, Body Boarding, Paddle Boarding, Kayaking, Canoeing, Scuba Diving, Shark Diving, Swimming with Dolphins, diving with Whales, Wakeboarding, Surfing, white water rafting, Snorkeling, Waterskiing, Whale Watching
- IV. **Racing Sports:** Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn, mower racing, Snowmobile racing, Truck racing, Off Road 4x4
- V. **Earth Sport:** Land Windsurfing, Zorbing, Sand Boarding

### 3.49 Head & Spinal Injury Benefit

If the Insured Person sustains head or spinal injury due to an Accident during the Policy Period which results in Permanent Total Disability, Permanent Partial Disability or Coma of Insured, then We will pay Sum Insured as mentioned in the Certificate of Insurance.

**NOTE:** Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound.

**For the Purpose of this benefit, Coma means** When an Insured fall into Comatose State within one month of Accident. Insured is said to be in Coma is in the same state for a continuous 96 hours.

### 3.50 Loan Protect Benefit

We will pay up to sum Insured as mentioned in the Certificate of Insurance.

#### Conditions:

1. We will not pay for any arrears or penalties levied by the bank or financial institution.
2. The loan has to be in the name of the Insured Person and from a Financial Institution.
3. It is the responsibility of the Insured Person to inform us in case the loan is transferred from one financier to another.
4. No refunds will be made, In case of early closure of the Loan during the Policy period.

## 4. Permanent Exclusions

### 4.1 Specific exclusions

We will not cover the following conditions in the policy and no claims will be made for them.

- 4.1.1 Self-inflicted Injury, Suicide or attempted suicide.
- 4.1.2 Nuclear, radiological emissions, war or war like situations (whether war is declared or not), rebellion (act of armed resistance to an established government or leader)
- 4.1.3 Acts of Terrorism
- 4.1.4 Committing an assault, a criminal offence or any breach of law with criminal intent.
- 4.1.5 Taking or absorbing, Accidentally or otherwise, any intoxicating liquor, drug, narcotic, medicine, sedative or poison, except as prescribed by a Medical Practitioner other than the Policyholder or an Insured Person.
- 4.1.6 Adventure Sports
- 4.1.7 Maternity, Pregnancy or Child birth or in consequence thereof.
- 4.1.8 Any non-allopathic treatment.
- 4.1.9 Diseases spread/ caused through an insect bite by transfer of organisms for which the insect is a known carrier or host.
- 4.1.10 Cosmetic or plastic surgery or any treatment to change appearance not arising out of Accident or Burns.
- 4.1.11 Circumcision unless necessary for the treatment of a disease or necessitated by an Accident.
- 4.1.12 Costs which are not Reasonable and Customary and treatments which are not Medically Necessary.

## 5. General Terms and Conditions

### 5.1 Standard General Terms and Conditions

#### 5.1.1 Free look period

The Free Look Period shall be applicable on individual health insurance policies and not on renewals.

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.

In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to return the policy to the insurer for cancellation, stating the reasons for the same.

Irrespective of the reasons mentioned, the policyholder shall be entitled to a refund of the premium paid subject only to a deduction of a proportionate risk premium for the period of cover and the expenses, if any, incurred by the insurer on medical examination of the proposer and stamp duty charges.

#### 5.1.2 **Cancellation**

The policy holder may cancel his/her policy at any time during the term, by giving 7 days' notice in writing. The insurer shall:

- a. Refund proportionate premium for unexpired policy period, if the term of the policy upto one year and there is no claim(s) made during the policy period.
- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years are not commenced.

In case of death of an Insured, pro-rate refund of the premium for the deceased insured will be refunded, provided there is no history of claim.

- a. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the Insured Person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

#### A. **Automatic Cancellation –**

The Certificate of Insurance coverage shall automatically terminate in the event of death of the Insured Person.

#### B. **Cancellation in case of Credit Linked Cases:**

- i. In cases the Policy is linked to the credit/ loan tenure, the coverage will continue till the end of loan tenure subject to maximum tenure of 5 years, closure of the loan or Policy Period/ Coverage Period Term whichever is earlier. The Insured Person shall inform Us of such closure of the loan immediately in order to cancel the cover under the Policy.

#### 5.1.3 **Renewal of Policy**

A health insurance policy shall be renewable except on grounds of established fraud or non-disclosure or misrepresentation by the insured.

An insurer shall not deny the renewal of a health insurance policy on the ground that the insured had made a claim or claims in the preceding policy years, except for benefit based policies where the policy terminates following payment of the benefit covered under the policy.

- a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
- c. Coverage is available during the grace period.
- d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.

- e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

#### 5.1.4 **Nomination**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Certificate of Insurance/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy. The insurer shall obtain nomination at the time of new business and at the time of renewal for existing policies.

#### 5.1.5 **Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to the insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy: '

- a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

#### 5.1.6 **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are effected.

#### 5.1.7 **Withdrawal of Policy**

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the policy.
- b. Insured Person will have the option to either renew (up to 90 days from renewal date) same product or to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period as per IRDAI guidelines, provided the policy has been maintained without a break.

#### 5.1.8 **Redressal of Grievance:**

In case of any grievance the Insured Person may contact the company through:

**Website:** [www.nivabupa.com](http://www.nivabupa.com)

**Toll free:** 1860-500-8888

**E-mail:** Email us through our service platform <https://rules.nivabupa.com/customer-service/> (Senior citizens may write to us at: [seniorcitizensupport@nivabupa.com](mailto:seniorcitizensupport@nivabupa.com))

**Fax:** 011-4174-3397

**Courier:** Customer Services Department  
D-5, 2nd Floor, Logix Infotech Park  
opp. Metro Station, Sector 59, Noida,  
Uttar Pradesh, 201301

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at:

Head – Customer Services  
D-5, 2nd Floor, Logix Infotech Park  
opp. Metro Station, Sector 59, Noida,  
Uttar Pradesh, 201301

**Contact No:** 1860-500-8888

**Fax No:** 011-4174-3397

**Email ID:** Email our Grievance officer through our Grievance Redressal platform  
<https://transactions.nivabupa.com/pages/grievance-redressal.aspx>

For updated details of grievance officer, kindly refer the link <https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx>

If the Insured person is not satisfied with the above, they can escalate to [GRO@nivabupa.com](mailto:GRO@nivabupa.com).

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 ( at the addresses given in Annexure III).

Grievance may also be lodged at IRDAI integrated Grievance Management System – [www.bimabharosa.irdai.gov.in](http://www.bimabharosa.irdai.gov.in)

#### 5.1.9 Claim settlement (Provision for Penal interest)

- a. The Company shall settle or reject a claim, as the case may be, within 15 days from the claim submission date.
- b. In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of claim document till the date of payment of claim at a rate of 2% above the bank rate.

#### 5.1.10 Multiple Policies

##### a. Indemnity Based Policies:

- a. In case of multiple policies taken by an Insured Person during a period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his / her claim in terms of any of his / her policies. In all such cases the insurer chosen by the Policyholder shall be considered as the Primary Insurer and will be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- b. If the amount to be claimed exceeds the available coverage of the said policy, then the primary insurer shall seek the details of other available policies of the policyholder and shall coordinate with other insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policy holder.

##### b. Benefit Based Policies:

- a. On occurrence of the insured event, the policy holder can claim from all Insurers under all policies.

#### 5.1.11 Disclosure to Information

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

#### 5.1.12 Condition Precedent to Admission of Liability

The terms and conditions of the policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the policy.

#### 5.1.13 Complete Discharge

Any payment to the policyholder, Insured Person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

### 5.2 Specific Terms and Conditions

#### 5.2.1 Additional premium (Risk Loading)

- a. We may ask for additional premium after due risk evaluation (it's what referred to as Underwriting) based on all information provided by you. We will issue policy to you only after you pay us the additional premium and provide us consent.
- b. We will never ask for more than 100% for any particular health condition and never more than 150% for any individual.
- c. Once applied, Risk loading continues even for all renewals

#### 5.2.2 Other Renewal Conditions:

##### a. Renewal Premium:

Renewal premium can alter based on Age.

##### b. Addition of Insured Persons on Renewal:

If a new member is added in the Policy, either by way of endorsement or at the time of Renewal, the Pre-existing Disease clause, exclusions, loading (if any) and Waiting Periods will be applicable afresh for that member.



**c. Changes to Sum Insured on Renewal:**

You may opt for enhancement of Sum Insured at the time of Renewal, subject to underwriting.

**5.2.3 Policy Disputes**

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

**5.2.4 Notices**

Any notice, direction or instruction given under this Policy shall be in writing and delivered by hand, post, or facsimile to:

- a. You/the Insured Person at the address specified in the Policy Schedule or at the changed address of which We must receive written notice.
- b. Us at the following address:

Niva Bupa Health Insurance Company Limited  
D-5, 2nd Floor, Logix Infotech Park  
opp. Metro Station, Sector 59, Noida,  
Uttar Pradesh, 201301  
**Fax No:** 011-4174-3397

- c. No insurance agents, brokers or other person/entity is authorized to receive any notice on Our behalf.
- d. In addition, we may send You/the Insured Person other information through electronic and telecommunications means with respect to Your Policy from time to time.

**5.2.5 Alteration to the Policy**

This Policy constitutes the complete contract of insurance. Any change in the Policy will only be evidenced by a written endorsement signed and stamped by Us. No one except Us can within the permission of the IRDAI change or vary this Policy.

**5.2.6 Assignment**

The Policy can be assigned subject to applicable laws.

**5.2.7 Premium Payment in Installments**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- a. Grace Period of 30 days in all types of policies, and a period of 15 days in case of monthly installments
- b. For policies where premium is paid in instalments only, the coverage will be given during grace period.
- c. The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- d. No interest will be charged If the instalment premium is not paid on due date
- e. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- f. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- g. The company has the right to recover and deduct all the pending installments from the claim amount due under the policy.

### 5.2.8 Per Kilometer based Coverage

- Per Kilometer based coverage will be provided through our app/website or through a 3<sup>rd</sup> party app or website. It will be basis maps and location services the app has access to (like Google maps).  
Premium for Mountainous terrain will be higher, because of higher risk of travel in these areas. Regions under Mountainous terrain: Jammu & Kashmir, Himachal Pradesh, Uttarakhand, Sikkim, Arunachal Pradesh, Nagaland, Mizoram, Manipur, Meghalaya and Tripura.
- Premium will be collected in advance
- RBI approved channels will be used to collect the premium - credit cards, net banking, debit cards, mobile wallets, UPI etc.

Customer can avail per km basis coverage by making a premium payment by either of below mentioned processes -

- Point to point:** Customer will choose start point and destination point for his/her trip on the app. App will calculate the distance between the two points and compute the premium accordingly. An additional 25% premium will be collected to ensure continuity of coverage should the distance between the points vary for reasons like change in route. Multiple notifications/ messages will be sent to customers much before his/her premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).
- Fixed number of kms:** Customer can buy coverage for fixed number of km's (in multiples of 10km) and pay the premium accordingly. Multiple notifications/ messages will be sent to customers much before their premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km's (in multiples of 10 km).

#### Termination of cover

- Customer can voluntarily terminate the coverage.
- Automatic termination of coverage on complete utilization of premium or km's bought.
- Automatic termination at the end of 30 days from coverage inception.

**Return of Excess Premium:** Unused balance or extra premium paid at the start of the coverage, will be returned to the customer at the time of coverage termination.

5.2.9 The Plan can be offered for accident linked to a Specific Geography, Mode of Transport, Type of Vehicle or/and extending only to the liability of the Proposer (w.r.t duration, duty hours, place of work and/or membership). Details will be mentioned in the Certificate of Insurance.

### 5.2.10 Claims

- Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website [www.nivabupa.com](http://www.nivabupa.com).
- Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.  
Note: We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: <https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx>
- We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense at the earliest possible time.
- Documents required**

|                           |   |
|---------------------------|---|
| <b>Documents Required</b> | <ul style="list-style-type: none"> <li>• Our duly filled and signed Claim Form or Online claim submission</li> <li>• Scanned copy of COI</li> </ul> |
|---------------------------|---|

|  |  |
|--|--|
|  | <ul style="list-style-type: none"> <li>• Treating Doctor’s prescription advising the need, as mentioned under the benefit terms and conditions of the policy (wherever applicable)</li> <li>• Copy of settlement letter from other insurance company</li> <li>• Medical Records, Case histories, investigation reports and Laboratory investigation reports with supporting prescriptions</li> <li>• Death Certificate and/or Post-mortem report (wherever applicable)</li> <li>• Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government (wherever applicable)</li> <li>• FIR (First Information Report), MLC (Medico-Legal Case) report Copy (if MLC is done), Spot Panchnama, Inquest Panchnama attested by issuing / appropriate authorities</li> <li>• Original Discharge summary with first and subsequent consultation/treatment papers</li> <li>• Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills)</li> <li>• Legal heir certificate (wherever applicable)</li> <li>• Marriage Certificate (wherever applicable)</li> <li>• Legal documents as Age proofs (wherever applicable)</li> <li>• Original legal heir certificate (if nomination has not been filed by deceased)</li> <li>• Loan Account statement and last EMI proof (if loan linked policy)</li> </ul> <p><b>Policyholder documents (Nominee in case of death of Policyholder):</b></p> <ul style="list-style-type: none"> <li>• KYC documents</li> <li>• Cancelled cheque</li> </ul> <p><b>Note - The list of Documents is indicative more documents may be asked for as per claim servicing requirement</b></p> |
|--|--|

| S. No. | Benefits                             | Claim Documents   |
|--------|--------------------------------------|---|
| 1      | Accidental Death Benefit             | <ul style="list-style-type: none"> <li>• Death Certificate attested by issuing / appropriate authority</li> <li>• Post Mortem Report attested by issuing authorities wherever applicable</li> <li>• Original legal heir certificate (in case nomination has not been filed by deceased)</li> </ul>  |
| 2      | Permanent Total Disability Benefit   | <ul style="list-style-type: none"> <li>• Photograph of the injured as a proof of disablement</li> <li>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor</li> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Leave certificate from the employer (as per requirement)</li> </ul>                  |
| 3      | Permanent Partial Disability Benefit | <ul style="list-style-type: none"> <li>• Photograph of the injured as a proof of disablement</li> <li>• Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor</li> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Leave certificate from the employer (as per requirement)</li> </ul>                  |
| 4      | Temporary Total Disability Benefit   | <ul style="list-style-type: none"> <li>• Photograph of the injured as a proof of disablement</li> <li>• Treating doctor certificate mentioning the nature of injury and duration of rest advised</li> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Leave certificate from the employer</li> <li>• Original X ray films (where applicable)</li> </ul> |
| 5      | Accidental Hospitalization           | <ul style="list-style-type: none"> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Discharge summary</li> <li>• Original invoice and payment receipt for hospitalization expenses</li> <li>• Details of any other related document such as medical bills with prescription</li> </ul>   |
| 8      | Serious Illness Benefit              | <ul style="list-style-type: none"> <li>• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge.</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>   |

|    |   |   |
|----|---|---|
| 10 | Out-patient Expense Cover                 | <ul style="list-style-type: none"> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Original invoice and payment receipt for OPD expenses</li> <li>• Original X ray films (where applicable)</li> </ul>  |
| 11 | Physiotherapy Cover                       | <ul style="list-style-type: none"> <li>• Medical reports, case histories, investigation reports, treatment papers as applicable</li> <li>• Physiotherapy schedule / Chart</li> <li>• Original invoice and payment receipt for Physiotherapy expenses</li> </ul>   |
| 12 | Transportation of Imported Medicine Cover | <ul style="list-style-type: none"> <li>• Prescription of the treating doctor with confirmation that the medicine is not available in India</li> <li>• Original invoice and payment receipt for the freight incurred for import of the medicine</li> <li>• Original invoice and payment receipt for the imported medicine</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>   |
| 13 | Purchase of Blood Cover                   | <ul style="list-style-type: none"> <li>• Original invoice and payment receipt for blood expenses</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>   |
| 14 | Prosthesis Device Cover                   | <ul style="list-style-type: none"> <li>• Original invoice and payment receipt for expenses incurred on the Prosthetics</li> <li>• Documents related to Accidental Hospitalization, PTD, PPD, TTD, Burns, Broken Bones or Coma as mentioned in the policy wording</li> </ul>   |
| 15 | Hospital Daily Cash Benefit               | <ul style="list-style-type: none"> <li>• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>  |
| 16 | Road Ambulance Cover                      | <ul style="list-style-type: none"> <li>• Original invoice and payment receipt for ambulance charges</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>  |
| 17 | Air Ambulance Cover                       | <ul style="list-style-type: none"> <li>• Original invoice and payment receipt for air ambulance charges (In case of non-network)</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>   |
| 19 | Burns Benefit                             | <ul style="list-style-type: none"> <li>• FIR / Medico Legal Report or related police records</li> <li>• Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports &amp; Diagnostic reports like X-ray, CT scan, MRI report, etc.</li> </ul>  |
| 20 | Broken Bones Benefit                      | <ul style="list-style-type: none"> <li>• FIR / Medico Legal Report or related police records</li> <li>• Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports &amp; Diagnostic reports like X-ray, CT scan, MRI report, etc.</li> <li>• Original X ray films</li> </ul>  |
| 21 | Coma Benefit                              | <ul style="list-style-type: none"> <li>• Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports &amp; Diagnostic reports like X-ray, CT scan, MRI report, etc.</li> <li>• Medical certificate from treating doctor giving the details of neurological status &amp; prognosis, proving the conditions as per defined in the policy wordings</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul> |
| 22 | Animal Attack Cover                       | <ul style="list-style-type: none"> <li>• Original invoice and payment receipt for the expenses incurred on the treatment</li> <li>• Final Hospital bill and/or Discharge Summary</li> <li>• Customer declaration regarding narration of incidence</li> </ul>  |
| 23 | Rehabilitation Cover                      | <ul style="list-style-type: none"> <li>• Copy of consultation / reference letter from treating doctor</li> <li>• Original invoice and payment receipt with consultation notes</li> </ul>  |
| 24 | Reconstructive surgery Cover              | <ul style="list-style-type: none"> <li>• Documents related to Accidental Hospitalization, PTD, PPD or Burns as mentioned in the policy wording</li> <li>• Copy of medical records showing the details of medical condition (facial scarring / dental reconstruction)</li> <li>• Original invoice and payment receipt towards the medical treatment</li> <li>• Final Hospital bill and/or Discharge Summary</li> </ul>   |
| 25 | Accidental Miscarriage Benefit            | <ul style="list-style-type: none"> <li>• Treating Doctor's letter / certificate / medical report indicating the cause of miscarriage and the status of pregnancy at the time of accident event</li> <li>• Final Hospital bill and/or Discharge Summary</li> <li>• Copy of Investigation reports, diagnostic test reports, etc.</li> </ul>   |

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|----|---|--|
| 26 | Domestic Travel for Medical Treatment Cover | <ul style="list-style-type: none"> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> <li>• Original invoice and payment receipt towards the travel expenses incurred</li> </ul>  |
| 27 | Repatriation Cover                          | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death as mentioned in the policy wording</li> </ul>   |
| 28 | Funeral Benefit                             | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death as mentioned in the policy wording</li> </ul>   |
| 29 | Home and Vehicle Modification Benefit       | <ul style="list-style-type: none"> <li>• Recommendation letter from treating doctor for wheelchair or any other support required for treatment that require the modification of home and/or vehicle</li> <li>• Documents related to PTD or PPD as mentioned in the policy wording</li> </ul>   |
| 30 | Personal liability                          | <ul style="list-style-type: none"> <li>• All related legal documents of the accident and insured involvement and liability</li> <li>• Proof of payment made or to be made as a liability of the insured</li> </ul>   |
| 31 | Emergency Hotel Requirement Cover           | <ul style="list-style-type: none"> <li>• Recommendation letter to validate the condition of the insured indicating the travel related disability of the insured</li> <li>• Original invoice and payment receipt towards accommodation booking and confirmation</li> <li>• Final Hospital bill and / or Discharge Summary</li> </ul>                                    |
| 32 | Home Convalescence Cover                    | <ul style="list-style-type: none"> <li>• Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment</li> <li>• Original invoice and payment receipt towards expenses on the attendant</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>                            |
| 33 | Loss of Activities of Daily Living Benefit  | <ul style="list-style-type: none"> <li>• Treating doctor recommendation indicating the criteria for loss of daily living</li> <li>• Documents related to PTD, PPD, Burns, Broken Bones or Coma as mentioned in the policy wording</li> </ul>   |
| 34 | Monthly Needs Benefit                       | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death or PTD as mentioned in the policy wording</li> </ul>  |
| 35 | Education for Dependent Children Benefit    | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death or PTD as mentioned in the policy wording</li> <li>• Copy identity card of dependent child of an educational institute at the time of date of loss and last fee payment receipt</li> <li>• Copy of Birth Certificate or any other valid document establishing age</li> </ul>            |
| 36 | Marriage Fund for Children Benefit          | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death or PTD as mentioned in the policy wording</li> <li>• Copy of Birth Certificate or any other valid document establishing age</li> <li>• Original declaration from the benefactor indicating that the child is unmarried and eligible as per conditions of the policy wordings</li> </ul> |
| 37 | Orphan Benefit                              | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death as mentioned in the policy wording for both the parents</li> </ul>  |
| 38 | Spouse Care Benefit                         | <ul style="list-style-type: none"> <li>• Documents related to Accidental Death as mentioned in the policy wording</li> </ul>   |
| 39 | Compassionate Visit Benefit                 | <ul style="list-style-type: none"> <li>• Proof of the immediate family member such as Ration Card to establish the age and relation with the insured</li> <li>• Documents related to Accidental Hospitalization as mentioned in the policy wording</li> </ul>  |
| 40 | Medical Insurance Premium Cover             | <ul style="list-style-type: none"> <li>• Copy of medical insurance policy showing the premium details for spouse and dependent children of the insured</li> <li>• Documents related to Accidental Death or PTD as mentioned in the policy wording</li> </ul>   |
| 41 | Parental Care Benefit                       | <ul style="list-style-type: none"> <li>• Legal Document such as Aadhar card, Pan card, Marriage certificate to specify the relation of the insured with the parents</li> <li>• Documents related to Accidental Death or PTD as mentioned in the policy wording</li> </ul>  |
| 42 | Family Counselling Benefit                  | <ul style="list-style-type: none"> <li>• Consultation / reference letter from treating doctor validating the conditions as mentioned in the policy wordings</li> <li>• Proof of relation with the insured such as Aadhar card</li> <li>• Documents related to Accidental Death, PTD or Coma as mentioned in the policy wording</li> </ul>                              |
| 43 | Loss of Personal Material Cover             | <ul style="list-style-type: none"> <li>• FIR (First Information Report) copy mentioning about the loss details &amp; lost items</li> <li>• Original invoice and payment receipt (bills) towards the actual cost of the material lost under consideration</li> </ul>  |

|    |                              |   |
|----|------------------------------|---|
| 44 | On Duty Cover                | <ul style="list-style-type: none"> <li>Official declaration from the employer that the insured was on duty while the accidental event occurred</li> </ul>   |
| 45 | Common Carrier Benefit       | <ul style="list-style-type: none"> <li>Copy of valid ticket showing that insured was riding as a bonafide passenger in the public carrier under consideration</li> <li>Documents related to Accidental Death or PTD as mentioned in the policy wording</li> </ul>   |
| 46 | Terrorism Cover              | <ul style="list-style-type: none"> <li>Valid document from the necessary authority to validate the "Terrorism, War &amp; War like situations" in the region under consideration</li> <li>Proof of injury/death caused due to accident due to act of terrorism</li> <li>Declaration from the insured on the narration of incident</li> </ul> |
| 47 | Common Accident Benefit      | <ul style="list-style-type: none"> <li>Copy of valid tickets of the insured and his / her spouse validating that the couple was travelling together during the accident event as a bonafide passenger</li> <li>Documents related to Accidental Death as mentioned in the policy wording</li> </ul>  |
| 48 | Adventure Sport Cover        | <ul style="list-style-type: none"> <li>Original declaration from Insured Person that he was not involved in Professional Sport</li> </ul>   |
| 49 | Head & Spinal Injury Benefit | <ul style="list-style-type: none"> <li>Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound.</li> <li>Documents related to PTD, PPD or Coma as mentioned in the policy wording</li> </ul>  |
| 50 | Loan Protect Benefit         | <ul style="list-style-type: none"> <li>Copy of Loan sanction letter and regular EMI paid details with Principal loan outstanding details as on date of loss</li> <li>Documents related to Accidental Death or PTD as mentioned in the policy wording</li> </ul>   |

**IMPORTANT:**

- For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
  - We reserve the right to ask for additional documents/reports from case to case basis.
  - We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.
- e. For any hospitalization, We will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

**Annexure 1 - The expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment**

List I – Expenses not covered

| S. No. | Item  | S. No. | Item   | S. No. | Item   |
|--------|---|--------|--|--------|--|
| 1      | BABY FOOD   | 24     | ATTENDANT CHARGES  | 47     | LUMBO SACRAL BELT  |
| 2      | BABY UTILITIES CHARGES  | 25     | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) | 48     | NIMBUS BED OR WATER OR AIR BED CHARGES   |
| 3      | BEAUTY SERVICES   | 26     | BIRTH CERTIFICATE  | 49     | AMBULANCE COLLAR   |
| 4      | BELTS/ BRACES   | 27     | CERTIFICATE CHARGES  | 50     | AMBULANCE EQUIPMENT  |
| 5      | BUDS  | 28     | COURIER CHARGES  | 51     | ABDOMINAL BINDER   |
| 6      | COLD PACK/HOT PACK  | 29     | CONVEYANCE CHARGES   | 52     | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES  |
| 7      | CARRY BAGS  | 30     | MEDICAL CERTIFICATE  | 53     | SUGAR FREE Tablets   |
| 8      | EMAIL / INTERNET CHARGES                                      | 31     | MEDICAL RECORDS  | 54     | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 9      | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) | 32     | PHOTOCOPIES CHARGES  | 55     | ECG ELECTRODES   |
| 10     | LEGGINGS  | 33     | MORTUARY CHARGES   | 56     | GLOVES   |
| 11     | LAUNDRY CHARGES   | 34     | WALKING AIDS CHARGES   | 57     | NEBULISATION KIT   |
| 12     | MINERAL WATER   | 35     | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)                       | 58     | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]                        |
| 13     | SANITARY PAD  | 36     | SPACER   | 59     | KIDNEY TRAY  |
| 14     | TELEPHONE CHARGES   | 37     | SPIROMETRE   | 60     | MASK   |
| 15     | GUEST SERVICES  | 38     | NEBULIZER KIT  | 61     | OUNCE GLASS  |
| 16     | CREPE BANDAGE   | 39     | STEAM INHALER  | 62     | OXYGEN MASK  |
| 17     | DIAPER OF ANY TYPE  | 40     | ARMSLING   | 63     | PELVIC TRACTION BELT   |
| 18     | EYELET COLLAR   | 41     | THERMOMETER  | 64     | PAN CAN  |
| 19     | SLINGS  | 42     | CERVICAL COLLAR  | 65     | TROLLY COVER   |

|    |   |    |                                       |    |                     |
|----|---|----|---------------------------------------|----|---------------------|
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES | 43 | SPLINT                                | 66 | UROMETER, URINE JUG |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED   | 44 | DIABETIC FOOT WEAR                    | 67 | AMBULANCE           |
| 22 | TELEVISION CHARGES                                  | 45 | KNEE BRACES (LONG/ SHORT/ HINGED)     | 68 | VASOFIX SAFETY      |
| 23 | SURCHARGES  | 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |    |                     |

List II – Items that are to be subsumed into Room Charges

| S. No. | Item                                      | S. No. | Item                    | S. No. | Item  |
|--------|---|--------|-------------------------|--------|---|
| 1      | BABY CHARGES (UNLESS SPECIFIED/INDICATED) | 14     | BED PAN                 | 27     | ADMISSION KIT                                       |
| 2      | HAND WASH                                 | 15     | FACE MASK               | 28     | DIABETIC CHART CHARGES                              |
| 3      | SHOE COVER                                | 16     | FLEXI MASK              | 29     | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES     |
| 4      | CAPS                                      | 17     | HAND HOLDER             | 30     | DISCHARGE PROCEDURE CHARGES                         |
| 5      | CRADLE CHARGES                            | 18     | SPUTUM CUP              | 31     | DAILY CHART CHARGES                                 |
| 6      | COMB                                      | 19     | DISINFECTANT LOTIONS    | 32     | ENTRANCE PASS / VISITORS PASS CHARGES               |
| 7      | EAU-DE-COLOGNE / ROOM FRESHNERS           | 20     | LUXURY TAX              | 33     | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE       |
| 8      | FOOT COVER                                | 21     | HVAC                    | 34     | FILE OPENING CHARGES                                |
| 9      | GOWN                                      | 22     | HOUSE KEEPING CHARGES   | 35     | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 10     | SLIPPERS                                  | 23     | AIR CONDITIONER CHARGES | 36     | PATIENT IDENTIFICATION BAND / NAME TAG              |
| 11     | TISSUE PAPER                              | 24     | IM IV INJECTION CHARGES | 37     | PULSEOXYMETER CHARGES                               |
| 12     | TOOTH PASTE                               | 25     | CLEAN SHEET             |        |   |
| 13     | TOOTH BRUSH                               | 26     | BLANKET/WARMER BLANKET  |        |   |

List III – Items that are to be subsumed into Procedure Charges



| S. No. | Item   | S. No. | Item                                     | S. No. | Item                       |
|--------|--|--------|--|--------|----------------------------|
| 1      | HAIR REMOVAL CREAM                                 | 9      | WARD AND THEATRE BOOKING CHARGES         | 17     | BOYLES APPARATUS CHARGES   |
| 2      | DISPOSABLES RAZORS CHARGES (for site preparations) | 10     | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS    | 18     | COTTON                     |
| 3      | EYE PAD  | 11     | MICROSCOPE COVER                         | 19     | COTTON BANDAGE             |
| 4      | EYE SHEILD   | 12     | SURGICAL BLADES, HARMONICSCALPEL, SHAVER | 20     | SURGICAL TAPE              |
| 5      | CAMERA COVER                                       | 13     | SURGICAL DRILL                           | 21     | APRON                      |
| 6      | DVD, CD CHARGES                                    | 14     | EYE KIT                                  | 22     | TORNIQUET                  |
| 7      | GAUSE SOFT   | 15     | EYE DRAPE                                | 23     | ORTHOBUNDLE, GYNAEC BUNDLE |
| 8      | GAUZE  | 16     | X-RAY FILM                               |        |                            |

List IV – Items that are to be subsumed into costs of treatment

| S. No. | Item   | S. No. | Item   | S. No. | Item                      |
|--------|--|--------|--|--------|---------------------------|
| 1      | ADMISSION/REGISTRATION CHARGES                           | 7      | INFUSION PUMP– COST  | 13     | MOUTH PAINT               |
| 2      | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE       | 8      | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC                  | 14     | VACCINATION CHARGES       |
| 3      | URINE CONTAINER  | 9      | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES | 15     | ALCOHOL SWABES            |
| 4      | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES | 10     | HIV KIT  | 16     | SCRUB SOLUTION/STERILLIUM |
| 5      | BIPAP MACHINE  | 11     | ANTISEPTIC MOUTHWASH   | 17     | GLUCOMETER & STRIPS       |
| 6      | CPAP/ CAPD EQUIPMENTS                                    | 12     | LOZENGES   | 18     | URINE BAG                 |

**Annexure 2 - List of Insurance Ombudsmen**

| Office Details  | Jurisdiction of Office<br>(Union Territory, District)   |
|---|---|
| <p><b>AHMEDABAD - Shri Kuldip Singh</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Prakash Building, 6th floor,<br/>Tilak Marg, Relief Road,<br/>Ahmedabad – 380 001.<br/>Tel.: 079 - 25501201/02/05/06<br/>Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a></p>  | <p align="center">Gujarat,<br/>UT of Dadra &amp; Nagar Haveli,<br/>Daman and Diu.</p>                           |
| <p><b>BENGALURU - Smt. Neerja Shah</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Soudha Building, PID No. 57-27-N-19<br/>Ground Floor, 19/19, 24th Main Road,<br/>JP Nagar, 1st Phase,<br/>Bengaluru – 560 078.<br/>Tel.: 080 - 26652048 / 26652049<br/>Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a></p>         | <p align="center">Karnataka.</p>  |
| <p><b>BHOPAL - Shri Guru Saran Shrivastava</b><br/>Office of the Insurance Ombudsman,<br/>Janak Vihar Complex, 2nd Floor,<br/>6, Malviya Nagar, Opp. Airtel Office,<br/>Near New Market,<br/>Bhopal – 462 003.<br/>Tel.: 0755 - 2769201 / 2769202<br/>Fax: 0755 - 2769203<br/>Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a></p> | <p align="center">Madhya Pradesh<br/>Chhattisgarh.</p>  |
| <p><b>BHUBANESHWAR - Shri Suresh Chandra Panda</b><br/>Office of the Insurance Ombudsman,<br/>62, Forest park,<br/>Bhubneshwar – 751 009.<br/>Tel.: 0674 - 2596461 / 2596455<br/>Fax: 0674 - 2596429<br/>Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a></p>  | <p align="center">Orissa.</p>   |
| <p><b>CHANDIGARH - Dr. Dinesh Kumar Verma</b><br/>Office of the Insurance Ombudsman,<br/>S.C.O. No. 101, 102 &amp; 103, 2nd Floor,<br/>Batra Building, Sector 17 – D,<br/>Chandigarh – 160 017.<br/>Tel.: 0172 - 2706196 / 2706468<br/>Fax: 0172 - 2708274<br/>Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a></p>        | <p align="center">Punjab,<br/>Haryana,<br/>Himachal Pradesh,<br/>Jammu &amp; Kashmir,<br/>UT of Chandigarh.</p> |

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|---|---|
| <p><b>CHENNAI - Shri M. Vasantha Krishna</b><br/>Office of the Insurance Ombudsman,<br/>Fatima Akhtar Court, 4th Floor, 453,<br/>Anna Salai, Teynampet,<br/>CHENNAI – 600 018.<br/>Tel.: 044 - 24333668 / 24335284<br/>Fax: 044 - 24333664<br/>Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a></p>  | <p>Tamil Nadu, UT-<br/>Pondicherry Town and<br/>Karaikal (which are part of UT of Pondicherry).</p>     |
| <p><b>DELHI - Shri Sudhir Krishna</b><br/>Office of the Insurance Ombudsman,<br/>2/2 A, Universal Insurance Building,<br/>Asaf Ali Road,<br/>New Delhi – 110 002.<br/>Tel.: 011 - 23232481/23213504<br/>Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a></p>   | <p>Delhi.</p>   |
| <p><b>GUWAHATI - Shri Kiriti .B. Saha</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nivesh, 5th Floor,<br/>Nr. Panbazar over bridge, S.S. Road,<br/>Guwahati – 781001(ASSAM).<br/>Tel.: 0361 - 2632204 / 2602205<br/>Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a></p>  | <p>Assam,<br/>Meghalaya,<br/>Manipur,<br/>Mizoram,<br/>Arunachal Pradesh,<br/>Nagaland and Tripura.</p> |
| <p><b>HYDERABAD - Shri I. Suresh Babu</b><br/>Office of the Insurance Ombudsman,<br/>6-2-46, 1st floor, "Moin Court",<br/>Lane Opp. Saleem Function Palace,<br/>A. C. Guards, Lakdi-Ka-Pool,<br/>Hyderabad - 500 004.<br/>Tel.: 040 - 67504123 / 23312122<br/>Fax: 040 - 23376599<br/>Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a></p> | <p>Andhra Pradesh,<br/>Telangana, UT of<br/>Yanam and<br/>part of UT of Pondicherry.</p>                |
| <p><b>JAIPUR - Smt. Sandhya Baliga</b><br/>Office of the Insurance Ombudsman,<br/>Jeevan Nidhi – II Bldg., Gr. Floor,<br/>Bhawani Singh Marg,<br/>Jaipur - 302 005.<br/>Tel.: 0141 - 2740363<br/>Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a></p>  | <p>Rajasthan.</p>   |
| <p><b>ERNAKULAM - Ms. Poonam Bodra</b><br/>Office of the Insurance Ombudsman,<br/>2nd Floor, Pulinat Bldg.,<br/>Opp. Cochin Shipyard, M. G. Road,<br/>Ernakulam - 682 015.<br/>Tel.: 0484 - 2358759 / 2359338</p>   | <p>Kerala, UT of (a)Lakshadweep,(b) Mahe-a part<br/>of UT of Pondicherry.</p>                           |

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| <p>Fax: 0484 - 2359336<br/>Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a></p>   |  |
| <p><b>KOLKATA - Shri P. K. Rath</b><br/>Office of the Insurance Ombudsman,<br/>Hindustan Bldg. Annexe, 4th Floor,<br/>4, C.R. Avenue,<br/>KOLKATA - 700 072.<br/>Tel.: 033 - 22124339 / 22124340<br/>Fax : 033 - 22124341<br/>Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a></p>                                  | <p>West Bengal,<br/>Sikkim, UT of<br/>Andaman &amp; Nicobar Islands.</p>   |
| <p><b>LUCKNOW -Shri Justice Anil Kumar Srivastava</b><br/>Office of the Insurance Ombudsman,<br/>6th Floor, Jeevan Bhawan, Phase-II,<br/>Nawal Kishore Road, Hazratganj,<br/>Lucknow - 226 001.<br/>Tel.: 0522 - 2231330 / 2231331<br/>Fax: 0522 - 2231310<br/>Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a></p> | <p>Districts of Uttar Pradesh :<br/>Laitpur, Jhansi, Mahoba, Hamirpur, Banda,<br/>Chitrakoot, Allahabad, Mirzapur, Sonbhadra,<br/>Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur,<br/>Jalaun, Kanpur, Lucknow, Unnao, Sitapur,<br/>Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti,<br/>Gonda, Faizabad, Amethi, Kaushambi, Balrampur,<br/>Basti, Ambedkarnagar, Sultanpur, Maharajgang,<br/>Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur,<br/>Deoria, Mau, Ghazipur, Chandauli, Ballia,<br/>Sidharathnagar.</p> |
| <p><b>MUMBAI - Shri Milind A. Kharat</b><br/>Office of the Insurance Ombudsman,<br/>3rd Floor, Jeevan Seva Annexe,<br/>S. V. Road, Santacruz (W),<br/>Mumbai - 400 054.<br/>Tel.: 022 - 26106552 / 26106960<br/>Fax: 022 - 26106052<br/>Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a></p>                          | <p>Goa,<br/>Mumbai Metropolitan Region<br/>excluding Navi Mumbai &amp; Thane.</p>  |
| <p><b>NOIDA - Shri Chandra Shekhar Prasad</b><br/>Office of the Insurance Ombudsman,<br/>Bhagwan Sahai Palace<br/>4th Floor, Main Road,<br/>Naya Bans, Sector 15,<br/>Distt: Gautam Buddha Nagar,<br/>U.P.-201301.<br/>Tel.: 0120-2514250 / 2514252 / 2514253<br/>Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a></p>  | <p>State of Uttaranchal and the following Districts<br/>of Uttar Pradesh:<br/>Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun,<br/>Bulandshehar, Etah, Kanooj, Mainpuri, Mathura,<br/>Meerut, Moradabad, Muzaffarnagar, Oraiyya,<br/>Pilibhit, Etawah, Farrukhabad, Firozbad,<br/>Gautambodhanagar, Ghaziabad, Hardoi,<br/>Shahjahanpur, Hapur, Shamli, Rampur, Kashganj,<br/>Sambhal, Amroha, Hathras, Kanshiramnagar,<br/>Saharanpur.</p>  |
| <p><b>PATNA - Shri N. K. Singh</b><br/>Office of the Insurance Ombudsman,<br/>1st Floor, Kalpana Arcade Building,,<br/>Bazar Samiti Road,<br/>Bahadurpur,<br/>Patna 800 006.</p>   | <p>Bihar,<br/>Jharkhand.</p>   |

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| Tel.: 0612-2680952<br>Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>   |  |
| <b>PUNE - Shri Vinay Sah</b><br>Office of the Insurance Ombudsman,<br>Jeevan Darshan Bldg., 3rd Floor,<br>C.T.S. No.s. 195 to 198,<br>N.C. Kelkar Road, Narayan Peth,<br>Pune – 411 030.<br>Tel.: 020-41312555<br>Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a> | Maharashtra,<br>Area of Navi Mumbai and Thane<br>excluding Mumbai Metropolitan Region. |

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Shri. M.M.L. Verma, Secretary General

Smt. Moushumi Mukherji, Secretary

Ombudsmen details are subject to change. Please refer this link for the updated details: [CIO \(cioins.co.in\)](http://CIO(cioins.co.in))”

### **Annexure 3 – Risk Class Grid**

The below list is indicative of the type of professions that fall under different risk classification.

| Risk Class | Occupation/s   |
|------------|--|
| 1          | Persons engaged in white collar jobs and non-hazardous occupations in office such as Administrative, Clerical, Financial, Marketing professions (desk jobs), teacher, doctor, Laboratory technical staff / Supportive staff under health and healthcare services, Creative and performing artists of drama and cinema, Authors, Journalists, linguists, Arts & media related designers, Home maker, Student and Research scholars, Architects, Town planners and Interior designers, Employed in Hotel and Hospitality industry, Gardeners & those involved in horticulture, Personal service workers ( Hair dressing & other jobs in saloons or beauty parlors ), self-employed and businessmen involved in non-hazardous businesses, IT / Software Engineers, Non-earning members or members earning passive income (Rental /investment income). |
| 2          | Persons engaged in semi-hazardous occupations, engaged in superintending activities with duties in a supervisory capacity and not an operator of light / heavy machinery or doing manual work. Such professions include Supervisors involved in manufacturing or construction with no heavy machinery,   |

|   |  |
|---|--|
|   | Culinary and Food preparation occupation with machinery, Drivers of light commercial vehicles ( Car, Motorbike, scooter ), Onsite Engineers (mechanical, electrical, civil, aeronautical, textile), Veterinary Doctors.  |
| 3 | Persons engaged in professions such as Technicians working in low electrical voltage and related occupation, Workers involved in agriculture, livestock, wildlife, forestry & fisheries, Drivers of commercial vehicles, heavy trucks, vehicles (e.g. JCB), Drivers of noncommercial vehicles (domestic drivers), workers related to strenuous transportation related work, professions such as Ground staff of airlines, railways or shipping, Private Security Personnel, Politician.  |
| 4 | Persons engaged in hazardous occupations such as Supervisors involved in work in underground mining, tunneling, manufacturing, construction and/or dealing with heavy machines, workers involved in mining, construction, mineral processing and/or any manufacturing work, workers involved in plant operation work in chemical, rubber and textile plants, Technicians working in High electrical voltage and related occupation, Professions related to adventure sports (Instructors or related occupation), Acrobats, professional sportsmen, Jockey, Racing Drivers, circus professionals, workers in Aviation, Railways and Shipping crew, professions such as Armed forces, Police, State & Central reserve police and Home guards, Self-employed and/or businessmen involved in hazardous businesses. |

**Annexure 4 – Product Benefit table**

| <b>Product Benefit Table</b> |  |
|------------------------------|--|
| <b>Policy Tenure</b>         | Hourly, KM wise, Daily, Weekly, Monthly, Quarterly, Yearly<br>Up to 5 years for loan linked  |
| <b>Entry Age</b>             | Adult- 18 yrs. to 100 yrs.<br>Child: 0 Days onwards<br>Dependent Child Classification - less than or equal to 25 years of age  |
| <b>Plans</b>                 | Individual or to a Family on Individual Basis  |
| <b>Coverage</b>              | Dependent Adult - Up to 100% of base sum Insured<br>Dependent Child - Up to 50% of base sum insured  |
| <b>Relationships</b>         | Self, Spouse, Children, Daughter-in-law, Father, Mother, Father-in-law, Mother-in-law, Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece and any relationship where there is insurable interest<br><br>Borrower(s) & Co-Borrower(s) |

| S. No. | Main Benefit Name                  | Main benefit Options and Validations   | Coverage Options  | Benefit Type Options |
|--------|------------------------------------|--|---|----------------------|
| 1      | Accidental Death Benefit           | <p><b>Termination Condition -</b><br/>The policy will terminate for the member for whom we have paid the claim under this benefit.</p>                                       | <p>Option 1: Lump sum benefit up to Rs. 10 Cr.</p> <p>Option 2: Payout Options<br/>a: Staggered - weekly, monthly, quarterly, annually<br/>b: Lump sum</p> <p>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 5: Any possible reasonable combination of above options.</p> | Benefit              |
| 2      | Permanent Total Disability Benefit | <p><b>Termination Condition -</b><br/>The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.</p> | <p>Option 1: Lump sum benefit up to Rs. 10 Cr.</p> <p>Option 2: Payout Options<br/>a: Staggered - weekly, monthly, quarterly, annually<br/>b: Lump sum</p> <p>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet,</p>   | Benefit              |

|   |                                      |  |   |         |
|---|--------------------------------------|--|---|---------|
|   |                                      |  | <p>Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 5: Any possible reasonable combination of above options.</p>  |         |
| 3 | Permanent Partial Disability Benefit |  | <p>Option 1: Lump sum benefit up to Rs. 10 Cr.</p> <p>Option 2: Payout Options<br/> a: Staggered - weekly, monthly, quarterly, annually<br/> b: Lump sum</p> <p>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.</p> <p>Option 5: Any possible reasonable combination of above options.</p> | Benefit |



|   |                                    |   |  |         |
|---|------------------------------------|---|--|---------|
| 4 | Temporary Total Disability Benefit | <p><b>Options Available -</b><br/>TTD Sum Insured can be utilized as per the following options -</p> <ul style="list-style-type: none"> <li>• TTD benefit to use Accidental Death Sum Insured</li> <li>• TTD benefit to have Independent Sum Insured</li> </ul> | <p>Option 1:<br/><u>Earning Members</u> -<br/>Option a: Up to 5% of Base SI per week. Max up to 5 L per week. Max up to 100 Weeks<br/>Option b: Up to 5% of Weekly salary/income received, Max up to 5 L per week. Max up to 100 Weeks.</p> <p><u>Non-earning members</u> - Up to 5% of Base SI per week. Max up to 1 L per week. Max up to 50 Weeks</p> <p>Option 2: Payout Options<br/>Option a: Staggered - weekly, monthly, quarterly, annually<br/>Option b: Lump sum<br/>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet , Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.<br/>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.<br/>Option 5: Up to 3 Days Deductible<br/>Option 6: Up to 3 Days Franchise<br/>Option 7: Any possible reasonable combination of above options.</p> | Benefit |
|---|------------------------------------|---|--|---------|

|   |                            |  |   |           |
|---|----------------------------|--|---|-----------|
| 5 | Accidental Hospitalization | <p><b>Options Available -</b><br/>Accidental Hospitalization is available as per the following options -</p> <ul style="list-style-type: none"> <li>• Coverage under this benefit NOT linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability.</li> <li>• Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability.</li> </ul> <p><b>Offering Conditions -</b><br/>Either Accidental Hospitalization or Animal Attack cover can be offered. Both the benefits cannot be offered together.</p> | <p>Up to INR 1Cr, if hospitalization due to Accident.</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>  | Indemnity |
| 6 | Refill                     | <p><b>Offering Conditions -</b><br/>The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.</p>  | <p>Option 1: Up to Unlimited times reinstatement of up to 150% Accidental Hospitalization Sum Insured in a policy year, up to 150% of Accidental Hospitalization Sum Insured on each reinstatement</p> <p>Option 2: Can be either given to same person for same illness and/or different illness.</p> | Indemnity |
| 7 | No Claim Bonus             | <p><b>Offering Conditions -</b><br/>The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.</p>  | <p>Up to 50% for each claim free year. Max Up to 200%</p>   | Indemnity |

|    |                           |  |  |                      |
|----|---------------------------|--|--|----------------------|
| 8  | Serious Illness Benefit   | <p><b>Options Available -</b><br/>Coverage in a policy year can be given for any number of days, maximum up to 365 days.</p>   | <p>Option 1: Overall Sum Insured up to INR 5 Crore<br/>Option 2: Payout Options<br/>a: Staggered - weekly, monthly, quarterly, annually<br/>Option b: Lump sum<br/>Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), Fixed Deposit (FD) Amount, Savings account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.<br/>Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI.<br/>Option 5: Any possible reasonable combination of above options.</p> | Benefit              |
| 9  | Safeguard+                | <p><b>Offering Conditions -</b><br/>The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.</p>  |  | Indemnity            |
| 10 | Out-patient Expense Cover | <p><b>Options Available -</b><br/>Geographical coverage options available are -<br/>• Only in India<br/>• India and Outside India</p> <p><b>Options Available -</b><br/>OPD is available as per the following options -<br/>• Coverage under this benefit NOT linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total</p> | <p>Option 1: Up to 50% of Base Sum Insured<br/>Option 2: Up to INR 50L as lump sum<br/>Option 3: Any possible reasonable combination of above options.</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>  | Indemnity OR Benefit |

|    |   |   |   |                      |
|----|---|---|---|----------------------|
|    |   | <p>Disability.</p> <ul style="list-style-type: none"> <li>Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability.</li> </ul> <p><b>Offering Conditions -</b><br/>Either Out-patient Expense Cover or Animal Attack cover can be offered. Both the benefits cannot be offered together.</p> |   |                      |
| 11 | Physiotherapy Cover                       | <p><b>Offering Conditions -</b><br/>Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.</p>  | <p>Option 1: Up to 10% of Base Sum Insured, Maximum limit of 10L per policy year<br/>Option 2: Up to INR 10L as lump sum<br/>Option 3: Any possible reasonable combination of above options, Maximum limit of 10L per policy year.</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p> | Indemnity OR Benefit |
| 12 | Transportation of Imported Medicine Cover |   | <p>Option 1: Up to 2% of Base Sum Insured<br/>Option 2: Up to INR 5L as lump sum<br/>Option 3: Any possible reasonable combination of above options</p>   | Indemnity OR Benefit |
| 13 | Purchase of Blood Cover                   |   | <p>Option 1: Up to 2% of Base Sum Insured<br/>Option 2: Up to INR 5L as lump sum<br/>Option 3: Any possible reasonable combination of above options</p>   | Indemnity OR Benefit |
| 14 | Prosthesis Device Cover                   |   | <p>Option 1: Up to 2% of Base Sum Insured<br/>Option 2: Up to INR 5L as lump sum<br/>Option 3: Any possible reasonable combination of above options</p>   | Indemnity OR Benefit |

|    |                                |   |  |                      |
|----|--------------------------------|---|--|----------------------|
| 15 | Hospital Daily Cash Benefit    |   | <p>Option 1: Up to Rs. 10,000 per day</p> <p>Option 2: Lump sum of up to Rs. 2L</p> <p>Option 3: Up to 7 days of Franchise</p> <p>Option 4: Up to 7 days of Deductible</p> <p>Option 6: Any possible reasonable combination of above options, Maximum coverage of up to 90 days of Hospitalisation</p> | Benefit              |
| 16 | Road Ambulance Cover           |   | <p>Option 1: Covered up to 100% of Base Sum Insured</p> <p>Option 2: Lump sum amount up to Rs. 50,000</p> <p>Option 3: Any possible reasonable combination of above options</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>   | Indemnity OR Benefit |
| 17 | Air Ambulance Cover            |   | <p>Option 1: Covered up to 100% of Base Sum Insured</p> <p>Option 2: Lump sum amount up to Rs. 2L</p> <p>Option 3: Any possible reasonable combination of above options</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>   | Indemnity OR Benefit |
| 18 | Second Medical Opinion Benefit | -   | <p>Up to Unlimited times of Second medical opinion</p> <p>(Only Cashless, Only Reimbursement or Combination can be offered)</p>  | Benefit (Service)    |
| 19 | Burns Benefit                  | <p><b>Termination Condition</b> - The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Burns Sum Insured claim in the lifetime of the Insured.</p> | <p>Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year</p> <p>Option 2: Up to INR 1 Cr as lump sum</p> <p>Option 3: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year</p>  | Benefit              |
| 20 | Broken Bones Benefit           |   | <p>Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year</p> <p>Option 2: Up to INR 1 Cr as lump sum</p> <p>Option 3: Any possible reasonable</p>  | Benefit              |

|    |   |   |  |                      |
|----|---|---|--|----------------------|
|    |   |   | combination of above options, Maximum limit of 1 Cr per policy year  |                      |
| 21 | Coma Benefit                                | <b>Termination Condition</b> - The coverage under this Benefit would terminate for lifetime for the Insured Member for whom we have paid a total of 100% Coma Sum Insured claim in the lifetime of the Insured. | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1 Cr per policy year<br>Option 2: Up to INR 1 Cr as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 1 Cr per policy year | Benefit              |
| 22 | Animal Attack Cover                         | <b>Offering Conditions</b> - If Out-patient Expense Cover or Accidental Hospitalization offered, then this benefit cannot be offered.   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year    | Indemnity OR Benefit |
| 23 | Rehabilitation Cover                        | <b>Offering Conditions</b> - Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 10L per policy year<br>Option 2: Up to INR 10L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 10L per policy year    | Indemnity OR Benefit |
| 24 | Reconstructive surgery Cover                |   | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options  | Indemnity OR Benefit |
| 25 | Accidental Miscarriage Benefit              |   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 1L per policy year<br>Option 2: Up to INR 1L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 1L per policy year       | Benefit              |
| 26 | Domestic Travel for Medical Treatment Cover |   | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options  | Indemnity OR Benefit |

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| 27 | Repatriation Cover                         |   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year | Indemnity OR Benefit |
| 28 | Funeral Benefit                            |   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 2L per policy year<br>Option 2: Up to INR 2L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 2L per policy year    | Benefit              |
| 29 | Home and Vehicle Modification Benefit      |   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 5L per policy year<br>Option 2: Up to INR 5L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 5L per policy year    | Benefit              |
| 30 | Personal liability                         |   | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 10L as lump sum<br>Option 3: Any possible reasonable combination of above options   | Indemnity            |
| 31 | Emergency Hotel Requirement Cover          |   | Hotel stay days covered up to 10 days and per day hotel cost of Rs. 1000 to 20,000 In the multiples of 1000   | Indemnity OR Benefit |
| 32 | Home Convalescence Cover                   |   | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 5L per policy year<br>Option 2: Up to INR 5L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 5L per policy year    | Indemnity OR Benefit |
| 33 | Loss of Activities of Daily Living Benefit | <b>Termination Condition -</b><br>This coverage of this benefit will cease after Age of seventy-five. | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options   | Benefit              |

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| 34 | Monthly Needs Benefit                    |   | Option 1: Up to 5% of Base Sum Insured<br>Option 2: Up to 12 months<br>Option 3: Any possible reasonable combination of above options                                  | Benefit              |
| 35 | Education for Dependent Children Benefit | <b>Termination Condition -</b><br>The claim under this benefit would payable only once in the lifetime for the Insured Member.  | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 1Cr as lump sum<br>Option 3: Any possible reasonable combination of above options                      | Benefit              |
| 36 | Marriage Fund for Children Benefit       | <b>Termination Condition -</b><br>The claim under this benefit would payable only once in the lifetime for the Insured Member.  | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options                      | Benefit              |
| 37 | Orphan Benefit                           |   | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options                      | Benefit              |
| 38 | Spouse Care Benefit                      |   | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options                      | Benefit              |
| 39 | Compassionate Visit Benefit              |   | Up to 2% of the Base Sum Insured (Max INR 1,00,000)  | Benefit              |
| 40 | Medical Insurance Premium Cover          | <b>Termination Condition -</b><br>The claim under this benefit would payable only once in the lifetime for the Insured Member.  | Option 1: As per Actuals<br>Option 2: Up to INR 50K as lump sum<br>Option 3: Any possible reasonable combination of above options                                      | Indemnity OR Benefit |
| 41 | Parental Care Benefit                    | <b>Termination Condition -</b><br>The claim under this benefit would payable only once in the lifetime for the Insured Member.  | Up to INR 10L as lump sum  | Benefit              |
| 42 | Family Counselling Benefit               |   | Up to INR 1 L as lump sum  | Benefit              |
| 43 | Loss of Personal Material Cover          | <b>Options Available -</b><br><ul style="list-style-type: none"> <li>• Coverage for Electronic Equipment, like Cellphone, laptop, headphones</li> <li>• Coverage for Books, Bag, Course Material, Study Material</li> </ul> | Option 1: As per Actuals, Maximum limit of 5L per policy year<br>Option 2: Up to INR 5L as lump sum<br>Option 3: Any possible reasonable combination of above options, | Indemnity OR Benefit |



|    |                              |  |  |                   |
|----|------------------------------|--|--|-------------------|
|    |                              | <ul style="list-style-type: none"> <li>• Coverage for Uniform (outfit provided by an employer to a professional)</li> <li>• Any one or Combination of the above option can be offered</li> </ul> | Maximum limit of 5L per policy year  |                   |
| 44 | On Duty Cover                |  | Payouts as per the base benefit  | exclusion removal |
| 45 | Common Carrier Benefit       |  | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 1Cr as lump sum<br>Option 3: Any possible reasonable combination of above options  | Benefit           |
| 46 | Terrorism Cover              |  | Payouts as per the base benefit  | exclusion removal |
| 47 | Common Accident Benefit      |  | Option 1: Up to 100% of Base Sum Insured<br>Option 2: Up to INR 1Cr as lump sum<br>Option 3: Any possible reasonable combination of above options  | Benefit           |
| 48 | Adventure Sport Cover        |  | Payouts as per the base benefit  | exclusion removal |
| 49 | Head & Spinal Injury Benefit |  | Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year<br>Option 2: Up to INR 50L as lump sum<br>Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year  | Benefit           |
| 50 | Loan Protect Benefit         |  | Option 1: Up to 100% of balance outstanding principal for any loan, Maximum up to Base Sum Insured<br>Option 2: Up to 100% of balance outstanding for any loan, Maximum up to Base Sum Insured<br>Option 3: Up to 100 times of EMI, Maximum up to Base Sum Insured<br>Option 3: Any possible reasonable combination of above options, Maximum up to Base Sum Insured | Benefit           |