

## SBI General Group Personal Accident Flexi

### POLICY WORDING

#### Section 1. Preamble

This Policy is a contract of insurance issued by SBI General (hereinafter called 'We/Us/The Company') to the proposer specified in the Policy Schedule (hereinafter called the 'Insured') to cover the person(s) named in the Policy Schedule (hereinafter called the "Insured Persons"). The Policy is based on the statements and declaration provided in the Proposal Form by the proposer and is subject to receipt of the requisite premium.

**Note:** This Policy Wording provides detailed terms, conditions and exclusions for all Sections available under this Product. Kindly refer to the Policy Schedule/ Certificate of Insurance to know exact details of Sections opted by You. Only Wordings related to Sections specified in Your Policy Schedule/ Certificate of Insurance are applicable.

**Disclaimer:** The Description Specified under this wording throughout the Insurance Policy is only to aid Your understanding of the Coverage / Benefit Offered. In case of dispute, the Terms and Conditions detailed in the Policy Document and Policy Schedule/ Certificate of Insurance shall prevail.

#### Section 2. Definitions

The terms defined below have the meanings as ascribed to them below 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 and vice versa.

##### 2.1 Standard Definitions

1. **Accident** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** means Age of the Insured Person on last birthday as on date of commencement of the Policy.
3. **Anyone Illness** means continuous period of Illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home centre where treatment was taken.
4. **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.
5. **Cashless Facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured Person 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.
6. **Condition Precedent** means a Policy term or condition upon which Our liability under the Policy is conditional upon.
7. **Day Care 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.
8. **Day Care Treatment** means medical treatment, and/or Surgical Procedure which is:
  - a. Undertaken under General or Local Anaesthesia in a Hospital/Day Care Centre in less than 24 hrs because of technological advancement, and
  - b. Which would have otherwise required Hospitalization of more than 24 hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.
9. **Disclosure to Information Norm** means the Policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.
10. **Distribution Channels** means persons and entities authorized by the Authority to involve in sale and service of insurance products. For the purpose of this Policy, it means the Distribution Channels who is an Intermediary of the Company.
11. **Domiciliary Hospitalization** means medical treatment for an Illness/ Disease/ Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:
  - a. The condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
  - b. The patient takes treatment at home on account of non-availability of room in a Hospital.
12. **Emergency Care** means management for an 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.
13. **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 (15) days where premium payment mode is monthly and thirty (30) days in all other cases.

Provided the Insurer 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.

14. **Hospital** means any institution established for In-Patient Care and Day Care Treatment of Disease/ 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 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 those towns having a population of less than 10,00,000 and 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 shall make these accessible to the Company's authorized personnel.

**15. Hospitalization** means admission in a Hospital for a minimum period of twenty-four (24) consecutive 'In-Patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.

**16. Illness/ Disease** 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.

- a. Acute Condition - Acute Condition is 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.

**17. 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.

**18. In-Patient Care** means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.

**19. Intensive Care Unit (ICU)** 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.

**20. ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis 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.

**21. Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

**22. 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.

**23. 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 its scope and jurisdiction of license. The attending Medical Practitioner will not be (a) An Insured Person or (b) Close Member of the Family.

**24. 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 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.

**25. Migration** means a facility provided to Policyholders (including all members under Family cover and Group policies), to transfer the credits gained for Pre-Existing Diseases and Specific Waiting Periods from one health insurance Policy to another with the same Insurer.

**26. Network Provider** means hospitals or health care providers enlisted by an Insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.

**27. Non-Network Provider** means any Hospital, Day Care Centre or other provider that is not part of the network.

**28. Notification of Claim** means the process of intimating a Claim to the Insurer or TPA through any of the recognized modes of communication.

**29. Outpatient (OPD) Treatment** means the one in which the Insured Person 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 Person is not admitted as a Day Care or In-Patient.

**30. Portability** means a facility provided to the health insurance Policyholder (including all members under Family cover), to transfer the credits gained for, Pre-Existing Diseases and Specific Waiting Periods from one Insurer to another Insurer.

**31. Pre-Existing Disease (PED)** 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.
- 32. **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.
- 33. **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.
- 34. **Room Rent** means the amount charged by a Hospital towards room and boarding expenses and shall include the associated Medical Expenses.
- 35. **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.
- 36. **Specific Waiting Period** means a period up to 24 months from the commencement of a health insurance Policy during which period specified diseases/treatments (except due to an Accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.
- 37. **Surgery or Surgical Procedure** means manual and/or operative procedure(s) required for treatment of an Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief of suffering and prolongation of life, performed in a Hospital or Day Care Centre by a Medical Practitioner.
- 38. **Unproven/ Experimental Treatment** means treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

## 2.2 Specific Definitions

- 1) **Act of Terrorism** means an act or series of acts, including but not limited to the use of force or violence and/or threat thereof, committed by any person or Group(s) of person(s), whether acting alone or on behalf of or in connection with any organization(s) or government(s) or unlawful association(s) recognized under Unlawful Activities (Prevention) Amendment Act, 2008, Government of India or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, for political, religious, ideological or similar purpose, with the intention of influence or affect the conduct of any government and/or to put the public at large section of the public in fear, by use of force or violence or threat to human life and/or property.
- 2) **Activities of Daily Living** means:
  - a. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence without requiring the physical assistance of another person.
  - b. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheelchair and vice versa.
  - c. Continence/Toileting: The ability to use the lavatory or voluntarily control bladder and bowel functions so as to be able to maintain personal hygiene.
  - d. Washing: The ability to wash in the bath or shower (including getting into and out of the shower) or wash
- 3) **Ability to Care for Oneself** means the ability to take care of one's self satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene.
- 4) **Dressing**: The ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances; without requiring the assistance of another person.
- 5) **Feeding**: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- 6) **Ambulance** means a road vehicle, or an aircraft operated by a licensed/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from Hospital in emergencies.
- 7) **Base Sum Insured** means the amount specified as Base Sum Insured in the Policy Schedule. Calculation of bonus and sub-limits mentioned under the Policy shall be on basis of the Base Sum Insured.
- 8) **Burns** means an Injury caused by exposure to heat or flame including chemical and electric Burns and as specifically defined in the 4.2.5 Burns under the Policy.
- 9) **Catastrophe or Catastrophic Event** means an unexpected natural event, such as an earthquake, volcanic eruption, tsunami, flood, storm tempest, typhoon, hurricane, tornado, cyclone, which causes widespread loss, damage, or disruption.
- 10) **Coma** means a profound state of unconsciousness, where the patient/Insured Person cannot be awakened, fails to respond normally to external stimuli, internal needs or pain, does not have sleep-aware cycles and cannot take voluntary actions.
- 11) **Common Carrier** means any commercial public airline, railway, bus transport, or waterborne vessel (which shall include ocean going and/or coastal vessels engaged for official or personal purposes), operating under license issued by the appropriate authority for transportation of passengers and/or cargo.
- 12) **Complainant** means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against Us or a Distribution Channel.
- 13) **Complaint or Grievance** means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with Insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such Insurer, Distribution Channels, intermediaries, insurance intermediaries or other regulated entities. Explanation: An inquiry or request would not fall within the definition of the "Complaint" or "Grievance".
- 14) **Certificate Holder/ Policyholder** means the person who is the proposer and whose name specifically appears in the Policy Schedule or Certificate of Insurance as such.
- 15) **Certificate of Insurance** means the certificate issued to the Policyholder/ Insured in line with the terms and conditions as agreed upon in the master Policy attached to and forming part of this insurance contract mentioning details including but not limited to, details of the Insured Persons, coverage, sections and benefits applicable, the Sum Insured, the Policy Period, premium paid (including duties, taxes and levies thereon).
- 16) **Certificate Period End Date** means the date and time at which the coverage expires for Insured and as appearing in the Certificate of Insurance.

14) **Certificate Period Start Date** means the date and time at which the Insured is enrolled under the Policy is the Certificate Period Start Date as appearing in the Certificate of Insurance. It must lie within the Master Policy Period.

15) **Child** means Insured Person's biological or legally adopted son or daughter, whose completed Age is between 3 months to 25 years as on Certificate Period Start Date, and who is financially Dependent on the Insured Person and does not have an independent source of Income.

16) **Claim** means a demand made to Us by the Policyholder/ Insured Person or on his behalf, in accordance with the terms of this Policy, for payment of the specified benefits.

17) **Credit Linked Insurance Policy** means a Policy sold in conjunction with a credit or loan availed by the Insured Person from a recognised Financial Institution.

18) **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.

19) **Dependent** means financially Dependent on the Policyholder and does not have independent source of income.

20) **Diagnosis** means a pathological conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histopathological and laboratory evidence, wherever applicable.

21) **Diagnostic Test** means investigations not limited to X-ray or blood tests, to determine the cause of symptoms and/or medical conditions.

22) **Domestic Help/Staff** means, a person who is employed against a remuneration in any household, part time or full-time basis to do the household work, driving and/or other activities, but does not include any member/relative of the Policyholder/ Certificate Holder or his Family.

23) **Educational Institution** means any accredited institution that provides education or training, including but not limited to, any state university private college or trade school.

24) **Elimination Period** means the number of consecutive days of Temporary Total Disablement/ instate of Coma that must elapse before the weekly benefit amounts become payable. The Elimination Period is shown under the Policy Schedule/ Certificate of Insurance. Weekly benefits are not payable, nor do they accrue during the Elimination Period.

25) **EMI** means equated monthly instalments which includes the monthly payment required to repay the principal amount of loan and Interest by the Insured as set forth in the amortization chart referred to in the loan agreement (or any amendment thereto) between the bank/ financial institutions and the Insured prior to the date of occurrence of the Insured event under this Policy. For the purpose of this definition, any monthly payments that are overdue and unpaid by the Insured prior to the occurrence of the Accident or sickness will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured.

26) **Family** means as defined in the Policy Schedule/ Certificate of Insurance. For the purposes of this Policy, it shall include the Policyholder and anyone or more of the Family members as mentioned below:

- Legally wedded spouse as long as continues to be married.

b. Dependent children (i.e. biological or adopted) between the Age 3 months to Age 25 years. If the Child above 18 years of Age is financially independent, he or she shall be ineligible for coverage under the same Policy in the subsequent renewals.

c. Parents and Parents-in-law may also be considered to be eligible Insured Persons if so, agreed by Us, and in such case they shall also fall under the term Family.

27) **Financial Institution** shall have the same meaning assigned to the term under section 45 of the Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934.

28) **Felonious Assault** means any wilful or unlawful use of force inflicted upon an Insured Person that is a felony or misdemeanour in the jurisdiction in which it occurs, and which results in bodily harm to the Insured Person.

29) **Group** means any association of persons who assemble with a commonality of purpose or for engaging in a common economic activity, like employees of a Company. Non-Employer-Employee Groups, like employee welfare associations, holder of credit card issued by a specific Company, customer of a particular business where insurance is offered as an add-on benefit, borrowers of a bank, professional associations or societies. However, an association of persons coming together with the main purpose of availing an insurance cover will not qualify to be a Group for the purpose of this Policy. There shall be a clearly evident relationship as specified by the Authority from time to time between the members of the Group and the Master Policyholder.

30) **Hazardous Activities** means persons whilst working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, miner and other occupations underground, nuclear installations, off-shore oil or gas worker, policeman, roofing contractors and all construction, maintenance and repair workers, saw miller, scaffolder, scrap metal merchant, security guard (armed), ship crew, steeplejack, stevedore, structural steel worker, tower crane operator, tree feller.

31) **Immediate Family Member** means the following individuals who are directly related to the Insured Person:

Legally wedded spouse, Children above Age of 18 years, Parents or Parents-in-law, Legal guardian, Brother, Sister, Sister-in-law, Brother-in-law, Friends, Relatives, Colleagues.

32) **Insured/Insured Person/You/Your** means the Individual Group Member accepted by Us to be Insured under this Policy and who meets and continues to meet all the eligibility requirements and whose name specifically appears under Insured/ Insured Person in the Policy Schedule/ Certificate of Insurance and with respect to whom the premium has been received by the Us.

33) **Life Threatening Medical Condition** means a medical condition suffered by the Insured Person which has any of the following characteristics:

- Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
- Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or

- c. Critical care being provided, which involves highly complex decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology; or
- d. Critical Care being provided in critical care areas such as coronary care unit, Intensive Care Unit, respiratory care unit, or the emergency department; and
- e. Is certified by the attending Medical Practitioner as a Life Threatening Medical Condition.

34) **Master Policyholder** means an entity, who facilitates selling and solicitation of this Policy and there is a clear evident relationship between the entity and the Insured Person and has agreed on the coverage, premiums, terms and conditions. These pre-agreed terms and conditions form the master Policy and shall be the basis of the coverage offered to the Policyholder/ Insured.

35) **Master Policy Period** means the period commencing from the Master Policy Period Start Date and ending on the Master Policy Period End Date and as specifically appearing in the Master Policy or the date of cancellation /termination of the master Policy, whichever is earlier.

36) **Master Policy Period End Date** means the date and time on which the master Policy expires, as specifically appearing in the master Policy.

37) **Master Policy Period Start Date** means the date and time on which the master Policy commences, as specifically appearing in the master Policy.

38) **Material Facts** means all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

39) **Nominee/ Legal Heir** means the person whose name specifically appears as such in the Certificate of Insurance/ Policy Schedule and is the person to whom the proceeds under this Policy, if any, shall become payable in the event of the death of the Policyholder. Nominee for all other Insured Person(s) shall be the Policyholder himself.

40) **Pelvis** means all pelvic bones, which shall be treated as one bone. The sacrum is part of the vertebral column.

41) **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.

42) **Policy** means these Policy wordings, the Certificate of Insurance and any applicable Endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured Person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured Person.

43) **Policy Period** means a period beginning from the Certificate Period Start Date, as specified in Certificate of Insurance; and ending on the Certificate Period End Date as specified in the Certificate of Insurance or the date of cancellation of the Policy, whichever is earlier.

For the purposes of this Policy, the Policy Period can be day 1 and maximum of 5 years.

44) **Policy Schedule** means schedule issued to the Master Policyholder as per agreed terms and conditions, attached to and forming part of this insurance contract mentioning

details including but not limited to, coverage, sections and benefits applicable, the Sum Insured/ the Policy Period offered, premium details.

- 45) **Professional Sports** means the sports in which the sportsperson or the athlete receives payment for their performance.
- 46) **Reconstructive Surgery** means Surgery to reconstruct cutaneous or underlying tissue changed/ damaged by an Accident/Injury or Burns, prescribed as necessary by a Medical Practitioner.
- 47) **Sum Insured** means the pre-defined limit specified in the Policy Schedule/ Certificate of Insurance. Sum Insured represents the maximum, total and cumulative liability for any and all claims made under the Policy, in respect of that Insured Person.
- 48) **Survival Period** means the benefits under the Policy shall be payable only if the Insured Person is first diagnosed as suffering from a defined Critical Illness during the Policy Period, and the Insured Person survives for at least the days specified in the Policy Schedule/ Certificate of Insurance following such Diagnosis.
- 49) **Third Degree Burns** means there must be third-degree Burns with scarring that cover at least 20% of the body's surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.
- 50) **We/Us/Our/Ours/Company/Insurer** means SBI General Insurance Company Limited.

### Scope of Cover

We hereby agree subject to the terms, conditions and exclusions contained or expressed herein, to compensate the Certificate Holder/ Insured Person during the Policy Period, as per the covers and limits specified in the Policy Schedule/ Certificate of Insurance.

This Policy provides Master Policyholder the flexibility to select any one of the below options as mandatory Base Cover under this product.

Options	Benefit Name
1.	Accidental Death (AD) or Accidental Death (AD) - Common Carrier
2.	Permanent Total Disablement (PTD)
3.	Permanent Partial Disablement (PPD)
4.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD)
5.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD)
6.	Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD)
7.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Partial Disablement (PPD)
8.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Temporary Total Disablement (TTD)
9.	Permanent Total Disablement (PTD) + Temporary Total Disablement (TTD)
10.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Temporary Total Disablement (TTD)

11.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
12.	Permanent Total Disablement (PTD) + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
13.	Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)
14.	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier + Permanent Partial Disablement (PPD) + Temporary Total Disablement (TTD)

### Section 3. Base Covers

#### 3.1 Accidental Death (AD)

We shall pay equal to 100% of Base Sum Insured to the Nominee/Legal Heir/Assignee, specified in the Policy Schedule/ Certificate of Insurance, on death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, provided that the Insured Person's death occurs within 12 months from the date of the Accident.

OR

#### 3.1 Accidental Death (AD) - Common Carrier

We shall pay equal to 100% of Base Sum Insured to the Nominee/Legal Heir/Assignee, specified in the Policy Schedule/ Certificate of Insurance, on death of the Insured Person, due to an Injury sustained in an Accident during the Policy Period, whilst travelling as an authorized fare paying passenger in any of the listed Common Carrier (under definition no.2.2.8).

Note: The Master Policyholder can opt either Accident Death (AD) or Accidental Death (AD) - Common Carrier under the Policy.

#### Extensions:

##### 3.1.1 Disappearance

In the event of the disappearance of the Insured Person and full body cannot be located within a period of 12 months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Person was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an accidental Injury then We shall pay the Sum Insured to the Nominee/Legal Heir/Assignee, as specified in Policy Schedule/ Certificate of Insurance towards this benefit, subject to terms & conditions of this Policy. If at any time, after the payment of the Accidental death/ Accidental Death - Common Carrier benefit, it is discovered that the Insured Person is still alive all payments shall be reimbursed in full to Us.

##### 3.1.2 Drowning

In the event of the disappearance of the Insured Person and full body cannot be located within a period of 12 months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of drowning. We shall pay the Sum Insured to the Nominee/Legal Heir/Assignee, as specified in Policy Schedule/ Certificate of Insurance towards this benefit, subject to terms & conditions of this Policy.

##### 3.2 Accidental Disablement

#### 3.2.1 Permanent Total Disablement (PTD)

We shall pay equal to 100% of Base Sum Insured (as specified in the Policy Schedule/ Certificate of Insurance) to the Insured Person, if an Insured Person suffers Permanent Total Disablement of the nature specified below, solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident:

Sr No.	Permanent Total Disablement (PTD)	Percentage of Sum Insured Payable
1.	Permanent Total Loss of Sight in both eyes	100%
2.	Permanent Total Loss of both hands' above wrist	100%
3.	Permanent Total Loss of both feet above ankle	100%
4.	Permanent Total Loss of Sight of one eye and one hand above wrist or one-foot above ankle	100%

#### 3.2.2 Permanent Partial Disablement (PPD)

We shall pay the following percentage of Base Sum Insured, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person suffers Permanent Partial Disablement of the nature specified below solely and directly due to an Accident during the Policy Period provided that the Permanent Partial Disablement shall occur within 12 months of the date of the Accident:

Permanent Partial Disablement (PPD)	Percentage of Sum Insured
The sight of one eye or the actual loss by physical separation of one entire hand or one entire foot.	50%
Use of a hand or a foot without physical separation	50%
Loss of toes – all	20%
Loss of toes great - both phalanges	5%
Loss of toes great - one phalanx	2%
Loss of toes other than great, if more than one toe lost: each	2%
Loss of Hearing - one ear	30%
Loss of four fingers and thumb of one hand	50%
Loss of four fingers of one hand	40%
Loss of thumb - both phalanges	25%
Loss of thumb – one phalanx	10%
Loss of index finger – three phalanges	15%
Loss of index finger – two phalanges	10%
Loss of index finger - one phalanx	5%
Loss of middle finger or ring finger or little finger – three phalanges	10%
Loss of middle finger or ring finger or little finger – two phalanges	7%
Loss of middle finger or ring finger or little finger – one phalanx	3%

Provided that, such disablement shall be a direct consequence thereof permanently disables the Insured Person from resuming his/her normal occupation.

The Company, at its discretion, may change the Permanent Partial Disablement (PPD) list and percentage of Sum Insured to be offered.

### 3.2.3 Temporary Total Disablement (TTD)

If the Insured Person sustains an Injury in an Accident during the Policy Period and which completely incapacitates the Insured Person from engaging in any employment or occupation of any description whatsoever which the Insured Person was capable of performing at the time of the Accident (Temporary Total Disablement), We shall pay weekly/monthly benefit, post completion of Elimination Period, as specified in the Policy Schedule/ Certificate of Insurance, till the time the Insured Person is able to return to work, provided that:

- i. We shall be liable to make payment under this benefit in respect of the Insured Person, if the Temporary Total Disablement shall exceed the Elimination Period as opted and specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.
- ii. The compensation under this benefit shall not be payable for more than 104 weeks in respect of any one Injury calculated from the date of commencement of disablement and in no case shall exceed the Base Sum Insured.
- iii. The Temporary Total Disablement is certified in writing by the treating Medical Practitioner. Submission of supporting documents/reports is a pre-requisite for consideration of any Claim under this benefit.
- iv. Once a Claim is admissible and payable under this benefit, at any point of time if the Temporary Total Disablement becomes permanent in nature, and/or Insured Person cannot resume employment, We shall be liable to pay only for the duration till which the disablement was temporary in nature. Once the disablement is established to be permanent in nature, the Insured Person can no longer Claim under this benefit and further payouts will cease.
- v. We will deduct any amounts already paid under benefit, 3.2.1 Permanent Total Disablement (PTD) (if opted) and 3.2.2 Permanent Partial Disablement (PPD) (if opted), from the amount payable under this benefit.
- vi. On exhaustion of opted limit under TTD, this benefit shall terminate and cease to operate in relation to such Insured Person.
- vii. The compensation shall be paid by Us at quarterly intervals, after ascertaining the amount payable. If the period of Temporary Total Disablement is for less than a quarter or three months, the compensation may be paid at the end of the disablement period.
- viii. During the course of payment under this benefit, We shall have right to call for a certification from an independent Medical Practitioner with regard to the continuity of Temporary Total Disablement specified under this benefit.
- ix. The Insured shall notify Us immediately on resuming to his occupation/employment. Where it is found that the Insured resumed to his occupation/employment without notifying to Us and received the compensation under this benefit, We shall have right to Claim the recovery of such benefit paid.
- x. No compensation shall be payable under this benefit in respect of any Injury to Dependent children and Dependent parents/ parents-in law.

xi. This benefit is payable only if the Insured Person is employed in India.

xii. Our maximum liability to pay the Claim under this benefit will be above the Elimination Period, up to the number of weeks/months specified in the Policy Schedule/ Certificate of Insurance or the number of days/weeks through which the Insured Person is disabled, whichever is earlier.

### Specific Conditions Applicable to Section 3 Base Covers

- i. The Policy shall terminate in the event of a Claim in respect of that Insured Person, where the Claim becomes admissible and accepted by Us under Benefit 3.1 Accidental Death and/or Accidental Death - Common Carrier and/or 3.2.1 Permanent Total Disablement. Except if Claim is paid under Benefit 3.2.2 Permanent Partial Disablement, the amount payable for the subsequent Claim/s under any other benefit shall be reduced by the amount/s already paid.
- ii. In the event of Permanent Total Disablement, the Insured will be under obligation to:
  - a. Have himself/herself examined by the panel doctors appointed (at the sole discretion of Company) and We will pay the costs involved thereof; Any non-compliance to the same may result in rejection of the claims.
  - b. Registered and qualified Medical Practitioner providing treatment or giving expert opinion and any other authority to supply Us any information that may be required on the condition of the Insured.
  - c. The disablement / death must occur within 12 months of the date of Accident.
- iii. If the Insured Person suffers from a Permanent Partial Disablement not listed in the table specified in benefit 3.2.2, then We will assess the degree of disablement with independent Medical Practitioners and determine the disablement percentage.
- iv. In the event of Accidental Death/ Accidental Death - Common Carrier, where Claim payment has been made owing to Disappearance or Drowning of Insured Person following an Accident, if after the payment of accidental death Claim, it is found that the Insured Person has survived the Accident, then the Policyholder/ Certificate Holder/ Insured Person has to refund the payment back to Us in consideration of the obligatory guarantee as provided during the Claim.
- v. In the event of Permanent Partial Disablement, if more than one loss results from any one Accident, only one highest amount will be payable by Us.
- vi. Irrespective of option selected, the maximum liability to pay the Claim under Benefit 3.1 Accidental Death/ Accidental Death - Common Carrier and 3.2 Accidental Disablement, 3.2.2 Permanent Partial Disablement(PPD) shall be limited to Base Sum Insured specified in the Policy Schedule/ Certificate of Insurance except for Temporary Total Disablement (TTD) which is over and above the Base Sum Insured, subject to terms and conditions specified in that benefit.

### Section 4. Optional Covers

The covers listed below are Optional Covers that can be made available under the Policy, for appropriate premium, subject to below mentioned terms, conditions, and exclusions.

#### 4.1. Accidental Hospitalization Benefit

##### 4.1.1 In-Patient Hospitalization

If the Insured Person, during the Policy Period, suffers any

accidental Injury that requires in-Patient Hospitalization on the written advice of a Medical Practitioner, then We will indemnify the Insured Person towards below mentioned Medical Expenses incurred by the Insured Person up to the limit as specified in the Policy Schedule/ Certificate of Insurance.

- i. Room Rent and boarding expenses as provided by the Hospital/Nursing home up to the Room Rent limit as specified in the Policy Schedule.
- ii. Intensive Care Unit expenses/ Intensive Cardiac Care Unit (ICCU) expenses.
- iii. Nursing expenses as provided by the Hospital.
- iv. Surgeon, anaesthetist, Medical Practitioner, consultants, specialist fees.
- v. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances.
- vi. Consultation fees including telemedicine by Medical Practitioner.
- vii. Medicines, drugs, and consumables.
- viii. Diagnostic procedures.
- ix. The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

Provided,

- i. If the Insured Person is admitted in a Hospital room where the room category opted or Room Rent incurred is higher than the eligibility as specified in the Policy Schedule/ Certificate of Insurance, then We shall be liable to pay only a pro-rated portion of the total associated Medical Expenses (including surcharge or taxes thereon) as per the following formula:
  - a.  $(\text{Eligible Room Rent limit} / \text{Room Rent actually incurred}) * \text{total Associated Medical Expenses}$ .
- ii. Associate Medical Expenses shall include Room Rent, nursing charges, Medical Practitioners' fees and operation theatre charges. Proportionate deductions may apply based on the room category.
- iii. The proportionate deductions and relevant associated Medical Expenses specified above under point (1) and (2) shall not be applicable for Hospitalization in an ICU.

Note: The expenses related to or subsumed into room charges / procedure charges / costs of treatment are specified in "Annexure II" are not covered, unless benefit 4.1.8 Consumables is opted under this Policy.

#### 4.1.2 Day Care Treatment

We will indemnify the Insured Person up to the limit as specified in the Policy Schedule/ Certificate of Insurance, for the Medical Expenses incurred due to an Accident occurred during the Policy Period, on the written advice of the Medical Practitioner, if any of the Insured Person undergoes a Day Care Treatment as defined under this Policy.

Provided,

- i. Our maximum liability to pay the Claim under this benefit falls within the 4.1.1 In-Patient Hospitalization Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### 4.1.3 Pre-Hospitalization

We will indemnify the Insured Person for the Medical Expenses incurred during the Policy Period, for the period as specified in the Policy Schedule/ Certificate of Insurance, immediately before the Insured Person was hospitalized.

Provided,

- i. Such Medical Expenses are incurred in respect of the same condition for which Insured Person has taken Hospitalization, and
- ii. We have accepted a Claim under any of the following benefits 4.1.1 In-Patient Hospitalization or 4.1.2. Day Care Treatment.
- iii. Our maximum liability to pay the Claim under this benefit falls within the 4.1.1 In-Patient Hospitalization Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### 4.1.4 Post-Hospitalization

We will indemnify the Insured Person for the Medical Expenses incurred during the Policy Period, for the period as specified in the Policy Schedule/ Certificate of Insurance, immediately after the Insured Person was discharged following Hospitalization, provided:

- i. Such Medical Expenses are incurred in respect of the same condition for which the Insured Person has taken Hospitalization, and
- ii. We have accepted a Claim under any of the following benefits 4.1.1 In-Patient Hospitalization or 4.1.2. Day Care Treatment.
- iii. Our maximum liability to pay the Claim under this benefit falls within the 4.1.1 In-Patient Hospitalization Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### 4.1.5 Road Ambulance

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, per Hospitalization, for expenses incurred on availing Road Ambulance services offered by a Hospital or by an Ambulance service provider for treatment following an emergency arising out of an Accident.

Provided,

- i. We have accepted a Claim under any one of the benefits 4.1.1 In-Patient Hospitalization, 4.1.2 Day Care Treatment or Section 3 Base Covers.
- ii. The coverage includes the cost of the transportation of the Insured Person to the nearest Hospital in case of an emergency Life Threatening Medical Condition, or from one Hospital to another Hospital which is prepared to admit the Insured Person and provide the necessary medical services.
- iii. Such Life Threatening Medical Condition is certified by the Medical Practitioner.
- iv. The transportation from one Hospital to another Hospital has been prescribed by a Medical Practitioner and is medically necessary.
- v. The Ambulance service is offered by a healthcare or registered Ambulance service provider.
- vi. The original Ambulance bills and payment receipt is submitted to Us.
- vii. We will not make any payment under this benefit if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

#### 4.1.6 Radio Cab

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, per Hospitalization, for the expenses incurred on availing registered Radio Cab operator services following an emergency arising out of an Accident.

Provided,

- i. We have accepted a Claim under any one of the benefits 4.1.1 In-Patient Hospitalization, 4.1.2 Day Care Treatment or Section 3 Base Covers.
- ii. The coverage includes the transportation cost of the Insured Person to the nearest Hospital and/or from Hospital to home.
- iii. The original Radio Cab bills and payment receipt is submitted to Us.
- iv. We will not make any payment under this benefit if the Insured Person is transferred to any Hospital or diagnostic centre for evaluation purposes only.

#### 4.1.7 Convalescence

We shall pay a lump sum amount as specified in the Policy Schedule/ Certificate of Insurance to the Insured Person, if the Insured Person is hospitalized due to an accidental Injury for a minimum period of continuous and consecutive days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 4.1.1 In-Patient Hospitalization.
- ii. This benefit is payable only once in a Policy year.
- iii. The benefit shall be available on individual basis for individual policies and on floater basis for floater policies.

#### 4.1.8 Consumables

We will indemnify the Insured Person up to an amount as specified in the Policy Schedule/ Certificate of Insurance, for the expenses incurred by the Insured Person for medical or surgical treatment of Injury, during the Policy Period, for items which are listed in 'Annexure II' of this Policy.

Provided,

- i. We have accepted a Claim under any one of the benefits 4.1.1 In-Patient Hospitalization or 4.1.2 Day Care Treatment.
- ii. Such consumables or items are prescribed by the treating Medical Practitioner and are medically necessary for the treatment of the same condition for which Insured Person has taken In-Patient Hospitalization or Day Care Treatment.
- iii. Our maximum liability to pay the Claim under this benefit falls within the 4.1.1 In-Patient Hospitalization Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### Specific Exclusions applicable to Benefit 4.1 Accidental Hospitalization Benefit

##### 1. Investigation & Evaluation (Code: Excl04)

- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

Any diagnostic expenses which are not related or not incidental to the current Diagnosis and treatment are excluded.

##### 2. Rest Cure, Rehabilitation and Respite Care (Code: Excl05)

Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

- i. Custodial care either at home or in a nursing facility for personal care such as help with Activities of Daily Living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
- ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

##### 3. Obesity/ Weight Control (Code: Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- i. Surgery to be conducted is upon the advice of the Doctor.
- ii. The Surgery/Procedure conducted should be supported by clinical protocols.
- iii. The member has to be 18 years of Age or older and;
- iv. Body Mass Index (BMI):
  - Greater than or equal to 40 or
  - Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
    - Obesity-Related Cardiomyopathy
    - Coronary Heart Disease
    - Severe Sleep Apnea
    - Uncontrolled Type2 Diabetes

##### 4. Change-of-Gender Treatments (Code: Excl07)

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

##### 5. Cosmetic or Plastic Surgery (Code: Excl08)

Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

##### 6. Hazardous or Adventure Sports (Code: Excl09)

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

##### 7. Breach of Law (Code: Excl10)

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

##### 8. Excluded Providers (Code: Excl11)

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the Policyholders are not admissible. However, in case of life-threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete Claim. (For updated and detailed list of excluded providers refer website [www.sbigeneral.in](http://www.sbigeneral.in)).

##### 9. Substance Abuse and Alcohol (Code: Excl12):

Treatment for, alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

##### 10. Wellness and Rejuvenation (Code: Excl13):

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

##### 11. Dietary Supplements & Substances (Code: Excl14):

Dietary supplements and substances that can be purchased without prescription, including but not limited to vitamins,

minerals and organic substances unless prescribed by a Medical Practitioner as part of Hospitalization Claim or Day Care procedure.

#### 12. Refractive Error (Code: Excl15):

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

#### 13. Unproven Treatments (Code: Excl16):

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven Treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

#### 14. Sterility and Infertility (Code: Excl17)

Expenses related to sterility and infertility. This includes:

- i. Any type of contraception, sterilization
- ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- iii. Gestational Surrogacy
- iv. Reversal of sterilization.

#### 15. Maternity Expenses (Code: Excl18)

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

16. Any expenses incurred on Domiciliary Hospitalization and OPD Treatment.

17. Treatment taken outside the geographical limits opted.

18. Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathy.

19. All expenses incurred towards non-payable items listed in Annexure-II of the Policy unless benefit 4.1.8 Consumables is opted under the Policy.

20. Treatment taken from anyone not falling within the scope of definition of Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which he is licensed or any kind of self-medication.

21. Any Medical Expenses which are not Reasonable and Customary Charges.

#### 4.2 Accidental Benefit

##### 4.2.1 OPD Treatment

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person, during the Policy Period, suffers any Injury in an Accident that requires OPD Treatment of the Insured Person.

Consultation	Fees for OPD Consultation from a Medical Practitioner for Accidental Injury.
Diagnostic Tests	Cost for Diagnostic Tests prescribed by the consulting Medical Practitioner
Vaccinations for Animal Bites	Cost of vaccination necessary following Injury due to animal bite
Pharmacy	Drugs and medicines prescribed by a Medical Practitioner

Surgical Treatment	Minor Surgical Procedure such as Plaster Cast, Synthetic cast, Suturing, Dressings for Accidents etc. carried out by a Medical Practitioner, which are supported with requisite diagnostic results (wherever applicable)
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Provided,

- i. The Claim for Diagnostic Tests, pharmacy and vaccinations for animal bites shall become payable only in relation to an OPD consultation which is payable.
- ii. The expenses under this benefit are covered only for allopathy treatment.
- iii. We shall not be liable to pay for the Deductible amount as specified in the Policy Schedule/ Certificate of Insurance towards this benefit.
- iv. Dental Implants, CAD/CAM restorations and bone graft are not covered.
- v. Our maximum liability to pay the Claim under this benefit is limited to OPD limit and for the option selected and as specified in the Policy Schedule/ Certificate of Insurance.
- vi. Any unutilized OPD limit shall not be carried forward to next Policy Year.
- vii. OPD Expenses for any cosmetic/ routine preventive health check-ups / dietary supplements, frames for prescribed lenses or any lenses including contact lenses and substances that can be purchased without prescription, including but not limited to vitamins, minerals and organic substances shall not be covered.
- viii. This benefit will be payable only for expenses incurred within the territory of India.
- ix. The benefit is available on an individual basis for individual policies and on floater basis for Family floater policies.

##### 4.2.2 Reconstructive Surgery

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, if during the Policy Period, the Insured Person sustains bodily Injury due to an Accident which requires Reconstructive Surgery (for cosmetic purpose) within 6 months from the date of Accident/ Injury.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement, or 4.2.5 Burns.
- ii. The Reconstructive Surgery is carried out on the written advice of Medical Practitioner.
- iii. Claim arising out of pre-existing injuries will not be covered under this benefit.
- iv. Specific Exclusion 5.1 (16) Cosmetic or Plastic Surgery will not be applicable to the extent of limit covered under this benefit.
- v. This benefit will be payable only for expenses incurred within the territory of India.

##### 4.2.3 Coma Benefit

If the Insured Person sustains an Injury due to an Accident during the Policy Period which solely and directly results in Hospitalization of the Insured Person, during which Insured Person enters a state of Coma, then We shall pay the benefit as specified in the Policy Schedule/ Certificate of Insurance.

Provided,

- i. The Coma is confirmed and certified by a specialist Medical Practitioner in writing which includes:

- a. No response to external stimuli continuously for at least 96 hours; and
- b. Permanent neurological deficit must be assessed at least 30 days after the onset of the Coma and the reports to be submitted to Us for any benefit to be payable under this Section; and
- c. Life support systems and measures are necessary to sustain life.
- ii. Such state of Coma occurs within 30 days of Accident.
- iii. Our liability will be above the Elimination Period, for every completed continuous week that Insured Person is in Coma, for a period not exceeding the number of weeks specified in the Policy Schedule/ Certificate of Insurance.
- iv. If the Insured Person is in Coma for a part of week, then only proportionate part of weekly benefit will be payable.
- v. Coma resulting directly from alcohol or drug abuse or any other illness other than accidental bodily Injury is excluded.

#### 4.2.4 Funeral Expenses

We shall pay a lump sum amount as specified in the Policy Schedule/ Certificate of Insurance to the Insured Person, towards the cost of funeral, cremation and/or burial of the body of the deceased Insured Person during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death / Accidental Death – Common Carrier.
- ii. Once a Claim has been accepted under this benefit, this Policy will immediately and automatically cease in respect of that Insured Person.

#### 4.2.5 Burns

If Insured Person sustains any burn Injury, resulting solely and directly, from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of burn Injuries as listed below, then We shall pay as per details indicated below, to the Insured Person/Nominee/ Legal Heir/Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Burns		
	Nature of Burns	% of Base SI Payable
<b>a. Head</b>		
1.	Third Degree Burns of 8% or more of the total head surface area	100%
2.	Second degree Burns of 8% or more of the total head surface	50%
3.	Third Degree Burns of 5% or more, but less than 8% of the total head surface area	80%
4.	Second degree Burns of 5% or more, but less than 8% of the total head surface area	40%
5.	Third Degree Burns of 2% or more, but less than 5% of the total head surface area	60%
6.	Second degree Burns of 2% or more, but less than 5% of the total head surface area	0%
<b>b. Rest of the Body</b>		
1.	Third Degree Burns of 20% or more of the total body surface area	100%
2.	Second degree Burns of 20% or more of the total body surface area	50%

3.	Third Degree Burns of 15% or more, but less than 20% of the total body surface area	80%
4.	Second degree Burns of 15% or more, but less than 20% of the total body surface area	40%
5.	Third Degree Burns of 10% or more, but less than 15% of the total body surface area	60%
6.	Second degree Burns of 10% or more, but less than 15% of the total body surface area	30%
7.	Third Degree Burns of 5% or more, but less than 10% of the total body surface area	20%
8.	Second degree Burns of 5% or more, but less than 10% of the total body surface area	10%

Provided,

- i. The Burns that are self-inflicted by the Insured Person in any way are excluded;
- ii. A Medical Practitioner has confirmed the percentage of the surface area of the burn and the Diagnosis of the burn in writing.
- iii. If Injury results in more than one of the nature of Burns mentioned in the above table, then Our maximum, total and cumulative liability under this benefit will be limited to the Burns limit as specified in the Policy Schedule/ Certificate of Insurance.

#### 4.2.6 Broken Bones/ Fracture

If Insured Person sustains any Injury, resulting solely and directly from an Accident during the Policy Period, and if such Injury shall within 90 days of its occurrence be the sole and direct cause of fracture as listed below, then We shall pay as per details indicated below, to the Insured Person/ Nominee/ Legal Heir/ Assignee as stated in the Policy Schedule/ Certificate of Insurance:

Sr No.	Broken Bones/ Fracture	
	Nature of Fracture	% of Base SI Payable
1.	Fractures of the Skull:	
	a) Compound fracture with damage to the brain tissue	100%
	b) Compound fracture without damage to the brain tissue	75%
	c) All other fractures	50%
2.	Fractures of hip or Pelvis (excluding thigh or coccyx):	
	a) Multiple fractures (at least one compound & one complete)	100%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%
3.	Fracture of thigh or heel:	
	a) Multiple fractures (at least one compound & one complete)	50%
	b) All other compound fractures	50%
	c) Multiple fractures, at least one complete	30%
	d) All other fractures	20%

4.	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture):	
a)	Multiple fractures (at least one compound & one complete)	40%
b)	All other compound fractures	30%
c)	Multiple fractures, at least one complete	20%
d)	All other fractures	10%
5.	Fractures of Lower Jaw:	
a)	Multiple fractures (at least one compound & one complete)	30%
b)	All other compound fractures	20%
c)	Multiple fractures, at least one complete	16%
d)	All other fractures	8%
6.	Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel):	
a)	All compound fractures	20%
b)	All other fractures	10%
7.	Colles type fracture to the Lower Arm:	
a)	Compound	20%
b)	Other	10%
8.	Fractures of Spinal Column (Vertebrae but excluding coccyx):	
a)	All compression fractures	20%
b)	All spinous, transverse process or pedicle fractures	20%
c)	All other vertebral fractures	10%
9.	Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers:	
a)	Multiple fractures (at least one compound & one complete)	16%
b)	All other compound fracture	12%
c)	Multiple fractures, at least one complete	8%
d)	All other fractures	4%

- If an Insured Person suffers a Broken Bone/ Fracture not mentioned in the table above, then We will assess the fracture with Our medical advisors and determine the amount of payment to be made.
- We shall not be liable to make any payment in respect of any fracture which results due to any illness or Disease (including malignancy) or due to osteoporosis/ degeneration of bones.
- If Injury results in more than one of the natures of Broken Bones/Fracture mentioned in the above table, then Our maximum, total and cumulative liability under this benefit will be limited to the Broken Bones/Fracture limit as specified in the Policy Schedule/ Certificate of Insurance.

#### 4.2.7 Personal Belongings

We will indemnify the Insured Person up to an amount as specified in the Policy Schedule/ Certificate of Insurance, if any of the below listed Personal Effects of the Insured Person is lost as a result of theft immediately following, and at the location of Insured Person's Accident which has taken place during the Policy Period.

##### List of Personal Effects

- Clothes
- Laptop
- Mobile Phone

- Tablet
- Wallet
- Watch

Provided,

- We have accepted a Claim under any one of the benefits, 4.1.1 In-Patient Hospitalization, 4.1.2 Day Care Treatment or Section 3 Base Cover.
- In case of such loss must be reported to the police within 24 hours of the incident. Any Claim must be accompanied by written documentation from police.
- Our maximum liability to pay the Claim in respect of any one or all articles is limited to the amount specified towards this benefit in the Policy Schedule/ Certificate of Insurance. In any case, the Claim amount for a particular item shall not exceed the original invoice value of that item.

#### 4.2.8 Reinstatement of Base Sum Insured

We shall reinstate the limit of this benefit up to the Base Sum Insured only for the Primary Insured Person during the Policy Period.

Provided,

- This benefit is available only for policies issued on Family Floater basis.
- The Base Sum Insured under this benefit shall be reinstated to full extent immediately after settlement of a Claim.
- The Sum Insured will be reinstated only once during the Policy Period to the extent of Base Sum Insured exhausted by the Insured Person other than Primary Insured towards which We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier or 3.2.1 Permanent Total Disablement or 3.2.2 Permanent Partial Disablement for Insured Person(s).
- There will be no reinstatement of Base Sum Insured in case of an Accidental Death/ Accidental Death – Common Carrier/PTD/PPD of the Primary Insured.
- The Reinstated Sum Insured shall be utilized after the Base Sum Insured, earned Cumulative Bonus (if applicable) and S.I Escalation (if applicable) have been completely exhausted.
- The Reinstated Sum Insured shall be available for Section-3 except benefit 3.2.3 Temporary Total Disablement (TTD).

#### 4.3 Transportation Benefit

##### 4.3.1 Compassionate Visit

We will indemnify/ pay lump sum amount (as specified in the Policy Schedule/ Certificate of Insurance), if the Insured Person suffers an Accident which results in Accidental Death, PTD, PPD or In-Patient Hospitalization of the Insured Person and no adult is present at the place of Accident, then We will pay or reimburse, towards the expenses incurred in respect of round trip ticket of anyone Immediate Family Member of the Insured Person to the place Accident. Or

We will pay the per day benefit amount as specified in Policy Schedule/ Certificate of Insurance, if the Insured Person is Hospitalised for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, as Per day expenses for the Immediate Family Member during Hospital stay.

Provided,

- We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement, 4.1.1 In-Patient Hospitalization.

- ii. The Accident has happened in the city other than the usual place of residence of the Insured Person.
- iii. In a given Policy Year, the daily cash benefit amount shall be payable as specified in the Policy Schedule/ Certificate of Insurance maximum up to 10 days.
- iv. The Day Deductible (as opted) under daily cash benefit shall be applicable on number of days of Hospitalization, if opted and as specified in the Policy Schedule/ Certificate of Insurance.
- v. The Insured Person's treating Medical Practitioner has advised in writing for the presence of an Immediate Family Member.
- vi. Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.3.2 Transportation of Mortal Remains

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period, towards the cost for transporting the mortal remains of the Insured Person from the place of death to a cremation ground or burial ground or to the residence of the Insured Person.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier.
- ii. Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.3.3 Emergency Evacuation (Air Ambulance)

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, for the expenses incurred on availing Air Ambulance services during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement ,3.2.2 Permanent Partial Disablement, 3.2.3 Temporary Total Disablement and/or 4.1.1 In-Patient Hospitalization or 4.1.2 Day Care Treatment or Accidental Death occurred during the process of Evacuation.
- ii. The coverage includes the cost of the transportation of the Insured Person from the place of first occurrence of the Accident to the nearest Hospital in case of an emergency Life Threatening Medical Condition, or from one Hospital to another Hospital which is prepared to admit the Insured Person and provide the necessary medical services, only in case where the Insured Person requires immediate and rapid Ambulance transportation which cannot be provided by a Road Ambulance.
- iii. Such Life-Threatening Medical Condition is certified by the Medical Practitioner.
- iv. The transportation from one Hospital to another Hospital has been prescribed by a Medical Practitioner and is medically necessary.
- v. The Ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
- vi. The Air Ambulance Service should have been duly licensed for operation by the Competent Authorities of the Government of India or the Authority of the country in which the Accident has taken place.

#### 4.3.4 Transportation of Imported Medicines

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person is hospitalised due to an Accident, during the Policy Period. We reimburse towards the expenses incurred on freight charges for importing medicines prescribed by the treating Medical Practitioner to India for the purpose of Insured Person's medical or surgical treatment.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement ,3.2.2 Permanent Partial Disablement, 3.2.3 Temporary Total Disablement, 4.1.1 In-Patient Hospitalization ,4.1.2 Day Care Treatment and 4.2.5 Burns.
- ii. Such medicines, formulations or their alternatives are not available in India.
- iii. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following an Accident.
- iv. Such medicines shall not include any drugs under clinical or medicines, formulations or molecules of Unproven efficacy.

#### 4.3.5 Catastrophe Evacuation

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certification of Insurance, during the Policy Period, for the expenses incurred by the Insured Person for necessary Emergency Evacuation in order to avoid risk of personal Injury on happening of Catastrophes like fire, flood, earthquake, storm, lightening, explosion, hurricane).

Provided,

- i. Catastrophe is declared by Government of India or appropriate Government or governing body of the country.
- ii. Expenses under this benefit shall be payable on reimbursement basis subject to the original bills and payment receipt submitted to Us.
- iii. The Service availed should have been duly licensed for operation by the Competent Authorities of the Government of India or the Authority of the country in which the Catastrophes has taken place.
- iv. When making determinations, We will consider the nature of emergency, Insured's medical condition and ability to travel and relevant circumstances like airport availability, weather conditions and distance to be covered.

#### 4.4 Dependent Care (Child and Parent)

##### 4.4.1 Child Education

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance for the education of the Insured's Dependent Children, if the Primary Insured Person suffers Accidental Death and/or Permanent Total Disablement, solely and directly due to an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death / Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement.
- ii. The Dependent Child(ren) is not necessarily be Insured under the Policy and is under the Age of 25 years and unmarried as on date of Accident.
- iii. The Dependent Child(ren) must be in full time education at an accredited Educational Institution.
- iv. Irrespective of the number of Dependent Children, Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of

Insurance towards this benefit.

- iv. This benefit is payable every Policy year, up to the number of Policy years opted and specified in the Policy Schedule/ Certificate of Insurance.
- v. Any Claim under this benefit that becomes admissible where the Dependent Child(ren) is a minor, shall be payable to the Legal Heirs.

#### 4.4.2 Marriage Expense

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance for the marriage expenses of the Insured's Dependent Child(ren), if the Primary Insured Person suffers Accidental Death, Permanent Total Disablement, solely and directly due to an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier and/or 3.2.1 Permanent Total Disablement.
- ii. The Dependent Child(ren) is not necessarily be Insured under the Policy and is under the Age of 25 years and unmarried as on date of Accident.
- iii. This benefit will be payable only for expenses incurred within the territory of India.
- iv. Our maximum and cumulative liability to pay the Claim under this benefit is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance, irrespective of the number of Dependent children.
- v. This benefit is payable once in a lifetime of Policy.
- vi. Any Claim under this benefit that becomes admissible where the Dependent children is a minor, shall be payable to the Legal Heirs.
- vii. The maximum liability to pay the Claim under this benefit is limited to Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.4.3 Loss or Damage to School Bag/Books/Spectacles/Bicycles

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance towards the loss or damage to school bag, books (including text and additional course material), spectacles, bicycles etc. belonging to students or members of an Educational Institution, If the Primary Insured Person suffers from Accidental Death, Permanent Total Disablement and/or Permanent Partial Disablement, solely and directly due to an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement and/or 3.2.2 Permanent Partial Disablement.
- ii. The Dependent Child(ren) is not necessarily be Insured under the Policy and is under the Age of 25 years and unmarried as on date of Accident.
- iii. This benefit will be payable only for expenses incurred within the territory of India.
- iv. Any Claim under this benefit that becomes admissible where the Dependent Child(ren) is a minor, shall be payable to the Legal Heirs.
- v. Irrespective of the number of Dependent Children, Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

Insurance towards this benefit.

#### 4.4.4 Orphan Benefit

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person and spouse (whether or not an Insured Person), who are the parents of the Dependent Child(ren) suffers Accidental Death, solely and directly due to the same Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier.
- ii. The Dependent Child(ren) is not necessarily be Insured under the Policy and is under the Age of 25 years and unmarried as on date of Accident.
- iii. This benefit is payable once in a lifetime of the Policy.
- iv. Any Claim under this benefit that becomes admissible where the Dependent Child(ren) is a minor, shall be payable to the Legal Heirs.
- v. Irrespective of the number of Dependent Children, Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.4.5 Parental Care

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance, in respect of the surviving Dependent Parent (single or both parents, whether or not an Insured Person), if the Insured Person suffers Accidental Death, Permanent Total Disablement within 12 months from the date of loss, solely and directly due to an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement.
- ii. The benefit shall be available separately to each Dependent Parent and/ or Dependent Parent-in-law.
- iii. Our maximum liability to pay the Claim under this benefit is limited to Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.4.6 Widowhood Cover

We shall pay to the limit, specified in the Policy Schedule/ Certificate of Insurance to the Spouse on Accidental Death of the Primary Insured Person, due to an Injury sustained in an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier of Primary Insured Person.
- ii. Primary Insured Person's death occurs due to an Injury sustained during an Accident which occurs within 12 months from the date of the Accident, during the Policy Period.
- iii. Our maximum liability to pay the Claim under this benefit is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### 4.5 Loan and Employment Benefits

##### 4.5.1 Loan Protector

We shall pay up to the limit specified in the Policy Schedule/ Certificate of Insurance to the Insured Person towards the re-payment of loan or opted number of EMI's as opted and specified in the Policy Schedule/ Certificate of Insurance, if the

Insured Person suffers Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Critical Illness (as listed in Benefit 4.8.1 Critical Illness), solely and directly due to an Accident/ covered Critical Illness, occurs within 12 months from the date of Accident.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death / Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.8.1 Critical Illness.
- ii. The loan is taken within India from entities regulated by the RBI and permitted to carry out lending business.
- iii. Any overdue and unpaid payments by the Insured Person prior to the date of Accident or Diagnosis of listed Critical Illness will not be payable by Us.
- iv. We will not process the payment if Insured Person is diagnosed with Critical Illness during the initial waiting period and specified in the Policy Schedule/ Certificate of Insurance from the date of inception of first Policy with Us.
- v. The Insured Person survives a Survival Period, as opted and specified in the Policy Schedule/ Certificate of Insurance, from the date of Diagnosis of such Critical Illness. Otherwise, the benefit would not be payable if Insured dies due to incidence of one of the Critical Illnesses within the stipulated Survival Period.
- vi. Claims related to Critical Illness should not be consequence of or arising out of any pre-existing condition/Disease. The outstanding loan amount would not include any arrears, penalties, or penal interest levied by the Bank or Financial Institution.
- vii. Our maximum liability for this benefit will be limited to the option selected which will be outstanding loan amount or Base Sum Insured (whichever is lower) or up to number of EMI's opted, as specified in the Policy Schedule/ Certificate of Insurance.

#### 4.5.2 Loss of Income

We shall pay up the limit specified in the Policy Schedule/ Certificate of Insurance towards loss of income, if the Primary Insured Person suffers from Permanent Total Disablement, Permanent Partial Disablement and/or Critical Illness (as listed in Benefit 4.8.1 Critical Illness), solely and directly due to an Accident or covered Critical Illness, during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement 3.2.2 Permanent Partial Disablement or 4.8.1 Critical Illness.
- ii. Primary Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation.
- iii. This benefit will be payable only if the Primary Insured Person is working within the territorial limits of India.
- iv. Net Monthly Salary (Take home salary) shall be payable after deduction of income tax, professional tax, PF Contributions, Bonuses / One-time Variable Pay, Any other deductions, and any reimbursements from the monthly pay slips.
- v. In case of salaried persons, We shall consider the last three months monthly average salary slip of the employer subject to all deductions mentioned above.
- vi. In case of self-employed persons or where income information is not available, We shall consider the certified

documents proving his/her annual income.

- vii. We shall not be liable for payments under this benefit if the Insured's termination, dismissal, temporary suspension, or retrenchment from employment is linked to dishonesty or fraud or poor performance or his wilful violation of employer rules or laws or any disciplinary action.
- viii. We shall not be liable for any payment under this Policy in respect of:
  - a. Claims related to casual, temporary, seasonal, or contractual employment or employees not on the direct employer's rolls.
  - b. Voluntary unemployment.
  - c. Unemployment at the time of inception of the Policy Period or within the first three months of the first Policy with Us.
  - d. Unemployment from a job without provided salary or remuneration to the Insured Person.
  - e. Unemployment due to resignation, retirement (voluntary or otherwise).
  - f. Unemployment due to non-confirmation of employment after or during probation.
  - g. Events arising from the Insured committing a law breach with criminal intent.
- ix. Our maximum liability for this benefit will be limited to the option selected, no. of months opted as specified in the Policy Schedule/ Certificate of Insurance.

#### 4.6 Modification & Support Benefit

##### 4.6.1 Modification (Home/Vehicle)

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person sustains an Injury in an Accident during the Policy Period and incurs expenses towards necessary improvements carried out in the Insured Person's residence and/or owned vehicle certified in writing by a Medical Practitioner following an Accident.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement and/or 3.2.2 Permanent Partial Disablement.
- ii. This benefit will be payable only for expenses incurred within the territorial limits of India and should exclusively benefit the Insured Person.
- iii. The alterations to the Insured Person's home, prompted by losses from an Accident, must be justified by the fact that they were not warranted prior to the Accident date and are a direct result or requirement of the loss occurring during the Policy Period.
- iv. The modifications are carried out within 3 months from the Insured Person's discharge from Hospital due to Permanent Total Disablement or Permanent Partial Disablement
- v. Expenses shall not surpass the standard charges typically associated with similar alterations.
- vi. Expenses related to the repair of normal wear and tear, or general renovation shall be excluded.

##### 4.6.2 Mobility Extension

We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Injury, resulting solely and directly, from an

Accident during the Policy Period and if such Injury requires prosthetic devices, orthopaedic braces, and durable medical equipment to fulfil basic mobility needs.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement.
- ii. The mobility device/ equipment is medically necessary following the occurrence of an Accidental Injury and is ordered by or under the direction of a treating Medical Practitioner.
- iii. This benefit can be claimed once in lifetime of the Insured Person.
- iv. Any mobility device/ equipment which was required by the Insured Person at the time of inception of the Policy in connection to a Pre-Existing Disease or condition shall not be covered.
- v. Our maximum liability to pay the Claim is limited to Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.7 Special Benefit

##### 4.7.1 Adventure Sports

If the Insured Person sustains an Injury in an Accident during the Policy Period which solely and directly results in Accidental Death/ Permanent Total Disablement/ In-Patient Hospitalization of the Insured Person due to participation in below listed Adventurous Sports in a non-professional capacity and under the supervision of a trained professional, which solely and directly results in Insured Person's;

- a. "Death" and/or "Permanent Total Disablement" within 12 months from the Date of Accident; then We shall pay a lump sum amount as specified in the Policy Schedule/ Certificate of Insurance to the Insured Person;
- and/or
- b. "In-Patient Hospitalization", then We will Indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death, 3.2.1 Permanent Total Disablement or 4.1.1 In-Patient Hospitalization.
- ii. Once a Claim has been accepted under this benefit for Accidental Death or Permanent Total Disablement, this Policy will immediately and automatically cease in respect of that Insured Person.
- iii. We will not pay any Claim under this benefit, whilst Insured Person are engaged in training for or participating in sport as:
  - a. A professional for which Insured Person receive payment or funding through sponsorship or grants; or
  - b. An amateur sportsperson; or
  - c. Insured Person is not performing the activity under the supervision of a trained professional.
- iv. This benefit is payable only once in a Policy year towards an Insured Person.
- v. The exclusion 5.1.15 and Hazardous or Adventure Sports: Code- Excl09 shall be waived to the extent specified under this benefit.
- vi. Our maximum, total and cumulative liability under this benefit shall be limited to Sum Insured specified in the Policy

Schedule/ Certificate of Insurance but in any case, shall not exceed the Base Sum Insured and/or In-Patient Hospitalization Sum Insured (whichever is applicable).

We will cover Insured Person towards the below listed Adventure Sports, unless any of the activities are modified/added /deleted and are specifically specified in the Policy Schedule/ Certificate of Insurance.

List of Adventure Sports Activities Covered	
Abseiling	Surf Boat Rowing
Aerial Safari	Surfing
Ballooning	Tubing
Black Water Rafting	Wake Skating
Bouldering	Wakeboarding
Bushwalking up to 3000 Metres	Windsurfing (Coastal Waters within 3 Nautical Miles Only)
Canoeing	Yachting (Coastal Waters Only)
Go Karting	Bungee Jumping
Hiking/Trekking up to 3000 Metres	Motor Biking
Ice Skating (Indoor Only)	Sandboarding
Jet Boating	Sand Skiing
Jet Skiing	Skidoos
Kayaking	Skiing / Snowboarding
Mountain Biking (Cross Country)	Snow Mobi ling
Mountain Biking on Tracks and Trails	Snow Rafting
Parasailing	Zip Lining
Parascending (Over Water Only)	Zorbing
Rafting	Triathlon
River Boarding	Gliding
Rock Climbing up to 3000 Metres	Hang Gliding
Rowing / Sculling	Parachuting
Sea Canoeing	Paragliding
Sea Kayaking (Coastal Waters Only)	Parapenting
Snorkelling	Skydiving with a Professional Trainer
Speed Boating	Scuba Diving to 50 Metres

##### 4.7.2 More Benefit (Common Carrier)

We shall pay additional percentage of Base Sum Insured, specified in the Policy Schedule/ Certificate of Insurance to the Nominee/Legal Heir/Assignee, if the Insured Person suffers Accidental Death, whilst travelling as an authorized fare paying passenger in any of the listed Common Carrier (under definition no.2.2.8), during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death – Common Carrier.

##### 4.7.3 Multiple Member Disability

We shall pay additional percentage of Base Sum Insured to the Insured Person, specified in the Policy Schedule/ Certificate of Insurance, if two or more Insured Person covered under the same Policy suffers Permanent Total Disablement, solely and directly due to an Accident during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement.
- ii. Injuries leading to disability are sustained in a single Accident.

#### 4.7.4 Enhanced Permanent Total Disablement (PTD)

We shall pay additional percentage of Base Sum Insured to the Insured Person, specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person suffers Permanent Total Disablement (for nature specified under Benefit 3.2.1), solely and directly due to an Accident during the Policy Period, provided that the Permanent Total Disablement occurs within 12 months from the date of the Accident.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement.

#### 4.7.5 S.I Escalation

At the end of each completed and continuous Policy Year, We will increase the Base Sum Insured by an opted percentage (as specified in the Policy Schedule/ Certificate of Insurance), on each Renewal of the Policy.

Provided,

- i. The Policy is renewed with Us without a break.
- ii. This benefit is applicable only to Section-3 Base Cover, except benefit 3.2.3 Temporary Total Disablement (TTD).
- iii. The benefit is available on an individual basis for individual policies and on floater basis for Family floater policies.
- iv. Our maximum liability to pay the Claim is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.7.6 Legal Expenses

We will indemnify up to the limit specified in the Policy Schedule/ Certificate of Insurance to the Insured Person towards the legal/ court expenses borne by the Insured against any legal litigations resulting due to any involvement in an Accident of the Insured.

#### 4.7.7 Fraud/ Loss of Card Liability

We will indemnify up to the limit specified in the Policy Schedule/ Certificate of Insurance to the Insured Person towards fraudulent utilization of a lost/ stolen use of authorised Debit/ Credit card (International/ Domestic) of the Insured Person.

Provided,

- i. We have accepted a Claim under benefit-3.1 Accidental Death/ Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement.
- ii. In case of such loss must be reported to the police within 24 hours of the incident. Any Claim must be accompanied by written documentation from police.
- iii. The lost or stolen card must be chip & pin based.
- iv. Our maximum liability to pay the Claim under this benefit is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance.
- v. This benefit will be payable only for incidence has incurred within the territorial limits of India.
- vi. This benefit shall not cover
  - a. Any loss due to gross negligence of the Insured Person.
  - b. Any Claim due to deliberate breach of law.
  - c. Any pre-delivery fraud and/ or loss in transit.

#### 4.7.8 Purchase of Blood

We will indemnify the Insured Person up to the limit, specified in the Policy Schedule/ Certificate of Insurance, for the expenses incurred by the Insured Person for purchasing blood through a Hospital or lawful blood bank for the purpose of the Insured Person's medical or surgical treatment, resulting due to an accidental Injury during the Policy Period.

Provided,

- i. We have accepted a Claim under benefit 3.1 Accidental Death / Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement and/ or 3.2.2 Permanent Partial Disablement or 4.1.1 In-Patient Hospitalization.
- ii. Our maximum liability for this benefit will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.7.9 Blood Transfusion (Accident Care)

We will indemnify the Insured Person for the expenses incurred towards blood transfusion at home, up to the limit, specified in the Policy Schedule/ Certificate of Insurance, if an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Permanent Total Disablement and/ or Permanent Partial Disablement and/ or Coma and/ or Burns.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement, 4.2.3 Coma Benefit or 4.2.5 Burns.
- ii. Blood transfusion has been recommended in writing by the treating Medical Practitioner.
- iii. Our maximum liability for this benefit will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### 4.7.10 PA Cumulative Bonus

An additional 5% of Base Sum Insured shall be provided as Cumulative Bonus for Section-3 Base Covers except TTD, in respect of each Claim free Policy Year, provided the Policy is renewed without a break, subject to maximum of 50% of Base Sum Insured.

Provided,

- i. This benefit is applicable only to Section-3 Base Cover, except benefit 3.2.3 Temporary Total Disablement (TTD).
- ii. The Cumulative Bonus shall be utilized only after the Base Sum Insured has been completely exhausted under the Policy.
- iii. The benefit is available on an individual basis for individual policies and on floater basis for Family floater policies.

### 4.8 Specific Covers

#### 4.8.1 Critical Illness (C.I.)

If an Insured Person is diagnosed with any of the below listed Critical Illness, during the Policy Period, then We will pay the Critical Illness Sum Insured specified in the Policy Schedule/ Certificate of Insurance to the Insured Person/Nominee/Legal Heir/Assignee on Indemnity or Benefit Basis (As opted).

Provided,

- i. The Critical Illness for which Insured Person is suffering from occurs or manifest itself during the Policy Period as first incidence in India.
- ii. A Waiting Period of no. of days (as specified in the Policy Schedule/Certificate of Insurance) is applicable at the

commencement of the Policy.

- iii. The Insured Person survives a Survival Period, as opted and specified in the Policy Schedule/ Certificate of Insurance, from the date of Diagnosis of such Critical Illness. Otherwise, the benefit would not be payable if Insured dies due to incidence of one of the Critical Illnesses within the stipulated Survival Period.
- iv. This benefit shall terminate once a Claim has been accepted and paid, where benefit basis option is opted by Insured Person for a covered Critical Illness. In consequence thereof, no other benefit shall be payable under this benefit.
- v. Claims will be payable only if Critical Illness Claim occurs while the benefit is in force. A written intimation of Critical Illness Claim should be given within 30 days of incidence of Critical Illness condition, unless otherwise agreed by Us.

11 plans varying by number of Critical Illness Conditions as follows:

Sr No.	Name of CI/ Surgery	9 Cl	10 Cl	12 Cl	15 Cl	18 Cl	20 Cl	25 Cl	30 Cl	40 Cl	50 Cl	60 Cl
1.	Cancer of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2.	Myocardial Infraction (First Heart Attack of Specific Severity)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3.	Open Chest CABG	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4.	Open Heart Replacement or Repair of Heart Valves	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5.	Coma of Specified Severity	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6.	Kidney Failure Requiring Regular Dialysis	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7.	Stroke Resulting in Permanent Symptoms	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8.	Major Organ /Bone Marrow Transplant*	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
9.	Permanent Paralysis of Limbs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
10.	Motor Neuron Disease with Permanent Symptoms		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
11.	Multiple Sclerosis with Persisting Symptoms			✓	✓	✓	✓	✓	✓	✓	✓	✓
12.	Benign Brain Tumor			✓	✓	✓	✓	✓	✓	✓	✓	✓
13.	Blindness				✓	✓	✓	✓	✓	✓	✓	✓
14.	Deafness				✓	✓	✓	✓	✓	✓	✓	✓
15.	End Stage Lung Failure				✓	✓	✓	✓	✓	✓	✓	✓
16.	End Stage Liver Failure					✓	✓	✓	✓	✓	✓	✓
17.	Loss of Speech					✓	✓	✓	✓	✓	✓	✓
18.	Loss of Limbs					✓	✓	✓	✓	✓	✓	✓

Sr No.	Name of CI/ Surgery	9 Cl	10 Cl	12 Cl	15 Cl	18 Cl	20 Cl	25 Cl	30 Cl	40 Cl	50 Cl	60 Cl
19.	Major Head Trauma							✓	✓	✓	✓	✓
20.	Third Degree Burns							✓	✓	✓	✓	✓
21.	Primary (Idiopathic) Pulmonary Hypertension							✓	✓	✓	✓	✓
22.	Alzheimer's Disease								✓	✓	✓	✓
23.	Parkinson's Disease								✓	✓	✓	✓
24.	Aorta Graft Surgery								✓	✓	✓	✓
25.	Amputation of Feet Due to Complications from Diabetes								✓	✓	✓	✓
26.	Myasthenia Gravis									✓	✓	✓
27.	Elephantiasis									✓	✓	✓
28.	Aplastic Anaemia									✓	✓	✓
29.	Loss of Independent Existence (Cover up to Age 74)									✓	✓	✓
30.	Dissecting Aortic Aneurysm									✓	✓	✓
31.	Progressive Scleroderma										✓	✓
32.	Chronic Adrenal Insufficiency (Addison's Disease)										✓	✓
33.	Other Serious Coronary Artery Disease										✓	✓
34.	Severe Rheumatoid Arthritis										✓	✓
35.	Cardiomyopathy										✓	✓
36.	Infective Endocarditis										✓	✓
37.	Medullary Cystic Disease										✓	✓
38.	Apallic Syndrome										✓	✓
39.	Creutzfeldt-Jacob Disease (CJD)										✓	✓
40.	Ebola										✓	✓
41.	Pneumonectomy											✓
42.	Brain Surgery											✓
43.	Severe Ulcerative Colitis											✓
44.	Chronic Relapsing Pancreatitis											✓
45.	Progressive Supranuclear Palsy											✓

Sr No.	Name of CI/ Surgery	9 CI	10 CI	12 CI	15 CI	18 CI	20 CI	25 CI	30 CI	40 CI	50 CI	60 CI
46.	Terminal Illness									✓	✓	
47.	Fulminant Hepatitis									✓	✓	
48.	Crohn's Disease									✓	✓	
49.	Bacterial Meningitis									✓	✓	
50.	Loss of One Limb and One Eye									✓	✓	
51.	Necrotising Fasciitis										✓	
52.	Muscular Dystrophy										✓	
53.	Hemiplegia										✓	
54.	Poliomyelitis										✓	
55.	Tuberculosis Meningitis										✓	
56.	Encephalitis										✓	
57.	Myelofibrosis										✓	
58.	Pheochromocytoma										✓	
59.	Systemic Lupus Erythematosus with Lupus Nephritis										✓	
60.	Eisenmenger's Syndrome										✓	

#### Definitions of Critical Illness:

##### 1. Cancer of Specified Severity:

A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This Diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.

The following are excluded:

1. All tumors which are histologically described as carcinoma in situ, benign, pre- malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
2. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
3. Malignant melanoma that has not caused invasion beyond the epidermis;
4. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0;
5. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
6. Chronic lymphocytic leukaemia less than RAI stage 3.
7. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
8. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs.

##### 2. Myocardial Infarction (First Heart Attack of Specific Severity):

The first occurrence of heart attack or 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 Myocardial Infarction should be evidenced by all of the following criteria:

- a. A history of typical clinical symptoms consistent with the Diagnosis of acute myocardial infarction (For e.g. typical chest pain).
- b. New characteristic electrocardiogram changes.
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

The following are excluded:

1. Other acute Coronary Syndromes
2. Any type of angina pectoris
3. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart Disease OR following an intra-arterial cardiac procedure.

##### 3. Open Chest CABG:

The actual undergoing of heart Surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breastbone) or minimally invasive keyhole coronary artery bypass procedures. The Diagnosis must be supported by a coronary angiography and the realization of Surgery has to be confirmed by a cardiologist.

The following are excluded:

Angioplasty and/or any other intra-arterial procedures.

##### 4. 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.

##### 5. Coma of Specified Severity:

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:

- a. No response to external stimuli continuously for at least 96 hours;
- b. Life support measures are necessary to sustain life; and
- c. Permanent neurological deficit which must be assessed at least 30 days after the onset of the Coma.

The condition has to be confirmed by a specialist Medical Practitioner. Coma resulting directly from alcohol or drug abuse is excluded.

##### 6. 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.

##### 7. Stroke Resulting in Permanent Symptoms:

Any cerebrovascular incident produces permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in

an intracranial vessel, hemorrhage and embolization 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.

The following are excluded:

1. Transient ischemic attacks (TIA).
2. Traumatic Injury of the brain.
3. Vascular Disease affecting only the eye or optic nerve or vestibular functions.

#### **8. Major Organ/ Bone Marrow Transplant:**

The actual undergoing of a transplant of:

- a. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- b. Human bone marrow uses hematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist Medical Practitioner.

The following are excluded:

1. Other stem-cell transplants.
2. Where only islets of Langerhans are transplanted.

#### **9. 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.

#### **10. Motor Neuron Disease with Permanent Symptoms:**

Motor neuron Disease diagnosed by a specialist Medical Practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis, or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

#### **11. Multiple Sclerosis with Persisting Symptoms:**

The unequivocal Diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

- a. Investigations including typical MRI findings which unequivocally confirm the Diagnosis to be multiple sclerosis and
- b. There must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Neurological damage due to SLE is excluded.

#### **12. Benign Brain Tumor:**

A benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.

This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.

- a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
- b. Undergone surgical resection or radiation therapy to treat

the brain tumor.

The following conditions are excluded:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

#### **13. Blindness:**

Total, permanent and irreversible loss of all vision in both eyes as a result of Illness or Accident. The Blindness is evidenced by:

- a. Corrected visual acuity being 3/60 or less in both eyes or;
- b. The field of vision being less than 10 degrees in both eyes.

The Diagnosis of blindness must be confirmed and must not be correctable by aids or Surgical Procedure.

#### **14. Deafness:**

Total and irreversible Loss of Hearing in both ears as a result of Illness or Accident. This Diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the Loss of Hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

#### **15. End Stage Lung Failure:**

End stage lung Disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:

- a. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
- b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
- c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO<sub>2</sub> < 55mmHg); and
- d. Dyspnea at rest.

#### **16. End Stage Liver Failure:**

Permanent and irreversible failure of liver function that has resulted in all three of the following:

- a. Permanent jaundice; and
- b. Ascites; and
- c. Hepatic encephalopathy.

Liver failure secondary to drug or alcohol abuse is excluded.

#### **17. Loss of Speech:**

Total and irrecoverable loss of the ability to speak as a result of Injury or Disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This Diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.

#### **18. Loss of Limbs:**

The physical separation of two or more Limbs, at or above the wrist or ankle level Limbs as a result of Injury or Disease. This will include medically necessary amputation necessitated by Injury or Disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted Injury, alcohol or drug abuse is excluded.

#### **19. Major Head Trauma:**

Accidental head Injury resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the Accident. This Diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The Accident must be caused solely and directly by Accidental,

violent, external and visible means and independently of all other causes.

The Accidental Head Injury must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

The following are excluded:

1. Spinal cord Injury;

## 20. Primary (Idiopathic) Pulmonary Hypertension:

An unequivocal Diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

The NYHA Classification of Cardiac Impairment are as follows:

- a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

Pulmonary hypertension associated with lung Disease, chronic hypoventilation, pulmonary thromboembolic Disease, drugs and toxins, diseases of the left side of the heart, congenital heart Disease and any secondary cause are specifically excluded.

## 21. Third Degree Burns:

There must be third-degree Burns with scarring that cover at least 20% of the body's surface area. The Diagnosis must confirm the total area involved using standardized, clinically accepted, body surface area charts covering 20% of the body surface area.

## 22. Alzheimer's Disease:

Alzheimer's (presenile dementia) Disease is a progressive degenerative Disease of the brain, characterized by diffuse atrophy throughout the cerebral cortex with distinctive histopathological changes. It affects the brain, causing symptoms like memory loss, confusion, communication problems, and general impairment of mental function, which gradually worsens leading to changes in personality.

Deterioration or loss of intellectual capacity, as confirmed by clinical evaluation and imaging tests, arising from Alzheimer's Disease, resulting in progressive significant reduction in mental and social functioning, requiring the continuous supervision of the Insured Person. The Diagnosis must be supported by the clinical confirmation of a Neurologist and supported by Our appointed Medical Practitioner.

The Disease must result in a permanent inability to perform three or more Activities of Daily Living with Loss of Independent Living" or must require the need of supervision and permanent presence of care Staff due to the Disease. This must be medically documented for a period of at least 90 days.

The following conditions are however not covered:

1. Neurosis or neuropsychiatric symptoms without imaging evidence of Alzheimer's Disease;
2. Alcohol related brain damage; and
3. Any other type of irreversible organic disorder/dementia not associated with Alzheimer's Disease.

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

## 23. Parkinson's Disease:

The unequivocal Diagnosis of progressive, degenerative idiopathic Parkinson's Disease by a Neurologist acceptable to Us.

The Diagnosis must be supported by all of the following conditions:

- a. The Disease cannot be controlled with medication;
- b. Signs of progressive impairment; and
- c. Inability of the Insured Person to perform at least 3 of the 6 Activities of Daily Living as listed below (either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons) for a continuous period of at least 6 months:

Activities of Daily Living:

- a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: The ability to move from bed to a upright chair or wheelchair and vice versa;
- d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a

satisfactory level of personal hygiene;

- e. Feeding: The ability to feed oneself once the food has prepared and made available;
- f. Mobility: The ability to move indoors from room to room on level surfaces.

Parkinson's Disease secondary to drug and/or alcohol abuse is excluded.

#### 24. Aorta Graft Surgery:

The actual undergoing of major Surgery to repair or correct aneurysm, narrowing, obstruction or dissection of the Aorta through surgical opening of the chest or abdomen. For the purpose of this cover the definition of "Aorta" shall mean the thoracic and abdominal aorta but not its branches.

The Insured Person understand and agrees that We will not cover:

- 1. Surgery was performed using only minimally invasive or intra-arterial techniques.
- 2. Angioplasty and all other intra-arterial, catheter based techniques, "keyhole" or laser procedures.

Aorta graft Surgery benefit covers Surgery to the aorta wherein part of it is removed and replaced with a graft.

#### 25. Amputation of Feet due to Complications from Diabetes:

Diabetic neuropathy and vasculitis resulting in the amputation of both feet at or above ankle as advised by a Registered Doctor who is a specialist as the only means to maintain life. Amputation of toe or toes, or any other causes for amputation shall not be covered.

#### 26. Myasthenia Gravis:

An acquired autoimmune disorder of neuromuscular transmission leading to fluctuating muscle weakness and fatigability, where all of the following criteria are met:

- a. Presence of permanent muscle weakness categorized as Class IV or V according to the Myasthenia Gravis Foundation of America Clinical Classification given below; and
- b. The Diagnosis of Myasthenia Gravis and categorization are confirmed by a Registered Doctor who is a neurologist.

Myasthenia Gravis Foundation of America Clinical Classification:

Class I: Any eye muscle weakness, possible ptosis, no other evidence of muscle weakness elsewhere.

Class II: Eye muscle weakness of any severity, mild weakness of other muscles.

Class III: Eye muscle weakness of any severity, moderate weakness of other muscles.

Class IV: Eye muscle weakness of any severity, severe weakness of other muscles.

Class V: Intubation needed to maintain airway.

#### 27. Elephantiasis:

Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal Diagnosis of elephantiasis must be confirmed by a Registered Doctor who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.

Swelling or lymphedema caused by infection with a sexually transmitted Disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

#### 28. Aplastic Anaemia:

Chronic persistent bone marrow failure which results in anaemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:

- a. Blood product transfusion;
- b. Marrow stimulating agents;
- c. Immunosuppressive agents; or
- d. Bone marrow transplantation.

The Diagnosis must be confirmed by a haematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:

- a. Absolute neutrophil count of less than 500/mm<sup>3</sup> or less
- b. Platelets count less than 20,000/mm<sup>3</sup> or less
- c. Reticulocyte count of less than 20,000/mm<sup>3</sup> or less

Temporary or reversible Aplastic Anaemia is excluded.

#### 29. Loss of Independent Existence (cover up to Insurance Age 74):

The Insured Person is physically incapable of performing at least three (3) of the "Activities of Daily Living" as defined below (either with or without the use of mechanical equipment, special devices or other aids or adaptations in use for disabled persons) for a continuous period of at least six (6) months signifying a permanent and irreversible inability to perform the same. For the purpose of this definition, the word "permanent" shall mean beyond the hope of recovery with current medical knowledge and technology. The Diagnosis of Loss of Independent Existence must be confirmed by a Registered Doctor who is a specialist.

Only Life Insured with Insurance Age between 18 and 74 on first Diagnosis is eligible to receive a benefit under this Illness.

Activities of Daily Living:

- a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e. Feeding: the ability to feed oneself once food has been prepared and made available.
- f. Mobility: The ability to move indoors from room to room on level surfaces.

#### 30. Dissecting Aortic Aneurysm:

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The Diagnosis must be made by a Registered Doctor who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.

#### 31. Progressive Scleroderma:

A systemic collagen-vascular Disease causing progressive

diffuse fibrosis in the skin, blood vessels and visceral organs. This Diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.

The following are excluded:

1. Localized scleroderma (linear scleroderma or morphea);
2. Eosinophilic fasciitis; and
3. CREST syndrome.

### **32. Chronic Adrenal Insufficiency (Addison's Disease):**

An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Doctor who is a specialist in endocrinology through one of the following:

- a. ACTH simulation tests;
- b. Insulin-induced hypoglycemia test;
- c. Plasma ACTH level measurement;
- d. Plasma Renin Activity (PRA) level measurement.

Only autoimmune causes of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

### **33. Other Serious Coronary Artery Disease:**

The narrowing of the lumen of at least one coronary artery by a minimum of 75% and of two others by a minimum of 60%, as proven by coronary angiography, regardless of whether or not any form of coronary artery intervention or Surgery has been performed.

Coronary arteries herein refer to the left main stem, left anterior descending, circumflex and right coronary artery (but not including their branches).

### **34. Severe Rheumatoid Arthritis:**

Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:

- a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
- b. Permanent inability to perform at least two (2) "Activities of Daily Living";
- c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and

The foregoing conditions have been present for at least six (6) months.

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been

prepared and made available.

### **35. Cardiomyopathy:**

An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered Doctor who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:

NYHA Class IV - Inability to carry out any activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.

The Diagnosis of Cardiomyopathy has to be supported by echocardiographic findings of compromised ventricular performance.

Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

### **36. Infective Endocarditis:**

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a. Positive result of the blood culture proving presence of the infectious organism(s);
- b. Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered Doctor who is a cardiologist.

### **37. Medullary Cystic Disease:**

Medullary Cystic Disease where the following criteria are met:

- a. The presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
- b. Clinical manifestations of anaemia, polyuria, and progressive deterioration in kidney function; and
- c. The Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.

Isolated or benign kidney cysts are specifically excluded from this benefit.

### **38. Apallic Syndrome:**

Apallic Syndrome or Persistent vegetative state (PVS) or unresponsive wakefulness syndrome (UWS) is a Universal necrosis of the brain cortex with the brainstem remaining intact. The Diagnosis must be confirmed by a Neurologist acceptable to Us and the patient should be documented to be in a vegetative state for a minimum of at least one month in order to be classified as UWS, PVS, Apallic Syndrome.

### **39. Creutzfeldt-Jacob Disease (CJD):**

Creutzfeldt-Jacob Disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered Doctor, who is a neurologist, must make a definite Diagnosis of Creutzfeldt-Jacob Disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

### **40. Ebola:**

Infection with the Ebola virus where the following conditions are

met:

- a. Presence of the Ebola virus has been confirmed by laboratory testing;
- b. There are ongoing complications of the infection persisting beyond thirty (30) days from the onset of symptoms; and
- c. The infection does not result in death.

#### 41. Pneumonectomy:

The undergoing of Surgery on the advice of an appropriate Medical Specialist to remove an entire lung for Disease or traumatic Injury suffered by the life Insured.

The following conditions are excluded:

1. Removal of a lobe of lungs (lobectomy)
2. Lung resection or incision

#### 42. Brain Surgery:

The actual undergoing of Surgery to the brain under general anesthesia during which a craniotomy is performed. Keyhole Surgery is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolization's, thrombolysis and stereotactic biopsy are all excluded. Brain Surgery as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered Doctor who is a qualified specialist.

#### 43. Severe Ulcerative Colitis:

Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.

All of the following criteria must be met:

- a. The entire colon is affected, with severe bloody diarrhea and
- b. The necessary treatment is total colectomy and ileostomy; and
- c. The Diagnosis must be based on histopathological features and confirmed by a registered Doctor who is a specialist in gastroenterology.

#### 44. Chronic Relapsing Pancreatitis:

An unequivocal Diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Doctor who is a specialist in gastroenterology and confirmed as a continuing inflammatory Disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.

Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

#### 45. Progressive Supranuclear Palsy:

Confirmed by a Registered Doctor who is a specialist in neurology of a definite Diagnosis of progressive supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

#### 46. Terminal Illness:

The conclusive Diagnosis of an Illness, which in the opinion of a Registered Doctor who is an attending Consultant and agreed by Our appointed Registered Doctor, life expectancy is no greater than twelve (12) months from the date of Notification of Claim, regardless of any treatment that might be undertaken.

#### 47. Fulminant Hepatitis:

A sub-massive to massive necrosis of the liver by the Hepatitis

virus, leading precipitously to liver failure. This Diagnosis must be supported by all of the following:

- a. Rapid decreasing of liver size;
- b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
- c. Rapid deterioration of liver function tests;
- d. Deepening jaundice; and
- e. Hepatic encephalopathy.

Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

#### 48. Severe Crohn's Disease:

Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:

- a. Stricture formation causing intestinal obstruction requiring admission to Hospital, and
- b. Fistula formation between loops of bowel, and
- c. At least one bowel segment resection.

The Diagnosis must be made by a Registered Doctor who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

#### 49. Bacterial Meningitis:

Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal cord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks resulting in permanent inability to perform three or more Activities of Daily Living.

This Diagnosis must be confirmed by:

- a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
- b. A consultant neurologist.

The Activities of Daily Living are:

- a. 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;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- d. Mobility: the ability to move indoors from room to room on level surfaces;
- e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- f. Feeding: the ability to feed oneself once food has been prepared and made available.

#### 50. Loss of One Limb and One Eye:

Total, permanent and irrecoverable Loss of Sight of one eye and loss by severance of one Limb at or above the elbow or knee.

The Loss of Sight of one eye must be clinically confirmed by a Registered Doctor who is an eye specialist and must not be correctable by aides or Surgical Procedures.

**51. Necrotising Fasciitis:**

Necrotizing fasciitis is a progressive, rapidly spreading, infection located in the deep fascia causing necrosis of the subcutaneous tissues. An unequivocal Diagnosis of necrotizing fasciitis must be made by a Registered Doctor who is a specialist, and the Diagnosis must be supported with laboratory evidence of the presence of a bacteria that is a known cause of necrotizing fasciitis. There must also be widespread destruction of muscle and other soft tissues that results in a total and permanent loss or function of the affected body part.

**52. Muscular Dystrophy:**

A Group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The Diagnosis of muscular dystrophy must be unequivocal and made by a Registered Doctor who is a consultant neurologist. The condition must result in the inability of the Life Insured to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

**53. Hemiplegia:**

The total and permanent loss of the use of one side of the body through paralysis persisting for a period of at least 6 weeks and with no foreseeable possibility of recovery caused by Illness or Injury, except when such Injury is self-inflicted.

**54. Poliomyelitis:**

The occurrence of Poliomyelitis where the following conditions are met:

- Poliovirus is identified as the cause;
- Paralysis of the Limb muscles or respiratory muscles must be present and persist for at least 3 months.

**55. Tuberculosis Meningitis:**

Meningitis is caused by tubercle bacilli, resulting in permanent neurological deficit persisting for at least 180 consecutive days. Such a Diagnosis must be confirmed by a Registered Doctor who is a specialist in neurology. Permanent neurological deficit with persisting clinical symptoms means symptoms of dysfunction in the nervous system that are not present on clinical examination and expected to last throughout the lifetime of life Insured.

**56. Encephalitis:**

Severe inflammation of brain substances (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This Diagnosis must be certified by a Registered Doctor who is a consultant neurologist,

and the permanent neurological deficit must be documented for at least 6 weeks. The permanent deficit should result in permanent inability to perform three or more Activities for Daily Living (listed below).

The Activities of Daily Living are:

- 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;
- Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial Limbs or other surgical appliances;
- Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
- Mobility: the ability to move indoors from room to room on level surfaces;
- Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- Feeding: the ability to feed oneself once food has been prepared and made available.

**57. Myelofibrosis:**

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent, and the severity is such that the Life Insured requires a blood transfusion at least monthly. The Diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered Doctor who is a specialist.

**58. Pheochromocytoma:**

Presence of a neuroendocrine tumour of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of Surgery to remove the tumour.

The Diagnosis of Pheochromocytoma must be confirmed by a Registered Doctor who is an endocrinologist.

**59. Systemic Lupus Erythematosus with Lupus Nephritis:**

A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Policy, systemic lupus erythematosus will be restricted to those forms of systemic lupus erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final Diagnosis must be confirmed by a Registered Doctor specializing in Rheumatology and Immunology.

The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Mesangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

**60. Eisenmenger's Syndrome:**

Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The Diagnosis must be made by a Registered Doctor who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:

- a. Mean pulmonary artery pressure > 40 mm Hg;
- b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
- c. Normal pulmonary wedge pressure < 15 mm Hg.

#### 4.8.2 Vector Borne Diseases

If an Insured Person is diagnosed with a specific Vector Borne Disease, during the Policy Period, which solely and directly results in In-Patient Hospitalization, then We will pay the Sum Insured specified in the Policy Schedule/ Certificate of Insurance to the Insured Person on Indemnity or Benefit Basis (as opted).

For the purposes of this benefit, Vector-Borne Disease shall mean

- Dengue
- Malaria
- Chikungunya
- Kala Azar
- Zika Virus
- Plague
- Japanese encephalitis
- Filariasis

Provided,

- i. Hospitalization is on the written advice of the treating Medical Practitioner for the Medically Necessary Treatment of any of the listed Vector Borne Disease.
- ii. Minimum 24/48 hours(as opted) of Hospitalization is must on the written advice of the Medical Practitioner.
- iii. We shall not be liable to make any payment under this benefit, if the Insured Person is first hospitalized prior to the commencement of the period of this benefit.
- iv. We shall not be liable to make any payment under this benefit, if the Insured Person is hospitalized due to specific Vector Borne Disease within the initial Waiting Period of 30 days from the commencement of the period of this benefit.
- v. We shall not be liable to make any payment under this benefit in respect of Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses.
- vi. We shall pay the benefit after the completion of Deductible period per Hospitalization, if opted by Insured Person and specified in the Policy Schedule/ Certificate of Insurance.
- vii. This benefit is applicable only if Diagnosis and treatment is taken in territory India.
- viii. This benefit is payable once during the Policy Year.
- ix. Our maximum liability will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

#### Definitions of Vector-Borne Disease:

##### 1. Dengue:

Dengue fever is caused by the virus spread through Aedes mosquito bite resulting to fever, severe headache, vomiting, skin rash and life-threatening internal bleeding leading to complications like Platelets count < 40k, Septic shock, ARDS & acute kidney failure.

Evidence of platelet transfusion/ dialysis for dengue induced acute renal failure and / or assisted ventilation for dengue induced ARDS must be produced.

##### 2. Malaria:

Malaria fever is caused by a protozoan – Plasmodium through female anopheles mosquito resulting in fever, weakness, chills, headache, vomiting, and Jaundice leading to the complications like kidney failure, Seizures and cerebral malaria, Sepsis.

Evidence of platelet transfusion/ dialysis for malaria induced acute renal failure and / or assisted ventilation for malaria induced ARDS must be produced.

##### 3. Chikungunya:

Chikungunya is caused by virus through Aedes mosquitoes leading to fever, weakness and severe joint pains leading to the complications like Severe joint pain with disability, renal and pulmonary involvement. Evidence of Chikungunya related renal, pulmonary and/ or cerebral involvement must be produced.

##### 4. Kala Azar:

A chronic and potentially fatal parasitic Disease of the viscera (the internal organs, particularly the liver, spleen, bone marrow and lymph nodes) due to infection by the parasite called Leishmania donovani leading to the complications like Anaemia, Septicaemia, Hyperpigmentation, Splenic Rupture.

Evidence of Confirmed Diagnosis and evidence of notification to authorities should be produced.

##### 5. Zika Virus:

Zika virus is caused by virus through mosquito bite leading to fever, rash, muscle pain and Joint pain. Pregnant women can transfer the virus to the unborn Child leading to the microcephaly leading to the complications like Birth defects in newborn.

Evidence of Confirmed Diagnosis and evidence of notification to authorities should be produced.

##### 6. Filariasis:

Filariasis is caused when the lymphatic system is blocked by microfilaria parasite leading to permanent changes in the Limbs resulting in the complications like Permanent disability.

Evidence of Confirmed Diagnosis, acute lymphangitis and evidence of treatment must be produced.

#### 4.8.3 Hospi Cash

We shall pay an amount equal to Daily Cash amount, as specified in the Policy Schedule/ Certificate of Insurance, if the Insured Person sustains any Illness and/or Injury during the Policy Period that requires an Insured Person's admission in a Hospital for the minimum number of days as specified in the Policy Schedule/ Certificate of Insurance, during the Policy Period.

Provided,

- i. Our liability to make any payment under this benefit shall commence only after a continuous and completed 24 hours of Hospitalization of the Insured Person for each Claim.
- ii. The Hospitalization is for Medically Necessary Treatment for an Illness/ Accident and is commenced and continued on the written advice of the treating Medical Practitioner.
- iii. A waiting period of no. of days (as specified in the Policy Schedule/ Certificate of Insurance) is applicable for claims relating to sickness. Such a waiting period is not applicable to claims arising due to Accident provided the Accident occurs after the inception of the Policy.
- iv. The daily cash amount shall be payable for each 24 hours of continuous and completed Hospitalization as In-Patient, subject to Day Deductible/ Franchise.
- v. In case of ICU admission, an additional daily cash benefit up

to no. times (as opted) of Non-ICU daily benefit is payable for Hospitalization.

- vi. In a given Policy Year, the amount under this benefit shall be payable for a maximum number of days as specified in the Policy Schedule/ Certificate of Insurance and the maximum total of 300 days of Hospitalization over the lifetime of the Policy.
- vii. The specified number of days per Policy Year or over the lifetime is inclusive of Hospital days in ICU.
- viii. The Day Deductible/ Franchise (as opted) under this benefit shall be applicable on no. of days of Hospitalization, if opted and as specified in the Policy Schedule/ Certificate of Insurance.
- ix. The amount payable under this benefit will be calculated based on the number of continuous and completed days of Hospitalization and will be given as a single lumpsum payment.

#### 4.9 Assistance Services

##### 4.9.1 Nursing at Home

Under this benefit, If an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns and incurs expenses towards nursing services like General Nurse or Nursing Attendant as prescribed by the treating Medical Practitioner, then We will indemnify the Insured Person for the number of hours per day/ number of days, up to the limit specified in the Policy Schedule/ Certificate of Insurance.

Provided

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.2.5 Burns.
- ii. In a given Policy Year, the amount under this benefit shall be payable for a maximum number of days as specified in the Policy Schedule/ Certificate of Insurance.
- iii. This benefit is applicable for services taken in India.
- iv. Our maximum liability to pay the Claim under this benefit is limited to Sum Insured/Limits specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

##### 4.9.2 ICU at Home

Under this benefit, If an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns and incurs expenses towards ICU at home and it is recommended by the treating Medical Practitioner, then We will indemnify the Reasonable and Customary Charges for Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance.

This includes services at home like Nursing Attendant, Physiotherapy, e-monitoring, Medical Equipment like syringe pumps, Oxygen concentrator, IV stand, DVT pump.

Provided

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.2.5 Burns.
- ii. This benefit is applicable for services taken in India.
- iii. Our maximum liability for this benefit will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

##### 4.9.3 Physiotherapy

Under this benefit, If an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns and/or Broken Bones/ Fracture and incurs expenses towards the Reasonable and Customary Charges incurred for Physiotherapy at home and is recommended by the treating Medical Practitioner, then We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance.

Provided,

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.2.5 Burns, 4.2.6 Broken Bones/ Fracture.
- ii. This benefit is applicable for services taken in India.
- iii. Our maximum liability for this benefit will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance towards this benefit.

##### 4.9.4 Domestic Help

Under this benefit, If an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Permanent Total Disablement ,and/or Permanent Partial Disablement or Burns and necessitates professional services carried out by Domestic Help for performing household duties due to Insured Person's inability to perform the household tasks due to the Injury, then We shall pay lumpsum amount up to the maximum number of weeks, specified in the Policy Schedule/ Certificate of Insurance.

Provided

- i. We have accepted a Claim under benefit 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.2.5 Burns.
- ii. This benefit is payable if expenses incurred for necessary professional services carried out by persons, other than members of the Insured Person's close relatives or other persons permanently residing with the Insured Person, to help the injured Insured Person with household duties.
- iii. Such services are prescribed by Insured Person's treating Medical Practitioner.
- iv. This benefit is applicable for services taken in India.
- v. In a given Policy Year, the amount under this benefit shall be payable for a maximum number of weeks as specified in the Policy Schedule/ Certificate of Insurance
- vi. Expenses incurred for Domestic Help unrelated to the accidental bodily Injury, self-inflicted or intentionally Injury caused by the Insured Person are not covered under this benefit.

##### 4.9.5 Trauma Counselling

Under this benefit, If an Insured Person, during the Policy Period, suffers any Injury in an Accident, which solely and directly results in Disablement and the treating Medical Practitioner advises Professional Counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake, Psychotherapy or Medications, then We will indemnify the Insured Person up to the limit, for number of sessions per month specified in the Policy Schedule/ Certificate of Insurance.

Provided

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier, 3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement or 4.2.5 Burns.
- ii. Trauma Counselling needs to be availed within 6 months from the date of incident (i.e., date of Injury/ Accident) covered under this benefit and is applicable to:
  - a. Insured Person: In case of Permanent Total Disablement and/or Permanent Partial Disablement and/or Burns sustained by the Insured during the Policy Period.
  - b. Insured Person's Spouse and Children(s): In case of Accidental Death of the Insured Person.
- iii. This benefit is applicable for services taken in India.
- iv. Our maximum liability to pay the Claim under this benefit is limited to amount specified in the Policy Schedule/ Certificate of Insurance.

#### 4.9.6 Financial Guidance

Under this benefit, If an Insured Person suffers Accidental Death solely and directly due to an Accident during the Policy Period and incurs expenses towards availing a session with a financial expert to provide the Insured Person's Family member an investment guidance or assistance in availing or paying off the loan, then We will indemnify the Insured Person up to the limit specified in the Policy Schedule/ Certificate of Insurance.

Provided

- i. We have accepted a Claim under benefit 3.1 Accidental Death/ Accidental Death – Common Carrier.
- ii. This benefit can be claimed once in a lifetime of the Insured Person.
- iii. This benefit is applicable for services taken in India.
- iv. Our maximum liability to pay the Claim under this benefit is limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance.

#### 4.9.7 Wellness

Under this benefit, the Insured Person may avail wellness services as opted. The services may include any or all programs/services intended to maintain, improve, promote health and fitness of the Insured Person. The wellness services offered shall be in compliance to the guidelines issued from IRDAI from time to time.

The Wellness care program includes but not limited to Health Assistance (A.I. Personal Fitness coaching), Dietician and Nutrition E-consultation, Weight Loss Management Programs, Second Opinion etc. as provided by Our Network Providers. The Insured can avail the wellness care benefits, as specified in the Policy Schedule/ Certificate of Insurance.

Provided,

- i. The services will be provided through an empanelled Service Provider. It is entirely for the Insured Person to decide whether to obtain these services.
- ii. We shall not be responsible for any disputes arising between the Insured Person and the Service Provider.
- iii. This benefit is applicable for services taken in India.
- iv. The services provided under this benefit, does not constitute Medical Advice of any kind and it is not intended to be, and should not be, used to diagnose or identify treatment for a medical or mental health condition.

#### Section 5. Exclusions

We shall not be liable for payment of any Claim under this Policy directly or indirectly arising out of any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule/Certificate of Insurance:

##### 5.1 Specific Exclusions (Applicable to all the Benefits)

- 1. Any Pre-Existing Injury or physical condition.
- 2. Any Claim for death or disablement (whether of a permanent nature or of a temporary nature), or Injury of the Insured Person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 3. Any Claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person.
  - a. From intentional self-Injury unless in self-defence or to save life, suicide or attempted suicide;
  - b. Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the Insured is not directly responsible for the Injury/Accident through under influence of intoxication;
  - c. Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world. [Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;
  - d. Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- 4. Any Claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.
- 5. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - a. any nuclear fuel or from any nuclear waste; or
  - b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission);
  - c. nuclear weapons material;
  - d. nuclear equipment or any part of that equipment;
- 6. Persons serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.
- 7. An Insured Person flying in an aircraft other than as a fare paying passenger in any scheduled airlines in the world.
- 8. Working in underground mines, tunnelling or explosives, or involving electrical installation with high tension supply, or as jockeys or circus personnel, or engaged in Hazardous Activities.
- 9. Any Claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting,

motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, unless agreed by Us.

10. Any Claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:

- Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
- Nuclear weapons material.
- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
- Nuclear, chemical and biological terrorism.

11. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.

12. Any loss resulting from pregnancy or Child-birth unless agreed by Us.

13. Expenses incurred in connection with Illness or Injury resulting due to participation in one's occupation.

14. Insured Person is not covered while visiting countries or areas which, prior to the time of travel, are against the recommendation or advice of the appropriate governmental authority of India or of the country of travel.

15. Expenses related to any treatment necessitated due to participation as a professional in Hazardous Activities or Adventure Sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

However, Insured Person would be covered if You participate in a non-professional capacity for any recreational sport which may be under the supervision of a trained professional.

This exclusion shall not be applicable to the extent of limit covered under the benefit 4.7.1 Adventure Sports (if opted) under the Policy.

16. Expenses for cosmetic or plastic Surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the Insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

This exclusion shall not be applicable to the extent of limit covered under the benefit 4.2.2 Reconstructive Surgery (if opted) under the Policy.

17. Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law.

18. Treatment/Loss due to Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

19. Any claim arising out of or in connection with any Injury, loss, or damage which is caused or contributed to by the Insured Person's own negligence or willful act, including but not limited to any act of contributory negligence on the part of the Insured Person or any third party. We shall be entitled to recover from the Insured Person any amount paid under this Policy in respect of such claim.

## Section 6. General Terms and Clauses

### 6.1 Conditions Precedent to the Contract

#### 6.1.1 Free Look Period

The Free Look Period will be applicable on the new Policy and not on Renewals or at the time of porting/ migrating the Policy.

- Every Policyholder of new individual health insurance policies, except for those policies with tenure of less than a year, shall be provided a free look period of 30 days beginning from the date of receipt of Policy document, whether received electronically or otherwise, to review the terms and conditions of such Policy.
- We shall inform clearly and explicitly to the Policyholder about the availability of the free look period.
- In the event a 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 Us 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 Us on medical examination of the proposer and stamp duty charges.
- A request received by Us for cancellation of the Policy during free look period shall be processed and premium shall be refunded within 7 days of receipt of such request, as stated at sub regulations (d) above.

#### 6.1.2 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 Us 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, We will pay the Nominee (as named in the Policy Schedule/ Policy Certificate/ Endorsement (if any)) and in case there is no subsisting Nominee/ Legal Heir or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

#### 6.1.3 Disclosure of Information.

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

"Material Facts" for the purpose of this Policy shall mean all relevant information sought by Us in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.

#### 6.1.4 Electronic Transactions

The Policyholder agrees to adhere to and comply with all such terms and conditions as We shall prescribe from time to time, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, or Our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time. Sales through such electronic transactions shall ensure that all conditions of

Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Policyholder. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/ confirmed by the Policyholder.

#### 6.1.5 Geographical Coverage

Geographical Coverage for each Section is as per the below table and Claims under the Policy will be paid in accordance with the same. We will make payment within India and in Indian Rupees. The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian Law.

Cover Number	Category	Cover Name	Geographical Coverage
<b>Section 3. Base Covers</b>			
3.1	Accidental Death or Accidental Death (AD) - Common Carrier	Accidental Death (AD)/ Accidental Death (AD) - Common Carrier including 3.1.1 Disappearance 3.1.2 Drowning	India/ Worldwide
3.2.1	Accidental Disablement	Permanent Total Disablement (PTD)	India/ Worldwide
3.2.2		Permanent Partial Disablement (PPD)	India/ Worldwide
3.2.3		Temporary Total Disablement (TTD)	India
<b>Section 4. Optional Covers</b>			
4.1.1	Accidental Hospitalization Benefit	In-Patient Hospitalization	India/ Worldwide
4.1.2		Day Care Treatment	India/ Worldwide
4.1.3		Pre-Hospitalization	India/ Worldwide
4.1.4		Post-Hospitalization	India/ Worldwide
4.1.5		Road Ambulance	India/ Worldwide
4.1.6		Radio Cab	India/ Worldwide
4.1.7		Convalescence	India/ Worldwide
4.1.8		Consumables	India/ Worldwide
4.2.1	Accidental Benefit	OPD Treatment	India
4.2.2		Reconstructive Surgery	India
4.2.3		Coma Benefit	-
4.2.4		Funeral Expenses	India/ Worldwide
4.2.5		Burns	India/ Worldwide
4.2.6		Broken Bones/ Fracture	India/ Worldwide
4.2.7		Personal Belongings	India/ Worldwide
4.2.8		Reinstatement of Base Sum Insured	-
<b>Insured</b>			
4.3.1	Transportation Benefit	Compassionate Visit	India/ Worldwide
4.3.2		Transportation of Mortal Remains	India/ Worldwide
4.3.3		Emergency Evacuation (Air Ambulance)	India/ Worldwide
4.3.4		Transportation of Imported Medicines	India/ Worldwide
4.3.5		Catastrophe Evacuation	India/ Worldwide
4.4.1	Dependent Care (Child and Parent)	Child Education	India/ Worldwide
4.4.2		Marriage Expense	-
4.4.3		Loss or Damage to School Bag/ Books/ Spectacles /Bicycles	India

4.4.4	Modification & Support Benefit	Orphan Benefit	-
4.4.5		Parental Care	India/ Worldwide
4.4.6		Widowhood Cover	India/ Worldwide
4.5.1		Loan and Employment Benefits	Loan Protector
4.5.2			Loss of Income
4.6.1		Modification & Support Benefit	Modification (Home/ Vehicle)
4.6.2			Mobility Extension
4.7.1		Special Benefit	Adventure Sports
4.7.2			More Benefit (Common Carrier)
4.7.3			Multiple Member Disability
4.7.4			Enhanced Permanent Total Disablement (PTD)
4.7.5			S.I Escalation
4.7.6			Legal Expenses
4.7.7			Fraud/ Loss of Card Liability
4.7.8			Purchase Of Blood
4.7.9			Blood Transfusion (Accident Care)
4.7.10			PA Cumulative Bonus
4.8.1	Specific Covers	Critical Illness (C.I)	India/ Worldwide
4.8.2		Vector Borne Diseases	India
4.8.3		Hospi Cash	India/ Worldwide
4.9.1	Assistance Services	Nursing at Home	India
4.9.2		ICU at Home	India
4.9.3		Physiotherapy	India
4.9.4		Domestic Help	India
4.9.5		Trauma Counselling	India
4.9.6		Financial Guidance	India
4.9.7		Wellness	India

#### 6.1.6 Assignment

The benefits under this Policy are assignable subject to applicable Laws.

#### 6.2 Conditions Applicable during the Contract

##### 6.2.1 Material Change

The Insured Person/Insured shall immediately notify Us in writing of any material change in the risk or change in business or occupation during the Policy Period. We may adjust the scope of the cover and/or the premium, if necessary, accordingly.

The above notification is not mandatory when only the employer changes, but the nature of occupation does not change.

##### 6.2.2 Possibility of Revision of Terms of the Policy Including the Premium Rates

We may revise or modify the premium rates, with prior approval of IRDAI.

##### 6.2.3 Withdrawal of Policy

- In the likelihood of this product being withdrawn in future, We will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- Insured Person will have the option to migrate to similar health insurance product available with Us 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.

##### 6.2.4 Endorsements

- You can add more persons during the Policy Period but only

after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an Endorsement confirming the addition of such person as an Insured Person.

- b. The insurance coverage for every member of the Group insurance Policy shall not exceed the maximum Policy term.
- c. All Endorsements are subject to acceptance by Us.
- d. We may issue multiple Group insurance policies in tranches to the Group Organizer, subject to minimum Group size and maximum Policy term, for providing insurance coverage to the new members on an ongoing basis.
- e. The Group members will be issued a Certificate of Insurance giving the details of the benefits, important conditions and exclusions.

#### 6.2.5 Notice & Communication

- a. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- b. Any communication meant for Us must be sent to address shown in the Policy Schedule or as an electronic mail communication. Proof of delivery of such notices shall be retained by the Insured and furnished to Us as and when demanded.
- c. Any communication meant for Insured Person/Insured will be sent by Us to the last known address or the address shown in the Policy Schedule.
- d. Agents, Brokers or any other persons or entity are not authorized to receive notices and declarations on Our behalf unless expressly stated to the contrary, in writing.

#### 6.2.6 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.

#### 6.2.7 Limitation Period

In no case whatsoever We shall be liable for any Claim under this Policy, if the requirement of Clause 6.2.1 (Material Change) above are not complied with, unless the Claim is the subject of pending action; it being expressly agreed and declared that if We shall disclaim liability to the Insured Person 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 court of law then the Claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

#### 6.2.8 Alterations in the Policy

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by a written Endorsement signed and stamped by Us. However, change or alteration with respect to increase/ decrease of the Sum Insured shall be permissible only at the time of Renewal of the Policy subject to underwriting decision by Us.

#### 6.2.9 Records to be Maintained

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the

Policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

#### 6.2.10 Automatic Termination of Insurance

The coverage under this Policy shall automatically terminate immediately in the event of admissible Claim and settlement of 100% Base Sum Insured for that Insured Person under Death or Permanent Total Disablement or Permanent Partial Disablement.

#### 6.3 Conditions When a Claim Arises

##### 6.3.1 Notification of Claim

In the event of any Accidental Injury or Illness or condition which has resulted in a Claim or may result in a Claim covered under the Policy, the Policyholder/Insured Person/ Legal Heir must notify Us either at the call center or in writing immediately.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged
- Nature of Accident/Injury/Illness
- Name and Address of the attending Medical Practitioner and Hospital
- Date of Accident
- Any other information as requested by Us.

##### 6.3.2 Policyholder's/ Insured Person's Duty at the Time of Claim

- a. The Policyholder/Insured Person must take reasonable steps or measure to avoid or minimize the quantum of any Claim that may be made under this Policy.
- b. Forthwith intimate/file/submit a Claim in accordance with Clause 6.3.1 and 6.3.2 of this section.
- c. If so, requested by Us, the Insured Person will have to submit himself for a medical examination by Our nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by Us.
- d. Proof satisfactory to Us shall be furnished on all matters upon which a Claim is based. Any Medical or other agent of the Company shall be allowed to examine the Insured Person on the occasion of any alleged Injury or disablement when and so often as the same may reasonably be required on behalf of Us. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/Insured Person shall:
  - i. Allow the Medical Practitioner or any of the Our representatives to inspect the any relevant document pertaining to the Injury/ Accident/ incident, medical and Hospitalization records, investigate the facts and examine the Insured Person.
  - ii. Assist and not hinder or prevent the Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

If the Policyholder/ Insured Person/ Legal Heir does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

##### 6.3.3 Claim Documents

In addition to the Duly Completed Claim Form signed by the Insured/Insured's Nominee/ Legal Heir & NEFT Details or Cancelled Cheque of the Insured/Insured's Nominee/ Legal Heir, ID proof (KYC document) of Insured and Nominee, address proof wherever applicable, We need to have the below indicative documents, wherever applicable:

Section	Documents	Section	Documents
3.1 Accidental Death/ Accidental Death – Common Carrier, 4.7.1 Adventure Sports, 4.4.4 Orphan Benefit	<ul style="list-style-type: none"> <li>Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> <li>Attested Copy of Death Certificate.</li> <li>Death Summary/Certificate from the Hospital Authority (wherever applicable)</li> <li>Burial Certificate (wherever applicable).</li> <li>Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>Attested Copy of Post-mortem Report (if conducted).</li> <li>Attested Copy of Viscera report if any.</li> </ul>	4.5.2 Loss of Income	<ul style="list-style-type: none"> <li>Prescriptions for the Medicines purchased (except Hospital supply) and investigations done outside the Hospital</li> <li>Consultation Papers</li> <li>Investigation Reports</li> <li>Digital Images/CDs of the Investigation Procedures (if required)</li> </ul>
	<p>For Adventure Sports Cover</p> <ul style="list-style-type: none"> <li>Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>Attested Copy of Passport or any other valid document which will suffice as a proof of relationship between the Insured, Insured's spouse and orphan Child. (Applicable only for Orphan Benefit)</li> </ul>	4.4.1 Child Education	<ul style="list-style-type: none"> <li>Bonafide Certificate from School / College or Certificate from the Educational Institution</li> </ul>
3.2.1 Permanent Total Disablement, 3.2.2 Permanent Partial Disablement, 4.7.1 Adventure Sports Benefit, 4.7.4 Enhanced Permanent Total Disablement	<ul style="list-style-type: none"> <li>Attested Copy of disability certificate from relevant government Medical Authority.</li> <li>Attested copy of FIR. (If required)</li> <li>All Investigation reports confirming the disability.</li> <li>Complete Treatment record with follow-up documentation.</li> </ul> <p>For Adventure Sports Cover,</p> <ul style="list-style-type: none"> <li>Certificate of Participation from Sports Event organizer/service provider / Pre-participation fitness certificate (wherever applicable).</li> <li>Disability assessment report from empanelled medical specialist (if required)</li> </ul>	4.4.2 Marriage Expense	<ul style="list-style-type: none"> <li>Proof of Relationship with the Insured Person</li> <li>Photo Identity Proof of Child</li> <li>Age Proof of the Dependent Child</li> </ul>
4.1.1 In-Patient Hospitalization, 4.1.2 Day Care Treatment	<ul style="list-style-type: none"> <li>Discharge Summary</li> <li>Medical Records</li> <li>Original Hospital Main Bill</li> <li>Original Hospital Bill Break Up</li> <li>Original Pharmacy Bills</li> <li>Prescriptions for the Medicines purchased (except Hospital supply) and investigations done outside the Hospital</li> <li>Consultation Papers</li> <li>Investigation Reports</li> <li>Digital Images/CDs of the Investigation Procedures (if required)</li> <li>MLC/FIR Report (If applicable)</li> <li>Original Invoice/Sticker (If applicable)</li> <li>Post-mortem Report (If applicable)</li> <li>Disability Certificate (If applicable)</li> <li>Attending Physician Certificate (If applicable)</li> <li>Death Certificate (If applicable)</li> </ul>	4.2.4 Funeral Expenses	<ul style="list-style-type: none"> <li>Original Invoice of Expenses Incurred during Funeral.</li> </ul>
4.2.1 OPD Treatment	<ul style="list-style-type: none"> <li>Original Pharmacy Bills</li> </ul>	4.2.4 Funeral Expenses	<ul style="list-style-type: none"> <li>Original Invoice of Expenses Incurred during Funeral.</li> </ul>
		4.8.1 Critical Illness (C.I)	<ul style="list-style-type: none"> <li>Medical Records / Reports</li> <li>Investigation Test Reports</li> <li>Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference</li> </ul>
		4.8.2 Vector Borne Diseases	<ul style="list-style-type: none"> <li>Medical Records / Reports</li> <li>Investigation Test Reports</li> <li>Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference</li> <li>Consultation Papers</li> <li>Medical Practitioner's Certificate confirming the Illness /Treatment advise / Medical Reference</li> <li>Copy of Hospital Summary</li> <li>Death Certificate (If applicable)</li> </ul>
		4.8.3 Hospi Cash	<ul style="list-style-type: none"> <li>Hospital Discharge Summary</li> </ul>
		4.3.2 Transportation of Mortal Remains	<ul style="list-style-type: none"> <li>Original Invoices of expenses incurred for Carriage of Dead Body/repatriation of mortal remains.</li> </ul>
		4.9.5 Trauma Counselling	<ul style="list-style-type: none"> <li>Documents as mentioned under Section 1. Accidental Death and/or Section 2. Permanent Total Disablement and/or Section 3. Permanent Partial Disablement</li> </ul>

Section	Documents	Section	Documents
	<ul style="list-style-type: none"> <li>Original Invoice of Expenses Incurred for Counselling.</li> <li>Medical Practitioner's letter advising Counselling.</li> <li>Treatment plan for Counselling from Specialist.</li> </ul>		<ul style="list-style-type: none"> <li>Original travel tickets / bills and receipts mentioning the actual expenses of the travel with the date of booking &amp; date of travel</li> <li>Age Proof of the Person who has visited the Insured.</li> </ul>
4.9.2 ICU at Home	<ul style="list-style-type: none"> <li>Attending Physician Certificate mentioning the need for Home (Domiciliary Hospitalization)</li> <li>Original Pharmacy Bills</li> <li>Consultation Papers</li> <li>Original Investigation bills and Reports</li> <li>Original Invoices in respect of payment made to the treating Medical Practitioner.</li> </ul>	4.5.1 Loan Protector	<ul style="list-style-type: none"> <li>Current Outstanding Loan Certificate from Financer.</li> <li>Loan Disbursement Letter along with the payment record till the date of Accident or first Diagnosis of Critical Illness or first underwent Surgical Procedure.</li> <li>Certificate from HR with details of medical leave availed during the period of Injury.</li> <li>Copy of Address Proof (Ration Card or Electricity Bill Copy).</li> </ul> <p>In Case of Death</p> <ul style="list-style-type: none"> <li>Attested Copy of Death Certificate.</li> <li>Death Summary/Certificate from the Hospital Authority (wherever applicable)</li> <li>Burial Certificate (wherever applicable).</li> <li>Attested Copy of Statement of Witness, if any lodged with police authorities. (wherever applicable).</li> <li>Attested Copy of FIR / Panchanama / Inquest Panchanama. (wherever applicable).</li> <li>Attested Copy of Post-mortem Report (Only if conducted).</li> <li>Attested Copy of Viscera report if any (Only if Post-mortem is conducted).</li> <li>In case of Permanent Total Disablement, Permanent Partial Disablement</li> <li>Attested Copy of disability certificate from relevant government Medical Authority.</li> <li>Attested copy of FIR. (If required)</li> <li>All Investigation reports confirming the disability.</li> <li>Complete Treatment record with follow-up documentation.</li> <li>Disability assessment report from Our empanelled medical specialist (if required)</li> </ul>
4.2.3 Coma Benefit	<ul style="list-style-type: none"> <li>Certificate from the Treating Medical Practitioner certifying the cause and severity of Coma.</li> <li>All relevant medical summary leading to Coma.</li> </ul>	4.1.5 Road Ambulance	<ul style="list-style-type: none"> <li>Original Ambulance bills and payment receipts paid for the transportation from Registered Ambulance Service Provider</li> <li>Letter from Medical Practitioner indicating emergency need for such transportation.</li> </ul>
4.2.6 Broken Bones/ Fracture	<ul style="list-style-type: none"> <li>X Ray Confirming the Fracture &amp; site of Fracture</li> <li>Pre and post-operative radiological imaging reports with films confirming the extent of the fracture.</li> <li>Certificate from Treating Medical Practitioner with extent of Injury, Cause of Injury, Site of Injury &amp; Date of Injury.</li> <li>Treatment Details</li> <li>Discharge Summary (if Hospitalized)</li> </ul>		
4.2.5 Burns	<ul style="list-style-type: none"> <li>Certificate from Treating Medical Practitioner with extent of Burns Injury/Cause of Burns.</li> <li>Treatment Details</li> <li>Medico Legal Certificate copy / First Information Report Copy (If applicable)</li> <li>Discharge Summary (if Hospitalized)</li> </ul>		
4.6.1 Modification (Home/Vehicle)	<ul style="list-style-type: none"> <li>Certification from Medical Practitioner necessitating the Modification.</li> <li>Original Invoices of actual expenses incurred for the Modifications.</li> </ul>		
4.3.1 Compassionate Visit	<ul style="list-style-type: none"> <li>Letter from Medical Practitioner advising presence of Immediate Family Member.</li> </ul>		

Section	Documents
4.1.6 Radio cab	<ul style="list-style-type: none"> <li>Original Radio Cab bills and payment receipts paid for the transportation</li> <li>Letter from Medical Practitioner indicating emergency need for such transportation.</li> </ul>
4.5.2 Loss of Income	<ul style="list-style-type: none"> <li>Certificate from the Employer confirming the termination, dismissal, temporary suspension or retrenchment from employment of the Insured furnishing the date of termination, dismissal, temporary suspension or retrenchment from employment of the Insured with the reasons for the same. In case of temporary suspension, the period of suspension should also be mentioned in such certificate.</li> <li>Appointment Letter</li> <li>Latest Copy of Salary Revision, if any.</li> <li>Last 3 Months Salary Slip</li> <li>Form 16</li> <li>Contact details of Employer-Phone No. Mobile No., E-mail ID, Contact person in HR/Admin/Personnel dept.</li> <li>Appointment Letter Employer if Re employed</li> <li>Age proof of Insured: Aadhar Card, Election ID Card / PAN Card/ School Leaving</li> <li>Form 26AS which shows tax deducted at source</li> <li>Income tax return for relevant financial year</li> <li>Self-declaration</li> <li>Any other document as required by Us to investigate the Claim or Our obligation to make payment for it, including documents related to proof that the Insured has not found any job or has not started working again in Family business or started his / her own venture.</li> </ul>
	<ul style="list-style-type: none"> <li>Case specific additional documents may be requested if required for justified Claim decision &amp; processing.</li> <li>The Company at its discretion may revise the list of documents mentioned above.</li> </ul>

#### 6.3.4 Scrutiny and Investigation of Claim:

We will scrutinize the Claim based on submission of above Claim documents by You and if any deficiency in document We will intimate You in writing within 7 days from the date of submission of Claim documents. We will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.

#### 6.3.5 Claim Documents Submission:

In case of any Claim, the list of documents as mentioned

above shall be provided by the Policyholder/ Insured Person to Us within 30 days of date of discharge from Hospital.

#### 6.3.6 Claim Assessment:

We will pay fixed amounts as specified in the applicable Sections in accordance with the terms of this Policy. We are not liable to make any payments that are not specified in the Policy.

#### 6.3.7 Condonation of Delay:

If the Claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

#### 6.3.8 Payment of Claim:

- Claims shall not be admissible under this Policy unless We have been provided with the complete documentation/ information which We have requested to establish its liability for the Claim, its circumstances and its quantum unless the Policyholder/ Insured Person have complied with the obligations under this Policy.
- The Sum Insured, if any, of the Insured Person shall be reduced by the amount payable/paid under the Benefit(s) and the balance Sum Insured shall be available for the unexpired Policy Period.
- We will pay the Policyholder/Insured Person or the Nominee/ Legal Heir as the case may be and a discharge by them shall discharge Us of all its liability under the Policy for that Claim.
- We will only be liable to pay for such Benefits for which the Policyholder has specifically claimed in the Claim Form.
- The maximum liability of Us to pay the Claims under the Policy is limited to Base Sum Insured, Cumulative Bonus (if applicable), S.I Escalation (if applicable) and Reinstatement of Sum Insured (if applicable).
- All Claims under the Policy shall be payable in Indian currency only.

#### 6.3.9 Claim Settlement (Provision of Penal Interest)

- The Company shall settle or reject a Claim, as the case may be, within 15 days from the date of receipt of Claim submission.
- In case the Claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment. Such interest shall be suo-moto paid by the Company.

(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)

#### 6.4 Condition Precedent to Admission of Liability

The terms and conditions of the Policy must be fulfilled by the Insured Person for Us to make any payment for Claim(s) arising under the Policy.

#### 6.4.1 Multiple Policies (Applicable to Indemnity Sections under this Policy)

##### Indemnity Section

- 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 Insured Person shall 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. Insured Person having multiple policies shall also have the right to prefer Claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the Claim subject to the terms and conditions of this Policy.
- c. If the amount to be Claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to Claim the balance amount.
- d. Where an Insured Person has policies from more than one Insurer to cover the same risk on Indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

#### **Benefit Section**

In case of multiple policies which provide fixed benefits, on the occurrence of the Insured event in accordance with the terms and conditions of the policies, the Insurer shall make the Claim payments independent of payments received under other similar policies.

#### **6.4.2 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 towards 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.

We 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 or suppression of material fact are within the knowledge of the Insurer.

#### **6.4.3 Arbitration**

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all

disputes in relation to this Policy. Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

#### **6.4.4 Complete Discharge**

Any payment to the Policyholder, Insured Person or his/ her Nominee/ Legal Heir or to the Hospital, as the case may be, for any benefit under the Policy shall be valid discharge towards payment of Claim by Us to the extent of that amount for the particular Claim.

#### **6.5 Conditions for Renewal of a Contract**

##### **6.5.1 Renewal of the Policy**

The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

- a. We shall endeavour to give notice for Renewal. However, We are not under obligation to give any notice for Renewal.
- b. Renewal shall not be denied on the ground that the Insured Person had made a Claim or Claims in the preceding Policy Years.
- c. Request for Renewal along with requisite premium shall be received by Us before the end of the Policy Period.
- d. 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.
- e. No loading shall apply on Renewals based on individual Claims experience.
- f. The cover for the Insured shall terminate immediately in the event of admissible Claim and settlement of 100% Sum Insured under Accidental Death/ Accidental Death – Common Carrier or Permanent Total Disablement and no Renewal of contract will be permissible.

##### **6.5.2 Special Condition**

We will offer other benefits besides those specified in Section 3 Base Covers and Section 4 Optional Covers if the cover/benefit is available in the expiring Policy, is specifically agreed by Us and is specified in the Policy Schedule/ Certificate of Insurance.

##### **6.5.3 Grace Period**

The Policy may be renewed by mutual consent and in such event the Renewal premium should be paid to Us on or before the date of expiry of the Policy and in no case later than the Grace Period of 30 days from the expiry of Policy. We will not be liable to pay for any Claim arising out of an Illness/Injury/Accident that occurred during the Grace Period. The provisions of Section 64VB of the Insurance Act 1938 shall be applicable. All policies renewed within the Grace Period shall be eligible for continuity of cover.

##### **6.5.4 Portability**

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire Policy along with all the members of the Family, if any, at least 30 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link – <https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

#### 6.5.5 Migration

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link –

<https://content.sbigeneral.in//uploads/c6a2844dd65446019b130ffbae1fa20f.pdf>

#### 6.6 Conditions for Cancellation of the Contract

##### 6.6.1 Cancellation

###### A. Cancellation by You

1. You may cancel this Policy at any time by giving Us 15 days written notice. If no Claim has been made under the Policy then We will refund premium as per below:
  - a. For short term policies with less than 1 year, We shall refund a proportionate premium to the Insured Person, subject to a minimum retention of 25%, if cancellation occurs after the Policy commencement date.
  - b. For policies with a tenure of 1 year or more, We shall refund a proportionate premium for the unexpired Policy Period unless otherwise mutually agreed between the Us and the Master Policyholder.
  - c. For policies issued on an instalment basis, We shall refund the premium for the remaining unexpired instalment(s), if any.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any Claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

2. The refund of premium under the policies where Loan Protection cover is opted shall be as under:
  - a. Long term policies may be cancelled at the request of the Policyholder after retaining the premium for the expired risk on Quarterly Basis (Premium would be retained for the ongoing period on a quarterly basis in which the cancellation request has been received).
  - b. In the event of full prepayment of the Loan by the Insured, We shall refund a portion of the premium subject to the terms and conditions of the Policy as detailed below:

###### I. For Plans with 1 Year Policy Period:

Refund proportionate premium for unexpired Policy Period, if the term of Policy up to one year and there is no Claim(s) made during the Policy Period.

###### II. For Plans with greater than 1 Year Policy Period:

Refund premium for the unexpired Policy Period, in respect of policies with term more than 1 year and risk coverage for such Policy Years has not commenced i.e. proportionate refund for the unexpired whole years.

- c. In the event of part prepayment of the Loan, no refunds of premium shall be made under this Policy.

- d. The above cancellation criteria may vary as per mutual agreement between Us and the Master Policyholder.

##### B. Cancellation by Us

We 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.

#### 6.6.2 Premium Payment in Instalments

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, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy).

- a. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
- b. During such Grace Period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Us.
- c. No interest will be charged if the instalment premium is not paid on due date.
- d. In case of instalment premium due not received within the Grace Period, the Policy will get cancelled.
- e. In the event of a Claim, all subsequent premium instalments shall immediately become due and payable.
- f. We have the right to recover and deduct all the pending instalments from the Claim amount due under the Policy.

#### 6.7 Conditions for Grievances Redressal

##### 6.7.1 Redressal of Grievance

###### 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 acknowledgment 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.customer@sbigeneral.in](mailto:head.customer@sbigeneral.in)

Phone: 1800 102 1111

For Senior Citizens:

Senior citizens can reach Us through the following dedicated channels:

Email: [Seniorcitizengrievances@sbigeneral.in](mailto:Seniorcitizengrievances@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 7 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](mailto:gro@sbigeneral.in)

Designation: Grievance Redressal Officer

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

**Kindly refer Annexure I for the List of Names of Ombudsman and Addresses of Ombudsmen centres.**