ACCIDENT ARMOUR - POLICY TERMS AND CONDITIONS

1. Policy Design:

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

2. Sum Insured Options:

a. The product offers you so much more! More benefits, More options and More Sum Insured. Each benefit has a separate sum insured (if specified otherwise in the policy schedule or certificate of insurance) The terms, conditions and exclusions governing the Benefits under this Policy are described below. The Policy Schedule/Certificate of Insurance will specify which Benefits are in force and available for the Insured Person. Benefits are effective only during the Operative Time as shown in the Policy Schedule/ Certificate of Insurance.

b. The Benefits listed in the sections below will be payable subject to the terms, conditions and exclusions of this Policy, the availability of the Benefit Sum Insured and any limits/sub-limits specified in the Policy Schedule/Certificate of Insurance as applicable under the Benefits in force for the Insured Person.

c. All claims for any Benefits under the Policy must be made in accordance with the claim process defined under the respective section in which the Benefit is being claimed.

3. Scope of Cover:

a. The terms, conditions and exclusions governing the Benefits under this Policy are described below and the Benefits listed in this section will be payable accordingly.

b. The Certificate of Insurance will specify the Benefits, Sum Insured, pay outs, limits, sub limits, Deductible and/or Franchise applicable to the respective benefits available for the Insured Person.

c. Policy will be active only during the date and/or time as specified in Certificate of Insurance.

d. Claim under this policy will be paid only if the underlying cause of claim is solely and directly due to an Accident caused during the Policy/Coverage Period.

e. Any claim payable towards Dependent Child, where the Dependent Child is a minor, shall be payable to the legal guardian of the Dependent Child.

f. All benefits can be taken either in India or/and outside India, as mentioned in your Certificate of Insurance.

3.1 Accidental Death Benefit

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

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

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

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

3.2 Permanent Total Disability Benefit

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

Table 1:

Condition for Permanent Total Disability	% of Sum Insured
Complete & Irrecoverable loss of: Any 2 Limbs Sight of both eyes Speech & hearing of both Ears Combination of One Limb & Sight of One Eye	100%
Complete & Irrecoverable loss of: 1 Limb Sight of 1 Eye	50%

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

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

3.3 Permanent Partial Disability Benefit

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

Table 2:

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

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

3.4 Temporary Total Disablement Benefit

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

Conditions:

a. Earning and Non-Earning members (if applicable) would be covered as per separate limits mentioned in the Certificate of Insurance.
b. If the Insured is disabled for part of a week, then proportionate amount will be paid.

c. TTD caused due to Broken bones or Fractures, Coma or Burns will also be covered.
d. TTD is **NOT** applicable for Dependent Children.
e. Claim is payable ONLY if bed rest is prescribed by treating Medical Practitioner.
f. We will not pay for Hairline fractures of any kind.
g. TTD benefit can be taken only once for any single event.
h. We reserve the right to stop making any further payments, if we are satisfied that you can engage in your occupation again, or when we have made payments for a maximum period of 100 weeks from the date you met with the Accidental Bodily Injury, whichever is earlier.

3.5 Accidental Hospitalization

If an Insured Person is hospitalized (24 Hours or more) due to injuries sustained in an Accident during the Policy Period, then We will pay the expenses incurred by the Insured on Medically Necessary Treatment up to the limits mentioned in the Certificate of Insurance.
Naturally this excludes expenses not linked to treatment like food, beverage, toiletries and cosmetics. Refer Annexure 1 for expenses that are not covered or subsumed into room charges / procedure charges / costs of treatment.

Conditions:

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

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

3.6 Refill

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

Conditions:

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

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

3.7 No Claim Bonus

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

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

3.8 Serious Illness Benefit

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

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

Conditions:

a. The payout under this benefit will be made as per the minimum and maximum number of days of hospitalization as mention in the Certificate of Insurance.
b. The Hospitalization is Medically Necessary and is carried out on the written advice of a Medical Practitioner.

The payout of this benefit can be a lump sum amount or can be linked to specific payouts as mentioned in your Certificate of Insurance.

3.9 Safeguard+

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

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

3.10 Out-patient Expenses Cover

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

Outpatient Expenses includes ONLY:

a. Procedures that require less than 24 hours of hospitalization. This excludes day care treatment.
b. Diagnostic Tests for Accident related injury or procedure
c. Vaccinations/Vaccinations for Animal Bites
d. Plaster cast and/or crutches

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

3.11 Physiotherapy Cover

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

Conditions:

a. The physiotherapy is Medically Necessary for Treatment of the Injury and prescribed by a Medical Practitioner.
b. Only that Physiotherapy treatment will be considered that is directly related to any Accident that had happened within 90 days from the start of the Physiotherapy sessions.

c. For the purpose of this benefit, **Physiotherapy** means any form of physical or mechanical therapy; diathermy; ultrasonic therapy; heat treatment in any form; manipulation or massage administered by a Medical Practitioner for treatment of Injury.

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

3.12 Transportation of Imported Medicine Cover

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

Conditions:

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

3.13 Purchase of Blood Cover

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

3.14 Prosthesis Device Cover

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

Conditions:

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

3.15 Hospital Daily Cash Benefit

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

3.16 Road Ambulance Cover

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

NOTE: Must use a registered ambulance provider Only.

3.17 Air Ambulance Cover

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

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

3.18 Second Medical Opinion Benefit

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

Conditions:

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

3.19 Burns Benefit

If the Insured Person suffers from Burns due to an Accident, then We will pay the claim as per Table 3. Total Sum Insured for this benefit will be mentioned in the Certificate of Insurance.
The Degree of the burns and total body surface area burnt has to be certified by a Medical Practitioner.

Table 3:

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

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

3.20 Broken Bones Benefit

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

Table 4:

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

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

3.21 Coma Benefit

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

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

a. Has been in a State of Comatose for continuous 96 hours
b. Is on Life support systems
c. Condition is confirmed by the treating Doctor

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

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

3.22 Animal Attack Cover

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

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

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

3.23 Rehabilitation Cover

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

Conditions:

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

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

3.24 Reconstructive Surgery Cover

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

Conditions:

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

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

3.25 Accidental Miscarriage Benefit

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

Conditions:

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

3.26 Domestic Travel for Medical Treatment Cover

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

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

Conditions:

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

3.27 Repatriation Cover

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

3.28 Funeral Benefit

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

3.29 Home and Vehicle Modification Benefit

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

3.30 Personal liability

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

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

Special conditions:

1. You shall:

a. Give Us written notice within 10 days of any claim or demand made against you
b. Not admit liability/ settle/ compromise/ make any payment without Our prior written consent.
c. Allow Us, in Our sole and absolute discretion, to take over and conduct investigation, defence and/or settlement of any claim. You shall provide all the cooperation and assistance We may require. Having taken over the defence of any claim, we may in Our sole and absolute discretion relinquish the same.

2. We will not settle any claim without your consent. But if you refuse settlement recommend by Us and choose to contest or continue any legal proceedings, then Our liability will not exceed the amount for which the claim could have been settled plus the defence costs incurred with Our consent up to the date of such refusal.
3. For us to cover the costs, claim shall be made on you by the third parties during the Period of Insurance or within 60 days from the date of expiry of the insurance.

Conditions:

What is **NOT** covered?

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

3.31 Emergency Hotel Requirement Cover

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

Conditions:

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

3.32 Home Convalescence Cover

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

3.33 Loss of Activities of Daily Living Benefit

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

Conditions:

a. This loss of ability to perform Activities of Daily Living and its duration should be certified by a Medical Practitioner.
b. This cover is **NOT** applicable for Insured aged seventy-five or above.
c. For the purpose of this benefit, the **Activities of Daily Living** are –

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

3.34 Monthly Needs Benefit

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

3.35 Education for Dependent Children Benefit

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

Conditions:

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

3.36 Marriage Fund for Children Benefit

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

Conditions:

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

3.37 Orphan Benefit

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

Conditions:

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

3.38 Spouse Care Benefit

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

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

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

3.39 Compassionate Visit Benefit

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

Conditions:

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

3.40 Medical Insurance Premium Cover

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

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

3.41 Parental Care Benefit

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

Conditions:

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

3.42 Family Counselling Benefit

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

3.43 Loss of Personal Material Cover

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

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

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

Conditions:

a. We would **NOT** cover the damage caused by wear and tear, gradual deterioration, moths, vermin, inherent vice or damage sustained due to any process initiated by the Insured Person to repair, clean or alter the property.
b. The Insured Person provides Us with a written proof of to validate the ownership of the item under consideration.

3.44 On Duty Cover

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

3.45 Common Carrier Benefit

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

3.46 Terrorism Cover

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

3.47 Common Accident Benefit

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

3.48 Adventure Sport Cover

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

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

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

3.49 Head & Spinal Injury Benefit

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

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

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

3.50 Loan Protect Benefit

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

Conditions:

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

4. Permanent Exclusions

4.1 Specific exclusions

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

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

5. General Terms and Conditions

5.1 Standard General Terms and Conditions

5.1.1 **Free look period**

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

The insured person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the policy.. If he/she is not satisfied with any of the terms and conditions , he/she has the option to cancel his/her policy.
In the event the policyholder disagrees to any of the policy terms or conditions, or otherwise and has not made any claim, he/she shall have the option to retun the policy to the insurer for cancellation, stating the reasons for the same.

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

5.1.2 **Cancellation**

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

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

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

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

A. **Automatic Cancellation** –

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

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

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

5.1.3 **Renewal of Policy**

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

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

a. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
b. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days (annual installment) to maintain continuity of benefits without break in policy.
c. Coverage is available during the grace period.
d. No loading shall apply on renewals based on individual claims experience. However, discount in premium may be provided by insurers to individual policyholders for good claims experience.
e. Insurer shall not resort to fresh underwriting by calling for medical examination, fresh proposal form etc at renewal stage where there is no change in sum insured offered. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured

5.1.4 **Nomination**

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

5.1.5 **Fraud**

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

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

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

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
b) the active concealment of a fact by the Insured Person having knowledge or belief of the fact;

c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

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

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

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

5.1.7 **Withdrawal of Policy**

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

5.1.8 **Redressal of Grievance**:

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

Website: www.nivabupa.com
Toll free: 1860-500-8888
E-mail: Email us through our service platform https://rules.nivabupa.com/customer-service/ (Senior citizens may write to us at: seniorcitizensupport@nivabupa.com)
Fax: 011-4174-3397
Courier: Customer Services Department
D-5, 2nd Floor, Logix Infotech Park
opp. Metro Station, Sector 59, Noida,
Uttar Pradesh, 201301

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

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

Contact No: 1860-500-8888
Fax No: 011-4174-3397

Email ID: Email our Grievance officer through our Grievance Redressal platform https://transactions.nivabupa.com/pages/grievance-redressal.aspx
For updated details of grievance officer, kindly refer the link https://www.nivabupa.com/customer-care/health-services/grievance-redressal.aspx

If the Insured person is not satisfied with the above, they can escalate to GRO@nivabupa.com.

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

Grievance may also be lodged at IRDAI integrated Grievance Management System – www.bimabharosa.irdai.gov.in

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

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

5.1.10 **Multiple Policies**

a. Indemnity Based Policies:

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

b. Benefit Based Policies:

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

5.1.11 **Disclosure to Information**
The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.
(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

5.1.12 **Condition Precedent to Admission of Liability**

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

5.1.13 **Complete Discharge**

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

5.2 Specific Terms and Conditions

5.2.1 **Additional premium (Risk Loading)**

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

5.2.2 **Other Renewal Conditions:**

a. Renewal Premium:
Renewal premium can alter based on Age.

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

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

5.2.3 **Policy Disputes**

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

5.2.4 **Notices**

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

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

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

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

5.2.5 **Alteration to the Policy**

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

5.2.6 **Assignment**

The Policy can be assigned subject to applicable laws.

5.2.7 **Premium Payment in Installments**

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

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

5.2.8 **Per Kilometer based Coverage**

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

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

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

ii. **Fixed number of kms:** Customer can buy coverage for fixed number of km’s (in multiples of 10km) and pay the premium accordingly. Multiple notifications/ messages will be sent to customers much before their premium gets exhausted. This will allow customer to make an informed decision on whether to extend his/her coverage or not. He/she can extend coverage by paying additional premium for fixed number of km’s (in multiples of 10 km).

Termination of cover

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

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

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

5.2.10 **Claims**

a. Cashless claim facility is available at our network hospitals ONLY. As list of network hospitals is dynamic, for the latest list, refer to our website www.nivabupa.com.

b. Once the final authorization request is received for discharge, the same will be processed within three hours from the final documents received. In case of delay from our end, any additional amount charged by the hospital will be borne by us. This amount will be paid over and above the policy limits.
Note: We offer Cashless Everywhere, even in hospitals which are not part of our network. For More details and process please visit our website: https://transactions.nivabupa.com/cashlessclaims/pages/intimation-claim.aspx

c. We shall be provided with the following necessary information and documentation in respect of all claims at Your/Insured Person's expense at the earliest possible time.

d. Documents required

Documents Required	• Our duly filled and signed Claim Form or Online claim submission • Scanned copy of COI • Treating Doctor's prescription advising the need, as mentioned under the benefit terms and conditions of the policy (wherever applicable) • Copy of settlement letter from other insurance company • Medical Records, Case histories, investigation reports and Laboratory investigation reports with supporting prescriptions • Death Certificate and/or Post-mortem report (wherever applicable) • Disability Certificate, issued by a Medical Board duly constituted by the Central and/or the State Government (wherever applicable) • FIR (First Information Report), MLC (Medico-Legal Case) report Copy (if MLC is done), Spot Panchnama, Inquest Panchnama attested by issuing / appropriate authorities • Original Discharge summary with first and subsequent consultation/treatment papers • Original Final Hospital bill with detailed break-up and payment receipt (including pharmacy bills) • Legal heir certificate (wherever applicable) • Marriage Certificate (wherever applicable) • Legal documents as Age proofs (wherever applicable) • Original legal heir certificate (if nomination has not been filed by deceased) • Loan Account statement and last EMI proof (if loan linked policy) **Policyholder documents (Nominee in case of death of Policyholder):** • KYC documents • Cancelled cheque **Note - The list of Documents is indicative more documents may be asked for as per claim servicing requirement**

S. No.	Benefits	Claim Documents

1	Accidental Death Benefit	• Death Certificate attested by issuing / appropriate authority • Post Mortem Report attested by issuing authorities wherever applicable • Original legal heir certificate (in case nomination has not been filed by deceased)
2	Permanent Total Disability Benefit	• Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
3	Permanent Partial Disability Benefit	• Photograph of the injured as a proof of disablement • Disability Certificate from appropriate Government Authority Medical Certificate from treating Doctor • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer (as per requirement)
4	Temporary Total Disability Benefit	• Photograph of the injured as a proof of disablement • Treating doctor certificate mentioning the nature of injury and duration of rest advised • Medical reports, case histories, investigation reports, treatment papers as applicable • Leave certificate from the employer • Original X ray films (where applicable)
5	Accidental Hospitalization	• Medical reports, case histories, investigation reports, treatment papers as applicable • Discharge summary • Original invoice and payment receipt for hospitalization expenses • Details of any other related document such as medical bills with prescription
8	Serious Illness Benefit	• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge. • Documents related to Accidental Hospitalization as mentioned in the policy wording
10	Out-patient Expense Cover	• Medical reports, case histories, investigation reports, treatment papers as applicable • Original invoice and payment receipt for OPD expenses • Original X ray films (where applicable)
11	Physiotherapy Cover	• Medical reports, case histories, investigation reports, treatment papers as applicable • Physiotherapy schedule / Chart • Original invoice and payment receipt for Physiotherapy expenses
12	Transportation of Imported Medicine Cover	• Prescription of the treating doctor with confirmation that the medicine is not available in India • Original invoice and payment receipt for the freight incurred for import of the medicine • Original invoice and payment receipt for the imported medicine • Documents related to Accidental Hospitalization as mentioned in the policy wording
13	Purchase of Blood Cover	• Original invoice and payment receipt for blood expenses • Documents related to Accidental Hospitalization as mentioned in the policy wording
14	Prosthesis Device Cover	• Original invoice and payment receipt for expenses incurred on the Prosthetics • Documents related to Accidental Hospitalization, PTD, PPD, TTD, Burns, Broken Bones or Coma as mentioned in the policy wording
15	Hospital Daily Cash Benefit	• Final Hospital bill and/or Discharge Summary mentioning the date and time of admission and discharge • Documents related to Accidental Hospitalization as mentioned in the policy wording
16	Road Ambulance Cover	• Original invoice and payment receipt for ambulance charges • Documents related to Accidental Hospitalization as mentioned in the policy wording
17	Air Ambulance Cover	• Original invoice and payment receipt for air ambulance charges (In case of non-network) • Documents related to Accidental Hospitalization as mentioned in the policy wording

19	Burns Benefit	• FIR / Medico Legal Report or related police records • Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc.
20	Broken Bones Benefit	• FIR / Medico Legal Report or related police records • Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. • Original X ray films
21	Coma Benefit	• Copies of all the medical records including discharge summary, follow up medical records, Laboratory reports & Diagnostic reports like X-ray, CT scan, MRI report, etc. • Medical certificate from treating doctor giving the details of neurological status & prognosis, proving the conditions as per defined in the policy wordings • Documents related to Accidental Hospitalization as mentioned in the policy wording
22	Animal Attack Cover	• Original invoice and payment receipt for the expenses incurred on the treatment • Final Hospital bill and/or Discharge Summary • Customer declaration regarding narration of incidence
23	Rehabilitation Cover	• Copy of consultation / reference letter from treating doctor • Original invoice and payment receipt with consultation notes
24	Reconstructive surgery Cover	• Documents related to Accidental Hospitalization, PTD, PPD or Burns as mentioned in the policy wording • Copy of medical records showing the details of medical condition (facial scarring / dental reconstruction) • Original invoice and payment receipt towards the medical treatment • Final Hospital bill and/or Discharge Summary
25	Accidental Miscarriage Benefit	• Treating Doctor's letter / certificate / medical report indicating the cause of miscarriage and the status of pregnancy at the time of accident event • Final Hospital bill and/or Discharge Summary • Copy of Investigation reports, diagnostic test reports, etc.
26	Domestic Travel for Medical Treatment Cover	• Documents related to Accidental Hospitalization as mentioned in the policy wording • Original invoice and payment receipt towards the travel expenses incurred
27	Repatriation Cover	• Documents related to Accidental Death as mentioned in the policy wording
28	Funeral Benefit	• Documents related to Accidental Death as mentioned in the policy wording
29	Home and Vehicle Modification Benefit	• Recommendation letter from treating doctor for wheelchair or any other support required for treatment that require the modification of home and/or vehicle • Documents related to PTD or PPD as mentioned in the policy wording
30	Personal liability	• All related legal documents of the accident and insured involvement and liability • Proof of payment made or to be made as a liability of the insured
31	Emergency Hotel Requirement Cover	• Recommendation letter to validate the condition of the insured indicating the travel related disability of the insured • Original invoice and payment receipt towards accommodation booking and confirmation • Final Hospital bill and / or Discharge Summary
32	Home Convalescence Cover	• Recommendation by the treating doctor for appointing an attendant at home for continuation of treatment • Original invoice and payment receipt towards expenses on the attendant • Documents related to Accidental Hospitalization as mentioned in the policy wording
33	Loss of Activities of Daily Living Benefit	• Treating doctor recommendation indicating the criteria for loss of daily living • Documents related to PTD, PPD, Burns, Broken Bones or Coma as mentioned in the policy wording
34	Monthly Needs Benefit	• Documents related to Accidental Death or PTD as mentioned in the policy wording

35	Education for Dependent Children Benefit	• Documents related to Accidental Death or PTD as mentioned in the policy wording • Copy identity card of dependent child of an educational institute at the time of date of loss and last fee payment receipt • Copy of Birth Certificate or any other valid document establishing age
36	Marriage Fund for Children Benefit	• Documents related to Accidental Death or PTD as mentioned in the policy wording • Copy of Birth Certificate or any other valid document establishing age • Original declaration from the benefactor indicating that the child is unmarried and eligible as per conditions of the policy wordings
37	Orphan Benefit	• Documents related to Accidental Death as mentioned in the policy wording for both the parents
38	Spouse Care Benefit	• Documents related to Accidental Death as mentioned in the policy wording
39	Compassionate Visit Benefit	• Proof of the immediate family member such as Ration Card to establish the age and relation with the insured • Documents related to Accidental Hospitalization as mentioned in the policy wording
40	Medical Insurance Premium Cover	• Copy of medical insurance policy showing the premium details for spouse and dependent children of the insured • Documents related to Accidental Death or PTD as mentioned in the policy wording
41	Parental Care Benefit	• Legal Document such as Aadhar card, Pan card, Marriage certificate to specify the relation of the insured with the parents • Documents related to Accidental Death or PTD as mentioned in the policy wording
42	Family Counselling Benefit	• Consultation / reference letter from treating doctor validating the conditions as mentioned in the policy wordings • Proof of relation with the insured such as Aadhar card • Documents related to Accidental Death, PTD or Coma as mentioned in the policy wording
43	Loss of Personal Material Cover	• FIR (First Information Report) copy mentioning about the loss details & lost items • Original invoice and payment receipt (bills) towards the actual cost of the material lost under consideration
44	On Duty Cover	• Official declaration from the employer that the insured was on duty while the accidental event occurred
45	Common Carrier Benefit	• Copy of valid ticket showing that insured was riding as a bonafide passenger in the public carrier under consideration • Documents related to Accidental Death or PTD as mentioned in the policy wording
46	Terrorism Cover	• Valid document from the necessary authority to validate the "Terrorism, War & War like situations" in the region under consideration • Proof of injury/death caused due to accident due to act of terrorism • Declaration from the insured on the narration of incident
47	Common Accident Benefit	• Copy of valid tickets of the insured and his / her spouse validating that the couple was travelling together during the accident event as a bonafide passenger • Documents related to Accidental Death as mentioned in the policy wording
48	Adventure Sport Cover	• Original declaration from Insured Person that he was not involved in Professional Sport
49	Head & Spinal Injury Benefit	• Head or Spinal Injury has to be confirmed by a confirmed by a Doctor and imaging investigations like an X-ray, CT-Scan, MRI, Ultrasound. • Documents related to PTD, PPD or Coma as mentioned in the policy wording
50	Loan Protect Benefit	• Copy of Loan sanction letter and regular EMI paid details with Principal loan outstanding details as on date of loss • Documents related to Accidental Death or PTD as mentioned in the policy wording

IMPORTANT:

- For any delay in submission, You **MUST** provide the reasons in writing. We will condone such delay on merits (i.e. reasons beyond your control).
- We reserve the right to ask for additional documents/reports from case to case basis.
- We reserve the right to check and investigate the hospital / medical records from any doctor, Hospital, clinic, individual or institution.

e. For any hospitalization, We will pay for items included in the bill by the Hospital during the duration of hospitalization. Items not included in the bill will not be paid.

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

List I – Expenses not covered

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

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

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

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

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

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

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

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

Annexure 2 - List of Insurance Ombudsmen

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, UT of Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chhattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, UT of Chandigarh.
CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284	Tamil Nadu,UT- Pondicherry Town and Karaikal (which are part of UT of Pondicherry).

Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, UT of Yanam and part of UT of Pondicherry.
JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. Poonam Bodra Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in	Kerala, UT of (a)Lakshadweep,(b) Mahe-a part of UT of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in	West Bengal, Sikkim, UT of Andaman & Nicobar Islands.

LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Bihar, Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

EXECUTIVE COUNCIL OF INSURERS,
3rd Floor, Jeevan SevaAnnexe,
S. V. Road, Santacruz (W),
Mumbai - 400 054.

Tel.: 022 - 26106889 / 671 / 980

Fax: 022 - 26106949
Email:inscoun@ecoi.co.in
Shri. M.M.L. Verma, Secretary General
Smt. Moushumi Mukherji, Secretary

Ombudsmen details are subject to change. Please refer this link for the updated details: CIO (cioins.co.in)"

Annexure 3 – Risk Class Grid

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

Risk Class	Occupation/s
1	Persons engaged in white collar jobs and non-hazardous occupations in office such as Administrative, Clerical, Financial, Marketing professions (desk jobs), teacher, doctor, Laboratory technical staff / Supportive staff under health and healthcare services, Creative and performing artists of drama and cinema, Authors, Journalists, linguists, Arts & media related designers, Home maker, Student and Research scholars, Architects, Town planners and Interior designers, Employed in Hotel and Hospitality industry, Gardeners & those involved in horticulture, Personal service workers (Hair dressing & other jobs in saloons or beauty parlors), self-employed and businessmen involved in non-hazardous businesses, IT / Software Engineers, Non-earning members or members earning passive income (Rental /investment income).
2	Persons engaged in semi-hazardous occupations, engaged in superintending activities with duties in a supervisory capacity and not an operator of light / heavy machinery or doing manual work. Such professions include Supervisors involved in manufacturing or construction with no heavy machinery, Culinary and Food preparation occupation with machinery, Drivers of light commercial vehicles (Car, Motorbike, scooter), Onsite Engineers (mechanical, electrical, civil, aeronautical, textile), Veterinary Doctors.
3	Persons engaged in professions such as Technicians working in low electrical voltage and related occupation, Workers involved in agriculture, livestock, wildlife, forestry & fisheries, Drivers of commercial vehicles, heavy trucks, vehicles (e.g. JCB), Drivers of noncommercial vehicles (domestic drivers), workers related to strenuous transportation related work, professions such as Ground staff of airlines, railways or shipping, Private Security Personnel, Politician.
4	Persons engaged in hazardous occupations such as Supervisors involved in work in underground mining, tunneling, manufacturing, construction and/or dealing with heavy machines, workers involved in mining, construction, mineral processing and/or any manufacturing work, workers involved in plant operation work in chemical, rubber and textile plants, Technicians working in High electrical voltage and related occupation, Professions related to adventure sports (Instructors or related occupation), Acrobats, professional sportsmen, Jockey, Racing Drivers, circus professionals, workers in Aviation, Railways and Shipping crew, professions such as Armed forces, Police, State & Central reserve police and Home guards, Self-employed and/or businessmen involved in hazardous businesses.

Annexure 4 – Product Benefit table

Product Benefit Table				
Policy Tenure	Hourly, KM wise, Daily, Weekly, Monthly, Quarterly, Yearly Up to 5 years for loan linked			
Entry Age	Adult- 18 yrs. to 100 yrs. Child: 0 Days onwards Dependent Child Classification - less than or equal to 25 years of age			
Plans	Individual or to a Family on Individual Basis			
Coverage	Dependent Adult - Up to 100% of base sum Insured Dependent Child - Up to 50% of base sum insured			
Relationships	Self, Spouse, Children, Daughter-in-law, Father, Mother, Father-in-law, Mother-in-law, Grandfather, Grandmother, Grandson, Granddaughter, Son-in-law, Brother, Sister, Sister-in-law, Brother-in-law, Nephew, Niece and any relationship where there is insurable interest Borrower(s) & Co-Borrower(s)			
S. No.	Main Benefit Name	Main benefit Options and Validations	Coverage Options	Benefit Type Options
1	Accidental Death Benefit	**Termination Condition -** The policy will terminate for the member for whom we have paid the claim under this benefit.	Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet,	Benefit

			Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.	
2	Permanent Total Disability Benefit	**Termination Condition -** The policy will terminate for the member for whom we have paid a total of 100% PTD Sum Insured claim in a lifetime of the Insured.	Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.	Benefit
3	Permanent Partial Disability Benefit		Option 1: Lump sum benefit up to Rs. 10 Cr. Option 2: Payout Options a: Staggered - weekly, monthly, quarterly, annually b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually),	Benefit

			income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Any possible reasonable combination of above options.	
4	Temporary Total Disability Benefit	**Options Available -** TTD Sum Insured can be utilized as per the following options - • TTD benefit to use Accidental Death Sum Insured • TTD benefit to have Independent Sum Insured	Option 1: Earning Members - Option a: Up to 5% of Base SI per week. Max up to 5 L per week. Max up to 100 Weeks Option b: Up to 5% of Weekly salary/income received, Max up to 5 L per week. Max up to 100 Weeks. Non-earning members - Up to 5% of Base SI per week. Max up to 1 L per week. Max up to 50 Weeks Option 2: Payout Options Option a: Staggered - weekly, monthly, quarterly, annually Option b: Lump sum Option 3: Benefit up to 100X of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet , Utility bills, Systematic Investment Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 4: Benefit up to 150% of the amount linked to salary (monthly, quarterly or annually), income, bank account, credit card limit, credit card bill, wallet, Utility bills, Systematic Investment	Benefit

			Plans, outstanding loan, Average Quarterly balance (AQB), Rent, Any Fees paid for child for education, any EMI. Option 5: Up to 3 Days Deductible Option 6: Up to 3 Days Franchise Option 7: Any possible reasonable combination of above options.	
5	Accidental Hospitalization	**Options Available -** Accidental Hospitalization is available as per the following options - • Coverage under this benefit NOT linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. • Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. **Offering Conditions -** Either Accidental Hospitalization or	Up to INR 1Cr, if hospitalization due to Accident. (Only Cashless, Only Reimbursement or Combination can be offered)	Indemnity

		Animal Attack cover can be offered. Both the benefits cannot be offered together.		
6	Refill	**Offering Conditions -** The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.	Option 1: Up to Unlimited times reinstatement of up to 150% Accidental Hospitalization Sum Insured in a policy year, up to 150% of Accidental Hospitalization Sum Insured on each reinstatement Option 2: Can be either given to same person for same illness and/or different illness.	Indemnity
7	No Claim Bonus	**Offering Conditions -** The benefit can be offered ONLY if Accidental Hospitalization Benefit is offered.	Up to 50% for each claim free year. Max Up to 200%	Indemnity

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

		Disability. • Coverage under this benefit linked to fulfillment of conditions of Accidental Death, Permanent Total Disability, Permanent Partial Disability or Temporary Total Disability. **Offering Conditions -** Either Out-patient Expense Cover or Animal Attack cover can be offered. Both the benefits cannot be offered together.		
11	Physiotherapy Cover	**Offering Conditions -** Either Rehabilitation Cover or Physiotherapy Cover can be offered. Both the benefits cannot be offered together.	Option 1: Up to 10% of Base Sum Insured, Maximum limit of 10L per policy year Option 2: Up to INR 10L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 10L per policy year. (Only Cashless, Only Reimbursement or Combination can be offered)	Indemnity OR Benefit
12	Transportation of Imported Medicine Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options	Indemnity OR Benefit
13	Purchase of Blood Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options	Indemnity OR Benefit
14	Prosthesis Device Cover		Option 1: Up to 2% of Base Sum Insured Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options	Indemnity OR Benefit

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

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

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

34	Monthly Needs Benefit		Option 1: Up to 5% of Base Sum Insured Option 2: Up to 12 months Option 3: Any possible reasonable combination of above options	Benefit
35	Education for Dependent Children Benefit	**Termination Condition -** The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options	Benefit
36	Marriage Fund for Children Benefit	**Termination Condition -** The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options	Benefit
37	Orphan Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options	Benefit
38	Spouse Care Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options	Benefit
39	Compassionate Visit Benefit		Up to 2% of the Base Sum Insured (Max INR 1,00,000)	Benefit
40	Medical Insurance Premium Cover	**Termination Condition -** The claim under this benefit would payable only once in the lifetime for the Insured Member.	Option 1: As per Actuals Option 2: Up to INR 50K as lump sum Option 3: Any possible reasonable combination of above options	Indemnity OR Benefit
41	Parental Care Benefit	**Termination Condition -** The claim under this benefit would payable only once in the lifetime for the Insured Member.	Up to INR 10L as lump sum	Benefit
42	Family Counselling Benefit		Up to INR 1 L as lump sum	Benefit
43	Loss of Personal Material Cover	**Options Available -** • Coverage for Electronic Equipment, like Cellphone, laptop, headphones • Coverage for Books, Bag, Course Material, Study Material	Option 1: As per Actuals, Maximum limit of 5L per policy year Option 2: Up to INR 5L as lump sum Option 3: Any possible reasonable combination of above options,	Indemnity OR Benefit

		• Coverage for Uniform (outfit provided by an employer to a professional) • Any one or Combination of the above option can be offered	Maximum limit of 5L per policy year	
44	On Duty Cover		Payouts as per the base benefit	exclusion removal
45	Common Carrier Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options	Benefit
46	Terrorism Cover		Payouts as per the base benefit	exclusion removal
47	Common Accident Benefit		Option 1: Up to 100% of Base Sum Insured Option 2: Up to INR 1Cr as lump sum Option 3: Any possible reasonable combination of above options	Benefit
48	Adventure Sport Cover		Payouts as per the base benefit	exclusion removal
49	Head & Spinal Injury Benefit		Option 1: Up to 100% of Base Sum Insured, Maximum limit of 50L per policy year Option 2: Up to INR 50L as lump sum Option 3: Any possible reasonable combination of above options, Maximum limit of 50L per policy year	Benefit
50	Loan Protect Benefit		Option 1: Up to 100% of balance outstanding principal for any loan, Maximum up to Base Sum Insured Option 2: Up to 100% of balance outstanding for any loan, Maximum up to Base Sum Insured Option 3: Up to 100 times of EMI, Maximum up to Base Sum Insured Option 3: Any possible reasonable combination of above options, Maximum up to Base Sum Insured	Benefit