

Micro Insurance Policy

POLICY WORDING

PREAMBLE

WHEREAS THE Insured named designated in the Schedule hereto has by a Proposal and declaration which shall be the basis of this contract and is deemed to be incorporated herein, has applied to SBI General Insurance Company Limited (hereinafter called "the Company") for the insurance hereinafter set forth in respect of the INSURED PERSONS and has paid premium as consideration for such insurance.

The Company hereby agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify, compensate, pay and/or reimburse the Insured/Insured Person, his/her nominee or the legal heirs, as the case may be, in respect of insured events occurring during the period of insurance stated in the Schedule, in the manner and to the extent set forth in this Policy.

DEFINITIONS

The terms defined below have the meanings ascribed to them wherever they appear in this Policy and, where appropriate, references to the singular include references to the plural; references to the male include the female and references to any statutory enactment include subsequent changes to the same:

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means completed years as at the commencement date of the Policy as Specified in the schedule.
3. **Alternative treatments** mean forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
4. **Burglary and Housebreaking** means an actual, forcible and violent entry to or exit from the insured premises with the intent to steal contents there from.
5. **Critical Illness** means an illness, sickness or a disease or a corrective measure like Cancer of specified severity, Open Chest CABG, Aorta Graft Surgery, Open Heart Replacement or Repair of Heart Valves, Stroke Resulting in Permanent Symptoms, First Heart Attack – Of Specified Severity, Kidney Failure Requiring Regular Dialysis, Primary Pulmonary Arterial Hypertension, Major Organ/ Bone Marrow Transplant, Multiple Sclerosis with Persisting Symptoms, Coma of Specified Severity, Total Blindness and Permanent Paralysis of Limbs all as defined in Scope of Cover & Benefits section of this Policy.
6. **Critical Illness Benefit** means the amount specified in the Schedule, which is the maximum amount for which Insurer may be liable to make payment for any or all Critical Illnesses covered subject to terms & conditions under this Policy.
7. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
8. **Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
 - a. **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body.
 - b. **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body.
9. **Day care Treatment** refers to medical treatment, and/or surgical procedure which is:

- a. undertaken under General or Local Anesthesia in a Hospital/ Day care centre in less than 24 hrs because of technological advancement, and
- b. which would have otherwise required a Hospitalisation of more than 24 hours. Treatment normally taken on an out-patient basis is not included in the scope of this definition.

10. **"Day Care Hospital/ Centre"** means any institution established for day care treatment of illness and / or injuries or a medical setup within a hospital and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under
 - a. has qualified nursing staff under its employment
 - b. has qualified medical practitioner(s) in charge
 - c. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - d. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
11. **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.
12. **Dependent Child or Dependent Children** means children who are aged between 6 months and 23 years of age and who are/is unmarried and financially dependent on the Insured
13. **Dental treatment** means treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery excluding any form of cosmetic surgery/implants.
14. **Disease / Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment by a medical practitioner.
 - 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
 - i. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - ii. it needs ongoing or long-term control or relief of symptoms
 - iii. it requires your rehabilitation or for you to be specially trained to cope with it
 - iv. it continues indefinitely
 - v. it recurs or is likely to recur
15. **Disclosure to information norm**

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

16. **Dwelling** means a structure of pucca or kuttcha construction used as Insured's residence.
17. **Family** means and includes Insured, Insured's legal spouse and Insured's dependent children.
18. **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.
Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
For the purpose of this definition, the Insured Person will get the accrued continuity benefit in respect of the Sum Insured, Cumulative Bonus, No Claim Discount, Specific Waiting Periods, Waiting Periods for Pre-existing Diseases, Moratorium period etc in the event of payment of premium within the stipulated Grace Period.
19. **Hospital** means any institution established for in- patient 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:
- has qualified nursing staff under its employment round the clock;
 - has at least 10 in-patient beds, in - towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
20. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In patient care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
21. **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.
22. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
23. **Insured** means the person named in the Schedule, who is a citizen and resident of India and for whom the insurance is proposed and appropriate premium paid.
24. **Insured Person** means the persons named as such in the schedule of the policy.
25. **Insurer** means Us/Our/We SBI General Insurance Company Limited.
26. **Market value** means Replacement value less depreciation.
27. **Medical Advise** means any consultation or advice from a Medical

Practitioner including the issue of any prescription or repeat prescription.

28. **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.
29. **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 license. The registered practitioner should not be the Insured or close family members.
30. **Medically necessary treatment** is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- is required for the medical management of the illness or injury suffered by the insured;
 - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - must have been prescribed by a medical practitioner,
 - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
31. **Notification of claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
32. **OPD treatment** means a treatment 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 in-patient.
33. **Pre-existing disease** means any condition, ailment, injury, or disease.
- 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
 - 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.
34. **Pre-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days preceding the hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
35. **Post-hospitalization Medical Expenses** means medical expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital provided that:
- Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
 - The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
36. **Policy** means statements made in the Proposal form, this Policy wording (including endorsements, if any) and the Schedule.

37. Proposal form means a form to be filled in by the prospect in physical or electronic form, for furnishing the information including material information, if any, as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, advantages, terms and conditions of the cover to be granted.

Explanation:

(i) "Material Information" for the purpose of these regulations shall mean all important, essential and relevant information and documents explicitly sought by insurer in the proposal form.

(ii) The requirements of "disclosure of material information" regarding a proposal or policy, apply both to the insurer and the prospect, under these regulations.

38. 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.

39. 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 all waiting periods.

40. Sum Insured means, in respect of each Benefit, the sum shown in the Schedule against that Benefit and such sum represents the Company's maximum liability for each Insured Person for any and all claims made during the Policy period under that Benefit.

41. Surgery/ Surgical Operation means manual and/or operative procedures required for treatment of an Illness or Accidental Bodily Injury, correction of deformities and defects, diagnosis and cure of Diseases, relief of suffering or prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.

42. Unproven/Experimental treatment means Treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

BENEFITS COVERED UNDER THE POLICY

Compulsory Cover

Section I – Personal Accident

Optional Covers

Section II A – Critical Illness Cover

Section II B – Hospital daily Cash

Section II C – Asset Insurance

Section II D – Burglary and Housebreaking

Section I - PERSONAL ACCIDENT COVER:

If the Insured/Insured Person shall sustain any bodily injury resulting solely and directly from an Accident caused by violent and visible means then the Company shall pay to the Insured/Insured Person the sum or sums as set forth in the Table of Benefits below

Table of Benefits	% of Sum Insured as per Schedule
• Death	100%
• Total and irrecoverable loss of	100%
• Sight of both eyes or	
• the actual loss by physical separation of two entire hands or	

• two entire feet or one entire hand and one entire foot or	
• of such loss of sight of one eye and such loss of the one entire hand or one entire foot.	
• Total and irrecoverable loss of	50%
• the sight of one eye or	
• the actual loss by physical separation of one entire hand or	
• one entire foot.	

In the above:

a. Physical separation of hand or leg means, a hand at or above the wrist or a foot above the ankle.

Exclusions: The Company shall not be liable for any claim or claims under this Policy arising from

1. Payment of compensation in respect of injury or disablement directly or indirectly arising out of or contributed to by or traceable to any disability existing on the date of issue of this Policy.
2. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War
3. Infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease

Provided also that due observance and fulfilment of the terms and conditions of this Policy (which conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by the Insured/Insured Person be a condition precedent to any liability of the Company under this Policy.

Terms and Conditions:

1. The maximum amount payable under the Policy for all the benefits put together for the entire Policy period is the Sum Insured for Accidental Death benefit provided under the policy.
2. Upon happening of any event which may give rise to a claim under this Policy, written notice with all particulars must be given to the Company immediately. In case of death, written notice must be given immediately, and such notice is to be given before interment or cremation and in any case not later than 30 days from the date of death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given immediately but not later than 30 days after such loss of sight or amputation.
3. Proof satisfactory to the Company shall be furnished of all matters upon which a claim is based. Any Medical or authorised representative of the Company shall be allowed to examine the Insured/Insured Person on the occasion of any alleged injury or disablement as may reasonably be required on behalf of the Company. In event of accidental death which is covered under the policy, immediate intimation should be given to the police authorities and also submit post mortem examination of the body of the Insured/Insured Person if available with claimant.
4. Such evidence as the Company may require from time to time shall be furnished including the post-mortem report, if available with claimant, if necessary within 14 days after demand in writing. Requirement of all or any of the following indicative documents will depend on the nature of claim.
 - i. Claim form duly signed
 - ii. Policy copy

- iii. Claim Intimation
- iv. FIR / MLC Copy / Spot Panchnama / Inquest Panchnama
- v. Death Certificate
- vi. Post Mortem Report (If conducted)
- vii. Final Police Report
- viii. Affidavit from the legal heirs of the deceased (in case nomination has not been filed by deceased)
- ix. Investigation reports
- x. Medical certificate
- xi. Disability Certificate
- xii. Photograph of the injured with reflecting disablement
- xiii. Discharge card
- xiv. Education ID card
- xv. Doctor certificate for person's residential accommodation and/or vehicle
- xvi. Receipt of ambulance usage

Section IIA - Critical Illness Insurance

During the period of insurance as stated in the Schedule to this Policy, the Insured / Insured Person shall contract any of the specified diseases, illnesses or sustain any injury leading to such specified illness which are termed as an Insured Event, the Company hereby agrees subject to the terms, conditions and exclusions herein contained, to pay to the extent of the Sum Insured as specified in the Schedule to this Policy.

Insured Event in relation to the Insured/Insured Person, shall mean any illness, medical event or surgical procedure as specifically defined below whose signs, symptoms & diagnosis occurs for the first time after 90 days after the commencement of Period of Insurance and shall only include -

- A. First diagnosis of the below-mentioned Illnesses more specifically described below:
 - 1. Cancer of Specified Severity
 - 2. Kidney Failure Requiring Regular Dialysis
 - 3. Primary Pulmonary Arterial Hypertension
 - 4. Multiple Sclerosis With Persisting Symptoms
- B. Undergoing for the first time of the following surgical procedures, more specifically described below:
 - 1. Major Organ/ Bone Marrow Transplant
 - 2. Open Chest CABG
 - 3. Aorta Graft Surgery
 - 4. Open Heart Replacement or Repair of Heart Valves
- C. Occurrence for the first time of the following medical events more specifically described below:
 - 1. Stroke Resulting in Permanent Symptoms
 - 2. First Heart Attack of Specified Severity
 - 3. Coma of Specified Severity
 - 4. Total blindness
 - 5. Permanent Paralysis of Limbs

Only one Critical Illness claim can be allowed by the Company during the lifetime of the Insured/ Insured Person. Without prejudice to the provisions relating to the termination of the Policy mentioned elsewhere, Section IIA Critical Illness cover terminates immediately on the payment of first Critical Illness benefit under the Policy.

The Insured Event under this Section and the conditions applicable to the same are more particularly defined below:

Cancer of Specified Severity

- a. A malignant tumour characterised by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
- b. The following are excluded -
 - i. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
 - ii. Any skin cancer other than invasive malignant melanoma
 - iii. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0.....
 - iv. Papillary micro - carcinoma of the thyroid less than 1 cm in diameter
 - v. Chronic lymphocytic leukaemia less than Rai stage 3
 - vi. Microcarcinoma of the bladder
 - vii. All tumours in the presence of HIV infection.

Kidney Failure Requiring Regular Dialysis

End stage renal disease presenting as chronic irreversible failure of both kidneys to function, as a result of which either regular renal dialysis (hemodialysis or peritoneal dialysis) is instituted or renal transplantation is carried out. Diagnosis has to be confirmed by a specialist medical practitioner.

Primary Pulmonary Arterial Hypertension:

Primary Pulmonary Hypertension is characterized by elevated pulmonary artery pressure with no apparent cause and substantial right ventricular enlargement confirmed by a Cardiologist with the help of investigations including Cardiac Catheterization (cardiac catheterization proving the pulmonary pressure to be above 30 mm of Hg), resulting in permanent irreversible physical impairment of at least Class IV of the New York Heart Association (NYHA) Classification of Cardiac Impairment and resulting in the Insured being unable to perform his / her usual occupation.

The NYHA Classification of Cardiac Impairment:

- Class I: No limitation of physical activity. Ordinary physical activity does not cause undue fatigue, dyspnoea, or angina pain.
- Class II: Slight limitation of physical activity. Ordinary physical activity results in symptoms.
- Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Multiple Sclerosis with Persisting Symptoms

- a. The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
 - i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months, and
 - iii. well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with at

least two clinically documented episodes at least one month apart.

- b. Other causes of neurological damage such as SLE and HIV are excluded.

Major Organ/ Bone Marrow Transplant

- a. The actual undergoing of a transplant of:
 - i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
 - ii. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
- b. The following are excluded:
 - i. Other stem-cell transplants
 - ii. Where only islets of Langerhans are transplanted

Open Chest CABG

- a. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/ are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
- b. The following are excluded:
 - i. Angioplasty and/or any other intra-arterial procedures
 - ii. any key-hole or laser surgery.

Aorta Graft Surgery

The actual undergoing of surgery for disease of the aorta needing excision and surgical replacement of a portion of the diseased aorta with a graft. For this definition, aorta means the thoracic and abdominal aorta but not its branches.

Surgery following traumatic injury to the aorta is not covered. Surgery to treat peripheral vascular disease of the aortic branches is excluded even if a portion of the aorta is removed during the operative procedures. Surgery performed using only minimally invasive or intra-arterial techniques such as percutaneous endovascular aneurysm with insertion of a stent graft are excluded.

Open Heart Replacement or Repair of Heart Valves

The actual undergoing of open-heart valve surgery is to replace or repair one or more heart valves, as a consequence of defects in, abnormalities of, or disease-affected cardiac valve(s). The diagnosis of the valve abnormality must be supported by an echocardiography and the realization of surgery has to be confirmed by a specialist medical practitioner. Catheter based techniques including but not limited to, balloon valvotomy/ valvuloplasty are excluded.

Stroke Resulting in Permanent Symptoms

- a. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolisation from an extracranial source. Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- b. The following are excluded:
 - i. Transient ischemic attacks (TIA)
 - ii. Traumatic injury of the brain
 - iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

First Heart Attack – Of Specified Severity

- a. The first occurrence of myocardial infarction which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for this will be evidenced by all of the following criteria:
 - i. a history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 - ii. new characteristic electrocardiogram changes
 - iii. elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- b. The following are excluded:
 - i. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
 - ii. Other acute Coronary Syndromes
 - iii. Any type of angina pectoris.

Coma of Specified Severity

- a. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 - i. no response to external stimuli continuously for at least 96 hours;
 - ii. life support measures are necessary to sustain life; and
 - iii. permanent neurological deficit which must be assessed at least 30 days after the onset of the coma.
- b. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

Total Blindness

Total, permanent and irreversible loss of all sight in both eyes as a result of sickness or accident. Diagnosis has to be confirmed by a specialist (best by an ophthalmologist) and evidenced by specific test results.

Permanent Paralysis of Limbs

Total and irreversible loss of use of two or more limbs as a result of injury or disease of the brain or spinal cord. A specialist medical practitioner must be of the opinion that the paralysis will be permanent with no hope of recovery and must be present for more than 3 months.

General Conditions:

1. The benefit covered under this section shall be payable only if the Insured/Insured Person is first diagnosed as suffering from a defined Critical Illness after 90 days of the commencement of the Policy Period and survives for at least 28 days following such diagnosis and/or also subject to survival of the Insured/Insured Person for the minimum assessment periods for covered Critical Illnesses as provided under the descriptions for each of the Critical Illness. However, if the Policy is a continuous renewal of our own Micro Insurance policy without any break in insurance, then the condition of 90 days of the commencement of Policy period referred above will not be applicable.
2. Insured must provide intimation to Insurer immediately and in any event within 60 days of the aforesaid Illness/ condition/ surgical event, if admissible under the Policy
3. Insured will need to submit the below mentioned documents for the processing of Critical Illness Claim:

- i. Identity proof of the claimant
 - ii. Dully filled Claim form
 - iii. Hospital summary/Discharge card/treatment advise / medical reference
 - iv. Medical reports/records
 - v. Investigation reports
 - vi. Doctor's certificate
 - vii. Any other relevant document as requested by the Insurer.
4. In the event of death of the Insured post the survival period, the immediate family member/relative of the Insured and claiming on Insured's behalf must inform Insurer in writing immediately and send Insurer a copy of all the required documents to prove the cause of death within 14 days. Insurer upon acceptance of the admission of claim under the Policy shall make payment to the Insured or Nominee/legal heirs of the Insured, in case of the death of the Insured post the survival period.

Exclusions:

1. No benefit shall be paid for the following circumstances, for the following conditions/ tests/ treatments and/ or any Critical Illness directly or indirectly arising thereof or there from:
 2. Benefits will not be available for Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, until 36 consecutive months have elapsed, after the date of inception of the first Policy with Insurer. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to the Insured.
 3. This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 3 years without break from the date of Insured's first Health Insurance Policy with Insurer.
 4. Any covered Critical Illness arising from Birth control procedures and/or hormone replacement therapy and any complications arising thereof from.
 5. Any treatment/ surgery for change of sex or any cosmetic surgery or treatment/ surgery / complications/ illness arising as a consequence thereof.
 6. Any covered Critical Illness arising from treatment by a family member and self-medication or any treatment that is NOT scientifically recognized and any complications arising thereof / there from.
 7. Any covered Critical Illness arising from treatment with alternative medicines like Ayurvedic, Homeopathy & Unani, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology, aromatherapy and like and any complications arising thereof / there from.
 8. Any diseases causing the death of the Insured within the stipulated Survival Period, measured from the date of incidence of the illness.
- 1 day) with the per day benefit payable as reflected in the Schedule will be paid subject to a Deductible of first 24 hours of such Hospitalization for each and every claim.
- This section does not provide benefits for any loss resulting in whole or in part from, or expenses incurred, directly or indirectly in respect of
1. Benefits will not be available for Any condition, whether diagnosed or not, ailment or injury or related condition(s) for which Insured has been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of Insured's first Policy, until 36 consecutive months have elapsed, after the date of inception of the first Policy with Insurer. It would also mean any direct or indirect complications arising out of pre-existing conditions whether known or unknown to the Insured.
- This Exclusion shall cease to apply if Insured has maintained the Health Insurance Policy with Insurer for a continuous period of a full 4 years without break from the date of Insured's first Health Insurance Policy with Insurer.
2. The Company shall not be liable to make any payment under this Policy in connection with or in respect of Insured/ Insured Person hospitalisation due to sickness / illness, as stated in this Section, occurring before the commencement of Period of Insurance or arising within the first 30 days of the commencement of the Period of Insurance. However this exclusion would not be applicable for hospitalisation due to Accidental Bodily Injury within first 30 days of commencement of cover.
 3. Exclusions applicable to first year of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

Any types of gastric or duodenal ulcers, Tonsillectomy, Adenoidectomy, Mastoidectomy, Tympanoplasty, All internal or external tumor /cysts/nodules/polyps of any kind including breast lumps, All types of Hernia and Hydrocele, Anal Fissures, Fistula and Piles.
 4. Exclusions applicable to first two years of cover from commencement of the Policy, from the following Diseases / Illness and its related complications:

Cataract, Benign Prostatic Hypertrophy, Hysterectomy/ myomectomy for menorrhagia or fibromyoma or prolapse of uterus, Hypertension, Heart Disease and related complications, Diabetes and related complications, Non infective Arthritis, Treatment of Spondylosis / Spondylitis, Gout & Rheumatism, Surgery of Genitourinary tract, Calculus Diseases, Sinusitis, nasal disorders and related disorders, Surgery for prolapsed intervertebral disc unless arising from accident, Vertebro-spinal disorders (including disc) and knee conditions; Surgery of varicose veins and varicose ulcers, Chronic Renal failure, Joint replacement surgery due to degenerative condition, age related osteoarthritis and osteoporosis unless such joint replacement surgery is necessitated by Accidental Bodily Injury.

Exclusions:

1. Convalescence, general debility, "Run-down" condition, rest cure, Congenital Internal and/or external illness/disease/defect.
2. Venereal disease or any sexually transmitted disease or sickness.
3. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy, sex change or treatment which results from or is in any way related to sex change.
4. Hospitalization primarily for investigation purposes, diagnosis,

Section II B - HOSPITAL DAILY CASH COVER

In the event of Accidental Bodily Injury or Sickness first occurring or manifesting itself during the period of insurance as stated in the schedule of the policy and causing the Insured/ Insured Person Hospitalisation, a hospitalization benefit equivalent to an amount obtained by multiplying the number of days of such completed period of hospitalisation (a completed period of 24 hours deemed as

x-ray examination, general or routine physical or medical examinations, not incidental to treatment or diagnosis of a covered Disease or Illness or any treatment or any preventive treatments, or examinations carried out by a Medical Practitioner which are not medically necessary and which would necessarily not warrant hospitalization and the line of treatment is such that could be carried out on an outpatient basis.

5. Any fertility, sub fertility or assisted conception operation or sterilization procedure and related treatment.
6. Epidemics recognized by WHO or/and Indian state / central government/state govt.
7. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or, as may be necessitated due to an accident
8. Cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender, Lasik treatment, or similar type of corrective procedures for refractive error. Any form of plastic surgery (unless necessary for the treatment of an Illness or Accidental Bodily Injury).
9. Prostheses, corrective devices, spectacles, contact lenses, hearing aid, medical appliances, external medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
10. Dental treatment or surgery of any kind unless required as a result of Accidental Bodily Injury to natural teeth requiring hospitalization treatment.
11. Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
12. Treatment arising from or traceable to pregnancy childbirth, miscarriage, abortion or complications of any of this, including caesarian section. However, this exclusion will not apply to abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and certification by Gynecologist that it is life threatening
13. Vaccination or inoculation except as post bite treatment for animal bite
14. Surgery to correct deviated septum and hypertrophied turbinate unless necessitated by accidental bodily injury and proved to our satisfaction that the condition is a result of an accidental injury.
15. Treatments in health hydro, spas, nature care clinics and the like.
16. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
17. Treatment for obesity, weight reduction or weight management.

Terms & Conditions:

1. Insured must provide intimation to Insurer immediately and in any event within 48 hours upon discharge from hospital. However the Insurer at his sole discretion may relax this condition subject to satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 48 hours upto a maximum period of 7 days.
2. Insured will need to submit the below mentioned documents for the processing of Hospital Daily Cash Claims within 7 days from the date of discharge from the hospital, However the Insurer at his sole discretion may relax this condition subject to a satisfactory proof/evidence being produced on the reasons for such a delay beyond the stipulated 7 days upto a maximum period of 14 days.:

- i. Claim form duly signed
 - ii. Copy of attested Hospital summary / Discharge Summary
 - iii. Copy of Medical reports / records
 - iv. Doctor's certificate
 - v. Copy of Hospital Paid Bill and receipt.
 - vi. Valid Photo identity Card
 - vii. Any other relevant document as required by the company
3. If Insured suffers a relapse within 45 days of the discharge from Hospital when Insured last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim, as long as the relapse occurs within the Policy Period

Section II C - ASSET INSURANCE

Coverage for Dwellings and / or Contents and / or Tools and implements and / or stocks of farm produce:

The Company will indemnify the Insured in respect of loss or damage to the Insured Dwelling and / or Contents and / or Tools and implements and / or stocks of farm produce arising due to the perils described herein below subject to the terms and conditions contained herein.

- I. **Fire** - Excluding destruction or damage caused to the property insured by
 - i. Its own fermentation, natural heating or spontaneous combustion.
 - ii. It's undergoing any heating or drying process.
 - iii. Burning of property insured by order of any Public Authority.
- II. **Lightning**
- III. **Explosion/ Implosion - Excluding loss, destruction or damage**
 - a. to boilers (other than domestic boilers), economizers or other vessels, machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/ implosion,
 - b. caused by centrifugal forces.
- IV. **Aircraft Damage**- Loss, destruction or damage caused by Aircraft other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
- V. **Riot, Strike, Malicious Damage**- Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by
 - a. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
 - b. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - c. Permanent or Temporary dispossession of any building or plant or unit or machinery resulting from the unlawful occupation by any person of such building or plant or unit or machinery or prevention of access to the same.
 - d. Burglary, housebreaking, theft, larceny, or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicious act.
- VI. **Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood**

and Inundation: Loss, destruction or damage directly caused by Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood or Inundation excluding those resulting from earthquake, Volcanic eruption or other convulsions of nature. (Wherever earthquake cover is given as an "add on cover" the words "excluding those resulting from earthquake volcanic eruption or other convulsions of nature" shall stand deleted).

VII. Impact Damage- Loss of or visible physical damage or destruction caused to the property insured due to impact by any Rail/Road vehicle or animal by direct contact not belonging to or owned by

- the Insured or any occupier of the premises or
- their employees while acting in the course of their employment.

VIII. Subsidence and Landslide including Rock slide- Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide/ Rock slide excluding:

- the normal cracking, settlement or bedding down of new structures
- the settlement or movement of made up ground
- coastal or river erosion
- defective design or workmanship or use of defective materials
- demolition, construction, structural alterations or repair of any property or groundwork or excavations.

IX. Bursting and/or overflowing of Water Tanks, Apparatus and Pipes

X. Missile testing operations

XI. Leakage from Automatic Sprinkler Installations - Excluding loss, destruction or damage caused by

- repairs of alterations to the buildings or premises
- repairs, removal or extension of the sprinkler installation

XII. Bush Fire - Excluding loss, destruction or damage caused by Forest Fire.

PROVIDED that the liability of the Company shall in no case exceed in respect of each item the sum expressed in the said Schedule to be insured thereon or in the whole the total Sum Insured hereby or such other sum or sums as may be substituted therefore by memorandum hereon or attached hereto signed by or on behalf of the Company.

XIII. Earthquake (Fire and Shock)

(A) GENERAL EXCLUSIONS

- Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- Loss, destruction or damage directly or indirectly caused to the property insured by
 - Ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
 - The radio active toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Loss, destruction or damage caused to the insured property by pollution or contamination excluding

a. Pollution or contamination which itself results from a peril hereby insured against.

b. Any peril hereby insured against which itself results from pollution or contamination.

- Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs.10000/-, goods held in trust or on commission, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins, or paper money, cheques, books of accounts or other business books, computer systems records, explosives unless otherwise expressly stated in the Policy.
- Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self heating or leakage of electricity from whatever caused (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
- Expenses necessarily incurred on
 - Architects, Surveyors and Consulting Engineer's Fees and
 - Debris Removal by the Insured following a loss, destruction or damage to the property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
- Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- Loss or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- Loss by theft during or after the occurrence of any insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.
- Loss or damage to property insured if removed to any building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days

(B) GENERAL CONDITIONS

- All insurances under this Policy shall cease on expiry of seven days from the date of fall or displacement of any building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms part.

PROVIDED such a fall or displacement is not caused by insured peril, loss or damage which is covered by this Policy or would be covered if such building, range of buildings or structure were insured under this Policy.

Notwithstanding the above, the Company subject to an express notice being given as soon as possible but not later than seven days of any such fall or displacement may agree to continue the insurance subject to revised rates, terms and conditions as may be decided by it and confirmed in writing to this effect.

- Under any of the following circumstances the insurance ceases to attach as regards the property effected unless the Insured, before the occurrence of any loss or damage, obtains the sanction of the Company signified by endorsement upon the Policy by or on behalf of the Company:-
 - If the trade or manufacture carried on be altered, or if the nature of the occupation of or other circumstances affecting the building insured or containing the insured property be

changed in such a way as to increase the risk of loss or damage by Insured Perils.

- b. If the building insured or containing the insured property becomes unoccupied and so remains for a period of more than 30 days (to be deleted in case of dwellings)
- c. If the interest in the property passes from the Insured otherwise than by will or operation of law.
3. This insurance does not cover any loss or damage to property which, at the time of the happening of such loss or damage, is insured by or would, but for the existence of this policy, be insured by any marine policy or policies except in respect of any excess beyond the amount which would have been payable under the marine policy or policies had this insurance not been effected.
4. This insurance may be terminated at any time at the request of the Insured, in which case the Company will retain the premium at customary short period rate for the time the Policy has been in force. This insurance may also at any time be terminated at the option of the Company, on 15 days' notice to that effect being given to the Insured, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of the cancellation.
5. (i) On the happening of any loss or damage, the Insured shall forthwith give notice thereof to the Company and shall within 15 days after the loss or damage, or such further time as the Company may in writing allow in that behalf, deliver to the Company.
 - a. A claim in writing for the loss or damage containing in particular an account as may be reasonably practicable of all the several articles or items or property damaged or destroyed, and of the amount of the loss or damage thereto respectively, having regard to their value at the time of the loss or damage not including profit of any kind.
 - b. Particulars of all other insurance, if any

The Insured shall also at all times at his own expense produce, procure and give to the Company all such further particulars, plans, specification books, vouchers, invoices, and duplicates or copies thereof, documents, investigation reports (internal/external), proofs and information with respect to the claim and the origin and cause of the loss and the circumstances under which the loss or damage occurred, and any matter touching the liability or the amount of the liability or the amount of the liability of the Company as may be reasonable required by or on behalf of the Company together with a declaration on oath or in other legal form of the truth of the claim and of any matters connected therewith.

No claim under this Policy shall be payable unless the terms of this condition have been complied with.

- (ii) In no case whatsoever shall the Company be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration; it being expressly agreed and declared that if the Company shall disclaim liability for any claim hereunder and such claim shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in a court of law then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
6. On the happening of loss or damage to any of the property insured by this Policy, the Company may
 - a. Enter and take and keep possession of the building or premises where the loss or damage has happened.

- b. Take possession of or require to be delivered to it any property of the Insured in the building or on the premises at the time of the loss or damage.
- c. Keep possession of any such property and examine, sort, arrange, remove or otherwise deal with the same.
- d. Sell any such property or dispose of the same for account of whom it may concern.

The powers conferred by this condition shall be exercisable by the Company at any time until notice in writing is given by the Insured that he makes no claim under the Policy, or if any claim is made, until such claim is finally determined or withdrawn, and the Company shall not by any act done in the exercise or purported exercise of its powers hereunder, incur any liability to the Insured or diminish its rights to rely upon any of the conditions of this Policy in answer to any claim. If the Insured or any person on his behalf shall not comply with the requirements of the Company or shall hinder or obstruct the Company, in the exercise of its powers hereunder, all benefits under this Policy shall be forfeited. The Insured shall not in any case be entitled to abandon any property to the Company whether taken possession of by the Company or not.

7. If the Company at its option, reinstates or replaces the property damaged or destroyed, or any part thereof, instead of paying the amount of the loss or damage, or join with any other Company or Insurer(s) in so doing the Company shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner, and in no case shall the Company be bound to expend more in reinstatement than it would have cost to reinstate such property as it was at the time of the occurrence of such loss or damage nor more than the Sum Insured by the Company thereon. If the Company so elects to reinstate or replace any property the Insured shall at his own expense furnish the Company with such plans, specification, measurements, quantities and such other particulars as the Company may require, and no acts done, or caused to be done, by the Company with a view to reinstatement or replacement shall be deemed an election by the Company to reinstate or replace. If in any case the Company shall be unable to reinstate or repair the property hereby insured, because of any municipal or other regulations in force affecting the alignment of streets or the construction of buildings or otherwise, the Company shall, in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property if the same could lawfully be reinstated to its former condition.
8. If the property hereby insured shall at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any other peril hereby insured against be collectively of greater value than the Sum Insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a rateable proportion of the loss accordingly. Every item, if more than one, of the Policy shall be separately subject to this condition.
9. If at the time of any loss or damage happening to any property hereby insured there be any other subsisting insurance or insurances, whether effected by the Insured or by any other person or persons covering the same property, this Company shall not be liable to pay or contribute more than its rateable proportion of such loss or damage.
10. At all times during the period of insurance of the Policy the insurance cover will be maintained to the full extent of the respective Sum Insured in consideration of which upon the settlement of any loss under this Policy, pro-rata premium for the unexpired period from the date of such loss to the expiry of

period of insurance for the amount of such loss shall be payable by the Insured to the Company. The additional premium referred above shall be deducted from the net claim amount payable under the Policy. This continuous cover to the full extent will be available notwithstanding any previous loss for which the Company may have paid hereunder and irrespective of the fact whether the additional premium as mentioned above has been actually paid or not following such loss. The intention of this condition is to ensure continuity of the cover to the Insured subject only to the right of the Company for deduction from the claim amount, when settled, of pro-rata premium to be calculated from the date of loss till expiry of the Policy. Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of loss in case the Insured immediately on occurrence of the loss exercises his option not to reinstate the Sum Insured as above.

Section IID - Burglary and Housebreaking

The Company will indemnify the Insured in respect of loss or damage to the contents, tools or implements or other named assets and stock of farm produce whilst contained in the Insured premises by Burglary and Housebreaking as defined in the policy. In such an event the Company will subject to the terms exceptions and conditions contained herein pay or make good to the Insured such loss to the extent of the intrinsic value of the property so lost or such damage to the amount so sustained. Provided that the liability of the Company, shall in no case exceed in respect of each item the sum expressed in the Schedule hereto to be insured thereon or in the whole the total Sum Insured hereby.

Exclusions

This Policy does not cover the following unless specially mentioned in the Schedule and expressly insured by the Policy

- Loss or damage where any inmate or member of the Insured's household or of his business staff or any other person lawfully in the premises is concerned in the actual theft of or damage to any of the articles or premises or where such loss or damage has been expedited or in any way assisted or brought about by any such person or persons.
- Loss or damage caused by wear and tear or gradual deterioration.
- Consequential loss or damage or legal liability of any kind.
- Livestock, motor vehicles and pedal cycles.
- Money, securities for money, stamps, gold or silver articles, precious stones, promissory notes and documents of like nature.
- 5% of the claim amount subject to a minimum of Rs.500/- for each and every claim.

Conditions

1. Claim Notification and Proof of Loss

On the happening of any loss or damage the Insured shall forthwith give notice thereof in writing to the Police and also to the Company detailing the circumstances of the case and shall within seven days after such loss or damage shall have come to the Insured's knowledge and at the Insured's own expense deliver to the Company a claim in writing and containing in particular an account as may be reasonably practicable of all the property lost or damaged and of the amount of the loss or damage in respect thereof respectively having regard to its value at the time of the loss or damage and also of the damage (if any) to the premises.

The Insured shall also produce and give to the Company when where and to whom and in a manner required by the Company and at the Insured's own expense all such books of account, vouchers, invoices, documents, proofs and information as may

be reasonably required and the Insured shall be bound to satisfy the Company by such reasonable evidence as the Company may require that the loss or damage claimed for has actually arisen from one of the causes insured against and that the property in respect of which a claim is made is not merely mislaid or missing.

2. Reinstatement and Repair

The Company at any time before payment of a claim and notwithstanding that an offer of settlement has been made instead of paying the amount of the loss or damage in respect of any property or the premises may make it good by reinstating or replacing any of the property stolen or repairing the premises damaged or such items or part thereof as the Company may think fit and paying the amount of the loss or damage in respect of the residue of such property or premises. Provided that if the Company elects to replace any property or reinstate any premises the Company in making good the loss or damage shall not be bound to replace or reinstate such property or premises exactly and completely but only to do so substantially as nearly as circumstances permit and in a reasonably sufficient manner. In case where any of the property or premises are insured elsewhere the Company may join with any other insurance company or insurers in replacing or reinstating the same.

3. Underinsurance

If the property hereby insured shall at the time of happening of any loss destruction or damage be collectively of greater value than 85% of the Sum Insured thereon then the Insured shall be considered as being his own insurer for the difference and shall bear rateable proportion of the loss accordingly. Every item if more than one of the Policy shall be separately subject to this Condition.

4. Occupation of premises

The Company may at any time after the occurrence of damage to the property insured enter upon the premises and take and keep possession of the property concerned and deal with the salvage and this Policy shall be proof of leave and licence for such purpose, and if the Insured or anyone acting on his behalf shall obstruct or prevent the Company from so doing, all benefit under this Policy shall be forfeited.

Upon payment of any claim for loss under this Policy, the property in respect of which the payment is made shall belong to the Company. No property may be abandoned to the Company.

5. Reinstatement after settlement of a claim

All sums which may from time to time be paid by way of indemnity under this Policy in any one Period of Insurance shall be accounted in diminution of the total Sum Insured so that in case of any subsequent event giving rise to a claim occurring during the same period the total amount payable during that period by the Company shall not in any case exceed the total Sum Insured. In the event of the property lost, destroyed or damaged being replaced by other property, the Company will at the Insured's request extend this insurance by endorsement to include such property upon payment of the appropriate pro-rata additional premium. Such reinstatement will be automatic only once during any one period of insurance.

General Exclusions applicable to all coverages except Asset Insurance under the Policy:

- Payment of compensation in respect of death of or bodily injury to the Insured directly or indirectly caused by or contributed to by or arising from or traceable to ionizing radiation or contamination by radioactivity from any source whatsoever, or from nuclear weapons material.

2. War, invasion, act of foreign enemy, hostilities (whether war be declared or not), armed or unarmed truce, civil war, mutiny, rebellion, revolution, insurrection, military or usurped power, riot or civil commotion, strikes
3. Participation in winter sports, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, bull fights (Jalli Kattu), cart racing, boat racing, bull racing and yoked bull racing/ water buffalo racing (Kala Pootu/Maramadi/Kambala), horse or camel or donkey or any other animal racing/riding or racing in unsaddled animals, participation in contact sports like Mal Yutham and any martial arts training, sword fights and demonstration of skills in using such weapons (like Kalari Payattu and Gatka) or other such weapon fights including but not limited to canes and sticks, shields, chains, guns, explosive weapons etc any bodily contact sport or any other hazardous or potentially dangerous sport for which Insured is untrained;
4. Genetic disorders and stem cell implantation / surgery/storage.
5. Payment of compensation in respect of death, injury or disablement of the Insured from (a) intentional self injury, suicide or attempted suicide. (b) whilst under the influence of intoxicating liquor or drug. (c) directly or indirectly caused by insanity. (d) arising or resulting from the insured committing any breach of the law with criminal intent.
6. Sexually transmitted conditions.
7. Use/Abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Medical Practitioner and taken as prescribed
8. Any congenital Illness/Conditions.
9. Treatments taken at any institution which is primarily a rest home or convalescent facility, a place for custodial care, a facility for the aged or alcoholic or drug addicts even if the institution has been registered as a hospital with the Appropriate Authorities
10. Treatment with alternative medicines like Ayurvedic, Homeopathic, acupuncture, acupressure, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
11. Experimental, unproven or any other treatment that is not scientifically recognized
12. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.
13. Failure to seek or follow medical advice following the diagnosis of any illness/disease/injury.
14. Serving in any branch of the Military or Armed Forces of any country, whether in peace or War
15. In the event of coverage being provided to members of NGOs and SHGs, coverage will cease if members are no longer associated with the NGO/SHG

General Conditions applicable to all coverages under the Policy:

1. Cancellation:

The Policy can be cancelled at the option of the Company in the event of fraud, misrepresentation or suppression of any of the information that was sought in the proposal form or any other communication by giving the Insured 15 days notice by registered letter, at the Insured's last known address. In such an

event Company will refund to the Insured a pro-rata' premium for unexpired period of Insurance subject to no claim has occurred up to date of cancellation. Company shall, however, remain liable for any claim which arose prior to the date of cancellation.

Also, the Insured may at any time cancel this Policy by giving a written notice to the Company and in such event Company shall allow refund of premium at Insured's short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on risk	Rate of premium refunded
Up to one month	75% of annual rate
Up to three months	50% of annual rate
Up to six months	25% of annual rate
Exceeding six months	Nil

2. Renewal:

- i. The Policy shall ordinarily be renewable provided the product is not withdrawn, except on grounds of established fraud or non-disclosure or misrepresentation by the Insured Person.
- ii. The Company shall endeavor to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- iii. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy years.
- iv. Request for Renewal along with the requisite premium shall be received by the Company before the end of the Policy Period
- v. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.
- vi. No loading shall apply on Renewals based on individual Claims experience.

3. Termination of Policy

This Policy terminates on earliest of the following events-

- a. Cancellation of policy by as per the cancellation provision.
- b. On the policy expiry date.

Following sections terminate on event giving rise to claim under respective section however rest of the policy remains in force.

- Critical Illness Section
- Death/ permanent total disablement under Personal Accident Section

4. Nomination and Assignment

This Policy is not assignable and no person(s) other than Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this policy.

The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.

5. Withdrawal of Product

In case of withdrawal of this product insurer will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to insurer's micro insurance products available at that time with continuity benefit, if any.

6. The Company shall not be liable to make any payment under this Policy, in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent statement or device whether by the Insured/Insured Person or by any person on behalf of the Insured/Insured Person.
7. It is also hereby further expressly agreed and declared that if the Company disclaim liability to the Insured/Insured Person for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject of a suit in a court of law, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

8. Payment of Claims

- Insurer shall make payment in India in Indian Rupees only.
- if admissible under the Policy, claim can be received from Insured through various modes like email / telephone/ fax/ in person or may be via letter or any other suitable mode. Upon receipt of information Insurer will register the claim under a unique claim number.
- On receipt of claim documents from Insured, Insurer shall assess the admissibility of claim as per Policy terms and conditions. Upon satisfactory completion of assessment and admission of claim, the Insurer will make the payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation. Lack of documents or medical certificates confirming the diagnosis of illness or undergoing of medical/surgical procedure will result in forfeiture of the claim.
- Penal Interest Provision: Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- No Sum Payable under this Policy shall carry interest except as provided by IRDA (Protection of Policy Holders Interest) Regulation, 2002.

(Explanation: Bank Rate means Bank rate fixed by the Reserve Bank of India (RBI) which is prevalent as on 1st day of the financial year in which the claim has fallen due)

10. Grievance Redressal Procedure

Stage 1: Bima Bharosa

You can register your grievances with the regulator using the following link: <https://bimabharosa.irdai.gov.in/Home/Home>

Stage 2: Head – Customer Care

Alternatively, if you wish to register your grievances directly with us, you may write to the Head – Customer Care. We aim to respond to all Grievances within 7 days. In our initial acknowledgement of receipt letter, we will provide the name and title of the person that is handling your Grievance. This individual will have the authority necessary to investigate and resolve the Grievance.

Email: head.customercare@sbigeneral.in

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach us through the following dedicated channels: Email: Seniorcitizengrивences@sbigeneral.in

Toll-Free Number: 1800 102 1111 (Available 24/7)

Stage 3: Grievance Redressal Officer (GRO)

In case, you are still not satisfied with the decision/resolution communicated by the above officer or have not received any response within 5 days, you may escalate the matter to the Grievance Redressal Officer (GRO) which will undergo a detailed case investigation, and we aim to resolve the issue within 7 days from the date of receipt of your Grievance at GRO Desk

Email: gro@sbigeneral.in | Phone: 022-45138021

Note:- The Company shall endeavour to maintain the regulatory TAT of 14 days in resolving your grievances.

Stage 4: Escalation to Insurance Ombudsman

If you feel that the response to your Grievance was unsatisfactory, or if you believe your concerns have not been adequately addressed by the company, you may escalate the matter to the Insurance Ombudsman.

Submit your Grievance online: <https://www.cioins.co.in/Ombudsman>

LIST OF OMBUDSMEN OFFICES

Office Details	Jurisdiction of Office
Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27- N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor, "Jeevan Shikha", 60-B, Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chhattisgarh.
Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh
Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh.

Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Pondicherry.
Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of of Union Territory of Pondicherry.
Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, Kolkata - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane).
Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Basti, Balrampur, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
Shri Bimbardhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Bulandshehar, Budaun, Etah, Etawah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Farrukhabad, Firozbad, Ghaziabad, Hardoi, Gautambodhanagar, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region).
The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in , on the website of General Insurance Council: www.gicouncil.in , our website www.sbigeneral.in	

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