

August 21, 2023

DYNAMIC TECHNOLOGY SYSTEMS

1ST FLOOR, 20, KANARA HOUSE, MOGUL LANE
ABOVE SHAMROA VITTHAL BANK, MAHIM WEST,
ACHAKDANI, SOLAPUR, MAHARASHTRA - 413306

Dear Customer,

Sub: SARV SURAKSHA PLUS (GROUP) Policy No. 2999204820465501000

We thank you for having preferred us for your *Insurance* requirements. We at HDFC ERGO General Insurance believe "**Insurance**" not only to be an assurance to indemnify in the event of unfortunate circumstances, but one that signifies protection and support you can count on when you need it most.

The Insurance Policy enclosed is a written agreement providing confirmation of our responsibility towards you that puts insurance coverage into effect against stipulated perils.

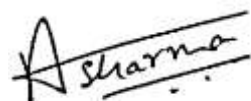
The Policy has been designed so as to augment the key facets and aims to provide information in a clear cut manner.

Please note that the policy has been issued based on the information contained in the proposal form and / or documents received from you or your representative / broker. Where the proposal form is not received, information obtained from you or your representative /broker, whether orally or otherwise, is captured in the policy document.

If you wish to contact us in reference to your existing policy and /or other general insurance solutions been offered by us, you may write to our correspondence address as mentioned below. Alternatively, you may visit our website www.hdfcergo.com. To enable us to serve you better, you are requested to quote your Policy Number in all correspondences.

Thanking you once again for choosing HDFC ERGO General Insurance Company Limited and looking forward to many more years of association.

Yours sincerely,



Authorised Signatory

Insurance is the subject matter of solicitation

SARV SURAKSHA PLUS (GROUP) POLICY

SECTION 1 – SCHEDULE

Policy Number:	2999204820465501000
1. Name & Address of the Policyholder	DYNAMIC TECHNOLOGY SYSTEMS 1ST FLOOR, 20, KANARA HOUSE, MOGUL LANE ABOVE SHAMROA VITHHAL BANK, MAHIM WEST, ACHAKDANI, SOLAPUR, MAHARASHTRA – 413306
GSTIN State	MAHARASHTRA
State Code	27
GSTIN	27AAGFD4809C1ZQ
2. Agent/Broker Name:	HDFC BANK LTD
3. Policy Period	From 00:01 hours: August 10, 2023 To (Midnight) : August 09, 2024
4. a. Maximum Any One Life Limit:	Rs. 500,000.00
b. Maximum Accumulation Limit:	Rs. 6,600,000.00
5. Operative Time:	24 Hours
6. Territory of Insurance:	Worldwide
7. Details of the Insured Persons:	

Category of insured person	No of Employees	Nature of Duties
employee	26	Managerial and Administrative Functions
Total	26	

8. Premium Payable:		
		Annual
Net Premium	Rs.	10,000.00
Add: GST 18% : CGST 9% (Rs.900.00) + SGST 9% (Rs.900.00)	Rs.	1,800.00
Total Amount Payable	Rs.	11,800.00

Invoice Number: 204820465501000

SAC Code: 9971

Note: "Goods and Services Tax for this invoice is not payable under reverse charge basis"

" I/ We hereby declare that though our aggregate turnover in any preceding financial year from 2017-18 onwards is more than the aggregate turnover notified under sub-rule (4) of rule 48, we are not required to prepare an invoice in terms of the provisions of the said sub-rule"

"This is with reference to the KYC norms prescribed by the Authority, whereby this policy is being issued relying on the undertaking / power of attorney / letter of authorisation / Board resolution provided by the authorized signatory of your Entity. Should the signatory be not authorized to provide such a declaration, please inform the Company within 15 days from the date of receipt of this policy"

Policy No. 2999204820465501000

9. Benefits Covered per person:

Benefits	Category of Insured Person	Total Sum Insured (Rs)
Accidental Death	Employees	As per Annexure
Permanent Disablement – Table D	Employees	As per Annexure
Temporary Total Disablement- Accident Only Maximum upto 100 weeks	Employees	1% of the Accidental Death Sum Insured or Rs. 2,625/- per week, whichever is lower

10. Special Conditions:

- a. Basis of Sum Insured:
 - Fixed Basis / Fixed and Category Based
- b. Description of the Insured:
 - Only permanent employees of the organization are covered.
- c. The Sum Insured for Accidental Death and Permanent Disablement Section shall not exceed 5 times the Gross Annual Salary of the employee.
- d. The Weekly Compensation under the Temporary Total Disablement Section shall not exceed the Gross Weekly Salary of the employee.
- e. It is hereby declared and agreed that the exclusion under Section 5 (21) as mentioned below is deleted:
 - i) for Bodily Injury sustained as the result of Terrorism.
- f. The following risk / perils have been explicitly excluded under the policy:
 - Injury caused by surgery
 - Nuclear energy risk
 - Professional activities of military personnel
 - Offshore activities
 - Accidental Death or Permanent Disablement due to pregnancy or childbirth
 - Terrorism due to nuclear / chemical / biological risk
 - Adventure sports
 - Epidemic / Pandemic
 - War
 - The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances
 - Self inflicted Injury
- g. The policy has been issued on named basis.
- h. Total Sum Insured Consider is Rs. 6,600,000.00**
- i. The following documents shall be mandatory in the event of a claim:
 - i) Appointment letter from the employer
 - ii) Salary slips of the employee
 - iii) Proof of leave application
 - iv) Letter from Head -Human resource for not present in the office
 - v) ID – Proof – Election Card / Pan Card / Driving Licence / Passport copy
- j. It is hereby agreed between the Proposer and the Company that any addition / deletion to the list of insured members shall be communicated to the Insurer in writing within a reasonable time but not later than 30 days from the date of the employee joining or being relieved from the organization.

- k. Additions deletions of employee will be done on prorata basis from day 1 for additions subject to sufficient CD balance being maintained.
- l. The **Named Insured / Policyholder** shall immediately notify the **Company** of any and all changes during the **Policy Period** to the **Insured's** professional activity or occupation as stated in the policy schedule.
- m. All supporting documents relating to the claim must be submitted to the company within sixty (60) days from the date of loss & the claim intimation should be within Thirty (30) days from the date of Loss.

Subject otherwise to the terms, conditions and exclusions of SARV SURAKSHA PLUS (GROUP).

Signed for and on behalf of the **HDFC ERGO General Insurance Company Limited**, at Mumbai on **August 21, 2023**



Authorised Signatory

Goods and Service Tax Registration No – 27AABCL5045N1Z8

The contract will be cancelled abintio in case; the consideration under the policy is not realized.

*The stamp duty of 1.00 (Rupees One Only) paid by Demand Draft, vide Receipt/Challan No **Order Certificate NO. LOA/CSD/477/2022/4252 (Validity Period Dt. 29/09/2022 to Dt.31/12/2023) DATE- 29/SEP/2022**) as prescribed in (Government of Maharashtra Order No. Mudrank – 2017/CR.97/M-1, dated the 09th January 2018)*

Branch: 201, MARATHON INNOVA, 2ND FLOOR OPP PENINSULA CORPORATE PARK, LOWER PAREL, Maharashtra 400013

Broker Code: 201707296383

Broker Name: HDFC BANK LTD

Policy No. 2999204820465501000

SarvSurakshaPlus (Group)

Policy Wording

Operating Clause

We will provide Insurance coverage to the **Insured Person(s)** under this **Policy** up to **Sum Insured** and/or Sub-limit subject to Terms, Conditions, Exclusions, waiting period, Co-payment and Deductible (including Time Deductible) mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.

The Coverage under this **Policy** is subject to statements of Policy Holder and/or Insured Persons in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable **You** to identify that particular word has a specific meaning for which **You** need to refer Section – A, Definitions.

A. Definitions

I. Standard Definitions

- Def. 1. **Accident** or **Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. **Any one illness** means continuous period of **Illness** and includes relapse within 45 days from the date of last consultation with the **Hospital/Nursing Home** where treatment was taken
- Def. 3. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by *AYUSH Medical Practitioner(s)* comprising of any of the following:
- a. Central or State Government AYUSH Hospital; or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered *AYUSH Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified *AYUSH Medical Practitioner* in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 4. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered *AYUSH Medical Practitioner(s)* on day care basis without in-patient services and must comply with all the following criterion:
- i. Having qualified registered *AYUSH Medical Practitioner (s)* in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 5. **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.
- Def. 6. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon

- Def. 7. **Co-Payment** means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A **Co-Payment** does not reduce the Sum Insured
- Def. 8. **Congenital Anomaly** means a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.
- a) Internal **Congenital Anomaly**: **Congenital Anomaly** which is not in the visible and accessible parts of the body.
- b) External **Congenital Anomaly**: **Congenital Anomaly** which is in the visible and accessible parts of the body.
- Def. 9. **Day care Centre** means any institution established for **Day Care Treatment of Illness** and / or injuries or a medical set -up with a **Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion s under:-
- I. has qualified nursing staff under its employment;
 - II. has qualified medical practitioner/s in charge;
 - III. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - IV. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 10. **Day Care Treatment/ Procedures** means those medical treatment, and/or surgical procedure which is
- i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours,
- Treatment normally taken on an Out-patient basis is not included in the scope of this definition
- Def. 11. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 12. **Domiciliary Hospitalization** means medical treatment for an **Illness/disease/Injury** which in the normal course would require care and treatment at a **Hospital** but is actually taken while confined at home under any of the following circumstances:
- I. the condition of the patient is such that he/she is not in a condition to be removed to a **Hospital**, or
 - II. the patient takes treatment at home on account of non-availability of room in a **Hospital**
- Def. 13. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 14. **Grace Period** means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre –existing diseases. Coverage is not available for the period for which no premium is received.
- Def. 15. **Hospital** means any institution established for In-patient Care and **Day Care Treatment of Illness** and/or injuries and which has been registered as a **Hospital** with the local authorities under the clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
 - has qualified nursing staff under its employment round the clock,
 - has qualified Medical Practitioner(s) in charge round the clock,
 - has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

- Def. 16. **Hospitalization** means admission in a **Hospital** for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
- Def. 17. **Illness/ Illnesses** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
- (a) Acute condition - Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness/ Injury** which leads to full recovery
- (b) Chronic condition - A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 2. it needs on-going or long-term control or relief of symptoms
 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 4. it continues indefinitely
 5. 5. it recurs or is likely to recur
- Def. 18. **Injury** means **Accidental** physical bodily harm excluding **Illness** or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
- Def. 19. **In-patient Care** means treatment for which the Insured Person has to stay in a **Hospital** for more than 24 hours for a covered event.
- Def. 20. **Intensive Care Unit** means an identified section, ward or wing of a **Hospital** which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- Def. 21. **ICU (Intensive Care Unit) Charges** means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges.
- Def. 22. **Maternity Expenses** means
- a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
 - b. Expenses towards lawful medical termination of pregnancy during the policy Period.
- Def. 23. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 24. **Medical consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.
- Def. 25. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of **Illness** or **Accident** on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or Medical practitioners in the same locality would have charged for the same medical treatment.
- Def. 26. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which
- Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;

- Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity.
 - Must have been prescribed by a Medical Practitioner.
 - Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- Def. 27. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.
- Medical Practitioner (Definition applicable for Global Cover except in India)**
Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and is registered by the Authorized Medical Council of the respective country.
- Def. 28. **New-born Baby** means baby born during the Policy Period and is Aged up to 90 days
- Def. 29. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.
- Def. 30. **Non Network** means any **Hospital, Day Care Centre** or other provider that is not part of the Network
- Def. 31. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 32. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.
- Def. 33. **Pre-existing** disease means any condition, ailment, injury or disease:
- i. That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
 - ii. For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.
- Def. 34. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:
- i. Such **Medical Expenses** are incurred for the same condition for which the Insured Person's **Hospitalization** was required, and
 - ii. The In-patient **Hospitalization** claim for such **Hospitalization** is admissible by the Insurance Company.
- Def. 35. **Post-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days immediately after the insured person is discharged from the **Hospital** provided that:
- i. Such **Medical Expenses** are for the same condition for which the insured person's **Hospitalization** was required, and
 - ii. The inpatient **Hospitalization** claim for such **Hospitalization** is admissible by the insurance company.
- Def. 36. **Qualified Nurse** is a person who holds a valid registration from the nursing council of India or the nursing council of any state in India
- Def. 37. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of **Grace Period** for treating the **Renewal** continuous for the purpose of gaining credit for **Pre-Existing Diseases**, time-bound exclusions and for all waiting periods.

- Def. 38. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**
- Def. 39. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of **Illness/ Injury** involved.
- Def. 40. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an **Illness** or **Injury**, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a **Hospital** or **Day Care Centre** by a medical practitioner.
- Def. 41. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.
- Def. 42. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery

II. Specific Definitions

- Def. 1. **Age or Aged** means **completed years as at the Policy Commencement Date**.
- Def. 2. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- Def. 3. **Adventurous/Hazardous Sports** means any sport or activity involving physical exertion and skill in which an **Insured Person** participates or competes for entertainment or as part of his Profession whether he / she is trained or not.
- Def. 4. **Bank** means a bank or any financial institution
- Def. 5. **Biological attack** or **weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any **Illness**, incapacitating disablement or death.
- Def. 6. **Your Home Building** means a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per **Clause C (2)** of this Policy.
- Def. 7. **Carpet Area** means
1. for the main building unit of Your Home, it is the net usable floor area, excluding the area covered by the external walls, areas under services shafts, exclusive balcony or verandah area and exclusive open terrace area, but including the area covered by the internal partition walls of the residential unit;
 2. for any enclosed structure on the same site, it is the net usable floor area of such structure; and
 3. for any balcony, verandah area, terrace area, parking area, or any enclosed structure that is part of Your Home, it is 25% of its net usable floor area.
- Def. 8. **General Contents** means all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.
- Def. 9. **Chemical attack** or **weapons** means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any **Illness**, incapacitating disablement or death.
- Def. 10. **Commencement Date** means the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule.

- Def. 11. **Cost of Construction** means the amount required to construct Insured's Home Building at the **Commencement Date**. The amount is calculated as follows:
- a. **For residential structure of Your Home including Fittings and Fixtures:** Carpet Area of the structure in square metres X Rate of Cost of Construction at the Commencement Date. The Rate of Cost of Construction is the prevailing rate of cost of construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and shown in the Policy schedule.
 - b. **For additional structures:** the amount that is based on the prevailing rate of Cost of Construction at the Commencement Date as declared by You and accepted by Us.
- Def. 12. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to Insured Person specified in the Policy Schedule/Certificate of Insurance.
- Def. 13. **Dependents** means only the family members listed below:
- a) **Your** spouse or husband
 - b) **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
 - c) **Your** natural parents or parents that have legally adopted You, and **Your** parent in laws
- Def. 14. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of loan/credit and Interest by the Insured as set forth in the amortization chart referred to in the agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person prior to the date of occurrence of the Insured coverage under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured. EMI refers to the EMI or Pre EMI on the loan/credit or the Sum Insured, whichever is lower, on the date of the Insured Event
- Def. 15. **Endorsement** means a written amendment to the Policy that the Company makes (additions, deletions, modifications, exclusions or conditions of an insurance Policy) which may change the terms or scope of the original Policy
- Def. 16. **Family Floater** means a Policy described as such in the Policy Schedule whereunder You and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.
- Def. 17. **Home Contents** means those articles or things in Your Home that are not permanently attached or fixed to the structure of Your Home. Home Contents may consist of General Contents and/or Valuable Contents.
- Def. 18. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 19. **General Contents** are all the contents of household use in Your Home, e.g., furniture, electronic items and goods, antennae, solar panels, water storage equipment, kitchen equipment, electrical equipment (including those fitted on walls), clothing and apparel and items of similar nature.

- Def. 20. **Insured Person** means the Person/s who has/have purchased Insurance Cover under this Policy.
- Def. 21. **Insured Property** means Insured's Home Building and Home Contents, or any item of property covered by this Policy.
- Def. 22. **Valuable Contents** of Your Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.
- Def. 23. **Kutchra Construction** means Building(s) having walls and/or roofs of wooden planks/thatched leaves and/or grass/hay of any kind/bamboo/plastic cloth/asphalt/canvas/tarpaulin and the like.
- Def. 24. **Loan/Credit** means the sum of money lent at interest or otherwise to the Insured by any Institution and identified by a unique number
- Def. 25. **Life threatening situation** shall mean a serious medical condition or symptom resulting from **Injury** or **Illness** which is not **pre-existing disease**, which arises suddenly and unexpectedly, and requires immediate care and treatment by a **Medical Practitioner**, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
- Def. 26. **Market Value** means **Replacement Value** less depreciation
- Def. 27. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;
- Def. 28. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;
- Def. 29. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:
- Access **Your** Policy Details
 - Manage **Your** policy, download **Your** policy schedule and access to **Your** e-card will always be at **Your** fingertips, 24 x 7.
 - Policy Endorsement made easy
 - By submitting a request to us through **HDFC ERGO Mobile App**, you can make any modifications in **Your** policy, for e.g. change in spelling of the name, contact number etc.
 - Effortless Claims Management
 - Now you can Submit **Your** claims from the app for faster processing and track the status at **Your** fingertips. You can also intimate a claim using the app. You can also view Network hospitals in **Your** area with directions.

- Def. 30. **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the Certificate of Insurance under the Policy with the Company under which Insured Person is covered.
- Def. 31. **Personal Effects** means clothing, spectacles, umbrellas, footwear, etc.
- Def. 32. **Policy** means Policy Holders and Insured Persons statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), Policy Schedule and Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.
- Def. 33. **Policy period** means the period commencing from the effective date and time as shown in the Policy Schedule and terminating at Midnight on the expiry date as shown in the Policy Schedule/Certificate of Insurance or on the termination of or the cancellation of insurance as provided for in Cancellation Clause – Mention Clause no of this Policy, whichever is earlier.
- Def. 34. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 35. **Policy Schedule** means The document accompanying and forming part of the Policy that gives Insured's details and of insurance cover, Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time.
- Def. 36. **Policy Year** means a year following the Coverage Commencement Date and its subsequent annual anniversary.
- Def. 37. **Principal outstanding** means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event shall not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
- Def. 38. **Premium** means the amount Insured pay the Company for this insurance. The Policy Schedule shows the amount of premium for the Policy Period and all other taxes and levies.
- Def. 39. **Pucca Construction** means construction other than Kutcha Construction.
- Def. 40. **Reducing balance Sum Insured** means the Sum Insured under the Policy on the date of the Insured Event covered under the Policy and for the purpose of calculation of claim shall be the least of the following:
- i. The Principal Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
 - ii. The Principal Outstanding as per the amortization schedule prepared by Bank/Financial Institution. Where the Sum Insured opted by Insured Person is less than the actual Loan disbursed upto the date of occurrence of the Insured Event, the amortization schedule shall be calculated as if the actual loan disbursed was equivalent to the Sum Insured; or,
 - iii. The Sum Insured as appearing against Sections where coverage is opted on reducing balance basis.
- Def. 41. **Reinstatement Value** means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the insured property when new.
- Def. 42. **Single Article** is defined as one distinct physical object having an independent economic value

- Def. 43. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history.
- Def. 44. **Specified Items** means jewellery, curios, antiques, pictures and other works of art, collection of stamps, coins and medals
- Def. 45. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your Dependents** during the Policy Year. In case of Section 11 - Hospital Cash, the Sum Insured means the maximum number of days shown in the Policy Schedule.
- Def. 46. **Temporary Total Disablement** means disablement which temporarily and entirely prevents an **Insured Person** from engaging in or giving attention to the *Insured Person's* usual occupation for a continuous period mentioned in the Schedule of Coverage on the Policy Schedule.
- Def. 47. **Time Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured.
- Def. 48. **Total Loss** means a situation where the Insured Property or item is completely destroyed, lost or damaged beyond retrieval or repair or the cost of repairing it is more than the Sum Insured for that item or in total.
- Def. 49. **We/Our/Us** means The HDFC ERGO General Insurance Company that has provided Insurance Cover under this Policy; of the Company.
- Def. 50. **You/Your/Insured** means the Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.
- Def. 51. **Policyholder** means the Group Owner/Organization/association/entity/society named in the Policy Schedule who has concluded the terms on behalf of the **Insured Persons** and in whose name the **Policy** is issued.
- Def. 52. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place described in detail as per Home Building Cover of this Policy.

Definitions – Major Medical Illness

- I. Standard Definitions related to Critical illness

1. **Cancer of specified severity**

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded:
 - a. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
 - b. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;

- c. Malignant melanoma that has not caused invasion beyond the epidermis;
- d. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
- e. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- f. Chronic lymphocytic leukemia less than RAI stage 3
- g. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
- h. All Gastro-Intestinal Stromal Tumors histological classified as T1N0M0 (TNM classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- i. All tumors in the presence of HIV infection.

2. Open Chest CABG

- I. The actual undergoing of heart **surgery** to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of **surgery** has to be confirmed by a cardiologist.
- II. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

3. Kidney Failure requiring regular dialysis

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

4. Myocardial Infarction

(First Heart Attack of specific severity)

- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
 - a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
 - b. New characteristic electrocardiogram changes
 - c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:
 - a. Other acute Coronary Syndromes
 - b. Any type of angina pectoris
 - c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. Open Heart Replacement or Repair of Heart Valves

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

6. Major Organ/Bone Marrow Transplantation

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

7. Multiple Sclerosis with persisting symptoms

- I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:
 - a. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and
 - b. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.
- II. Other causes of neurological damage such as SLE and HIV are excluded.

8. Permanent Paralysis of Limbs

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

9. Stroke resulting in permanent symptoms

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

10. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such as CT scan or MRI.
- II. This brain tumor must result in at least one of the following and must be confirmed by the relevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - b. Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:
Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. Coma of specified severity

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

12. End Stage Liver Failure

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
 - a. Permanent jaundice; and
 - b. Ascites; and
 - c. Hepatic encephalopathy.

- II. Liver failure secondary to drug or alcohol abuse is **excluded**.

13. Deafness

- I. Total and irreversible loss of hearing in both ears as a result of **illness** or **accident**. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means “the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing” in both ears.

14. Loss of Speech

- I. Total and irrecoverable loss of the ability to speak as a result of **injury** or disease to the vocal cords. The inability to speak must be established for a continuous period of 12 months. This diagnosis must be supported by medical evidence furnished by an Ear, Nose, Throat (ENT) specialist.
- II. All psychiatric related causes are excluded.

15. Third Degree Burns

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

16. Motor Neuron Disease with Permanent Symptoms

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

17. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Catheterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

18. Blindness

- I. Total, permanent and irreversible loss of all vision in both eyes as a result of **illness** or accident.
- I. The Blindness is evidenced by:
 - a. corrected visual acuity being 3/60 or less in both eyes or;
 - b. the field of vision being less than 10 degrees in both eyes.
- II. The diagnosis of blindness must be confirmed and must not be correctable by aids or **surgical procedure**.

19. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total **Sum Insured** or INR 1,000,000. A 180-days waiting period will be applicable for Angioplasty.

20. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
 - b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO₂ < 5mmHg); and
 - d. Dyspnea at rest.

21. Major Head Trauma

- I. Accidental head **injury** resulting in permanent Neurological deficit to be assessed no sooner than 3 months from the date of the accident. This diagnosis must be supported by unequivocal findings on Magnetic Resonance Imaging, Computerized Tomography, or other reliable imaging techniques. The accident must be caused solely and directly by accidental, violent, external and visible means and independently of all other causes.
- II. The Accidental Head **injury** must result in an inability to perform at least three (3) of the following Activities of Daily Living either with or without the use of mechanical equipment, special devices or other aids and adaptations in use for disabled persons. For the purpose of this benefit, the word "permanent" shall mean beyond the scope of recovery with current medical knowledge and technology.
- III. The Activities of Daily Living are:
 - a. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - c. Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - d. Mobility: the ability to move indoors from room to room on level surfaces;
 - e. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - f. Feeding: the ability to feed oneself once food has been prepared and made available.
- IV. The following are excluded:
 - a. Spinal cord **injury**;

II. Specific Definitions Related to Critical Illness

1. Parkinson's Disease

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below.
 - a. Transfer: Getting in and out of bed without requiring external physical assistance
 - b. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - c. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
 - e. Eating: All tasks of getting food into the body once it has been prepared
- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

2. Alzheimer's Disease

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living – bathing, dressing/undressing,

getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months.

3. Surgery of Aorta

The actual undergoing of medically necessary **surgery** for a disease of the aorta needing excision and surgical replacement of the diseased aorta with a graft. For the purpose of this definition aorta shall mean the thoracic and abdominal aorta but not its branches. Traumatic **injury** of the aorta is excluded.

4. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - b. clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
 - c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

5. Muscular Dystrophy

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

Activities of daily living:

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

6. Infective Endocarditis

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

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

7. Dissecting Aortic Aneurysm

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

8. Systemic Lupus Erythematosus with Lupus Nephritis

- I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematosus will be restricted to those forms of systemic lupus Erythematosus which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered **Medical practitioner** specializing in Rheumatology and Immunology.
- II. The WHO Classification of Lupus Nephritis:
 - Class I Minimal Change Lupus Glomerulonephritis
 - Class II Messangial Lupus Glomerulonephritis
 - Class III Focal Segmental Proliferative Lupus Glomerulonephritis
 - Class IV Diffuse Proliferative Lupus Glomerulonephritis
 - Class V Membranous Lupus Glomerulonephritis

9. Apallic Syndrome

- I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

10. Aplastic Anemia

- I. Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - a. Blood product transfusion;
 - b. Marrow stimulating agents;
 - c. Immunosuppressive agents; or
 - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - a. Absolute neutrophil count of less than 500/mm³ or less
 - b. Platelets count less than 20,000/mm³ or less
 - c. Reticulocyte count of less than 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anemia is excluded.

11. Bacterial Meningitis

- I. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
 - a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 - b. A consultant neurologist.
- II. Bacterial Meningitis in the presence of HIV infection is excluded.

12. Cardiomyopathy

- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered **Medical practitioner** who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
Class IV – inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- II. The Diagnosis of Cardiomyopathy has to be supported by echo graphic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

13. Other Serious Coronary Artery Disease

- I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
- II. For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

14. Creutzfeldt-Jacob Disease (CJD)

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

15. Encephalitis

- I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered **Medical practitioner** who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
- II. Encephalitis caused by HIV infection is excluded.

16. Fulminant Hepatitis

- I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - a. Rapid decreasing of liver size;
 - b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - c. Rapid deterioration of liver function tests;
 - d. Deepening jaundice; and
 - e. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

17. Eisenmenger's Syndrome

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered **Medical practitioner** who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:
 - a. Mean pulmonary artery pressure > 40 mm Hg;
 - b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
 - c. Normal pulmonary wedge pressure < 15 mm Hg.

18. Chronic Adrenal Insufficiency (Addison's Disease)

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered **Medical practitioner** who is a specialist in endocrinology through one of the following:
 - a. ACTH simulation tests;
 - b. insulin-induced hypoglycemia test;
 - c. plasma ACTH level measurement;
 - d. Plasma Renin Activity (PRA) level measurement.
- II. Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

19. Progressive Scleroderma

- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
 - a. Localized scleroderma (linear scleroderma or morphea);
 - b. Eosinophilic fasciitis; and
 - c. CREST syndrome.

20. Progressive Supranuclear Palsy

Confirmed by a Registered **Medical practitioner** who is a specialist in neurology of a definite diagnosis of progressive Supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

21. Chronic Relapsing Pancreatitis

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered **Medical practitioner** who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

22. Elephantiasis

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered **Medical practitioner** who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

23. Brain Surgery

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

24. Pneumonectomy

The undergoing of **surgery** on the advice of a specialist **Medical Practitioner** to remove an entire lung for disease or traumatic injury suffered by the **Insured Person**.

The following conditions are excluded:

- I. Removal of a lobe of the lungs (lobectomy)
- II. Lung resection or incision

25. Terminal illness

The conclusive diagnosis of an **illness**, which in the opinion of a Registered **Medical practitioner** who is an attending Consultant and agreed by **our** appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

26. Myelofibrosis

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

27. Pheochromocytoma

- I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of **surgery** to remove the tumor.
- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered **Medical practitioner** who is an endocrinologist.

28. Crohn's Disease

- I. Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
 - a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
 - b. Fistula formation between loops of bowel, and
 - c. At least one bowel segment resection.
- II. The diagnosis must be made by a Registered **Medical practitioner** who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.

29. Severe Rheumatoid Arthritis

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - b. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
 - 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.
 - c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
 - d. The foregoing conditions have been present for at least six (6) months.

30. Severe Ulcerative Colitis

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- II. All of the following criteria must be met:
 - a. the entire colon is affected, with severe bloody diarrhoea; and
 - b. the necessary treatment is total colectomy and ileostomy; and
 - c. the diagnosis must be based on histopathological features and confirmed by a Registered **Medical practitioner** who is a specialist in gastroenterology.

31. Cardiac arrest

The sudden and unexpected loss of; heart function, breathing and consciousness which usually results from an electrical disturbance in the heart that disrupts its pumping action, stopping blood flow to the rest of the body resulting in either the death of the Insured Person or either of the following;

- i. Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
- ii. Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)

For the above definition, following is not covered

- i. Insertion of Defibrillator without Cardiac Arrest
- ii. Cardiac arrest Secondary to alcohol or Drug Misuse
- iii. Cardiac arrest due to Injury or Accident resulting in **Insured Person's** death.

B. Base Sections

1. Major Medical Illness

I. Coverage

We will pay **Sum Insured**, if **Insured Person** suffers from **Major Medical Illness** under any of the opted plans from Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

1. Only one Claim is payable during lifetime of the Coverage in respect of Major Medical Illness plans opted from Table 1 subject to maximum 100% of **Base Sum Insured** mentioned on the Policy Schedule/Certificate of Insurance and Coverage for all other **Major Medical Illness** and **Optional cover opted under this section** shall cease to exist once a claim is admissible under this Cover

Table 1 – Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered

Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
Pneumonectomy	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

II. Optional Covers under Major Medical Illness

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

ii. Angioplasty

On opting this Cover, the Coverage under this section will be extended to cover **Angioplasty** whose diagnosis first commence/occurs after 180 days from first commencement of the Coverage under this Cover and up to the **Sum Insured** mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance. Subject to all other terms and conditions of this Cover remaining unaltered

On the admissibility of Claim under **Angioplasty**, coverage for **Angioplasty** shall cease to exist and any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims in respect of this Section. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of other **Major Medical Illnesses**.

iii. Molecular Gene Expression profiling test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of **Cancer of specified severity** for which Claim is admissible under the Policy. The benefit under this cover can be availed only once during life time of Coverage under this Section.

iv. Second Medical Opinion

a. Second Medical Opinion – India

We will pay **Medical consultation** expenses incurred towards **Second Medical Opinion** availed from **Medical Practitioner** anywhere in India in respect of **Major Medical Illness** under any of the opted plans from Table 1 for which Claim is admissible under the Policy.

b. Second Medical Opinion – Global

We will pay **Medical consultation** expenses incurred towards **Second Medical Opinion** availed from **Medical Practitioner** anywhere in the world in respect of **Major Medical Illness** under any of the opted plans from Table 1 for which Claim is admissible under the Policy.

III. Waiting Period and Exclusions

i. Waiting Period

A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.

- iii.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in **Adventure Sports**.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

2. Personal Accident

A. Coverage

I. Accidental Death

i. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

a) Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance**;
- b. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

b) Comatose

If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospitalina Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on **Policy Schedule**.

Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims. The **Company's** liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover

ii. Specific Conditions applicable to Cover I – Accidental Death

The Coverage under this Policy terminates on admissibility of Claim equal to the **Sum Insured**. The **Company's** liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover

ii. Optional Cover applicable to Cover I – Accidental Death

In consideration of payment of additional Premium, We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Burns

If **Insured Person** sustains **Injury** during **Period of Insurance**, which solely and directly results into burns, **We** will pay in accordance with benefit table below subject to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage on Policy Schedule/Certificate of Insurance**;

Description	% of Base Sum Insured payable
a. Head	
i. Third degree burns of 8% or more of the total head surface area	100%
ii. Second degree burns of 8% or more of the total head surface	50%
iii. Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv. Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
v. Third degree burns of 2% or more, but less than 5% of the total head surface area	60%
vi. Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
b. Rest of the Body	
i. Third degree burns of 20% or more of the total body surface area	100%
ii. Second degree burns of 20% or more of the total body surface area	50%
iii. Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv. Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
v. Third degree burns of 10% or more, but less than 15% of the total body surface area	60%
vi. Second degree burns of 10% or more, but less than 15% of the total body surface area	30%
vii. Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii. Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

- i. If the **Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest **Sum Insured** (as per defined Description) only.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims under the Cover.
- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

ii. Transportation of Mortal Remains

In the event of Claim becoming admissible under Cover I, Accidental Death, we will pay the Sum Insured as mentioned in the **Schedule of Coverage on Policy Schedule/Certificate of Insurance** towards transportation of Mortal Remains of the Insured Person from the place of Death to his/her Home country or City.

iii. Renewal Premium Benefit

In the event, Claim for Primary **Insured Person** becomes admissible for Accidental Death under Cover I, We will pay the amount equivalent to the Renewal premium of the Coverage for all other **Insured Person** covered in the same Certificate/Policy as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

The Benefit will be payable irrespective of whether Policy is renewed or not.

II. Permanent Disablement

A. Coverage

If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage on Policy Schedule/Certificate of Insurance** provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A

S. No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)	50%

12	Permanent Total Loss of Sight of one eye	50%
----	---	-----

iii. Benefit Table C

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%

iv. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%

2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	<i>Big – one joint</i>	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
23	Permanent disablement not otherwise provided for under Items 2-22 inclusive up to a maximum of	75%

v. **Benefit Table E**

S.No	The Disablement	% of Base Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%

9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26 inclusive up to a maximum of	75%

B. Terms and Conditions applicable to Cover III – Permanent Disablement

- i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **Base Sum Insured** subject to maximum of **Sum Insured** payable for the loss of the said members.
- ii. Benefit under item 23 of Table D and item 27 of Table E shall be determined by the independent **Medical Practitioner** who will certify the percentage of **Base Sum Insured** payable taking into consideration the nature of the **Injury** and disability in conjunction with the stated percentages **Base Sum Insured** for more specific injuries shown in the Table of Benefits.
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
- v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

III. Temporary Total Disablement

A. Coverage

i. Temporary Total Disablement – Accident only

If **Insured Person** sustains **Injury** during **Period of Insurance**, which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit upto maximum of **Sum Insured** and subject to **Time Deductible** as specified in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** for each continuous period of **Temporary Total Disablement**.

ii. Temporary Total Disablement – Illness only

If **Insured Person** contracts **Illness** during **Period of Insurance** which solely and directly results in **Temporary Total Disablement**, **We** will pay the weekly benefit up to maximum of **Sum Insured** and subject to **Time Deductible** as specified in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** for each continuous period of **Temporary Total Disablement**.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under B II – Waiting Period and General Exclusions

a. Optional Cover applicable under Temporary Total Disablement – Illness only

1. Waiting Period modification option

On opting this Cover, **Waiting Periods** under B II of this Section shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

B. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

- i. If **Injury** sustained or **Illness** (as covered) suffered is in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.
- ii. In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by an independent Medical Practitioner who certifies:
 - a. the date upon which the **Insured Person** recovered; or
 - b. the date upon which the **Insured Person** recovered as far as he/she ever will; or
 - c. the date from which the **Insured Person** is declared to have suffered Permanent Total Disablement
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover opted in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

B. Exclusions applicable to Covers I, II and III under Personal Accident

I. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
 - ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
 - iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
 - v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
 - vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
 - vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
 - viii. From participation in **Adventure sports**
- II. Waiting Period and General Exclusions applicable to III (ii)**

i. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) **Pre-existing Diseases – Code – Excl01**

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- c) If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

ii) **Specified Disease/Procedure waiting period- Code – Excl02**

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy

Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

- a) Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- b) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

ii. **General Exclusions**

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**:

- i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - I. Greater than or equal to 40 or,
 - II. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - III. Obesity related cardiomyopathy
 - IV. coronary heart disease
 - V. severe sleep apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports**Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous** or **Adventure sports**, including but not limited to, para-

- jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
 - viii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
 - ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
 - x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
 - xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
 - xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
 - xiii. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16
 - xiv. **Sterility and Infertility –** Code – Excl17 - Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - xv. **Maternity:** Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
 - xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
 - xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide..
 - xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
 - xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).
 - xx. Congenital external diseases, defects or anomalies,
 - xxi. Stem cell harvesting.
 - xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
 - xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
 - xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
 - xxv. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
 - xxvi. Treatment taken on Outpatient basis
 - xxvii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

3. Emergency Medical Expenses

A. Coverage

I. Emergency Medical Expenses – Accident only

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due to an **Injury** sustained during the **Period of Insurance** up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment and Deductible** as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** and/or **Day Care Treatment** in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - o to the nearest **Hospital**
 - o from one **Hospital** to another **Hospital**
 - o or from **Hospital** to Home within same City

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** (excluding Medicines and drugs) incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

II. Emergency Medical Expenses – Illness only

We will pay **Medical Expenses** listed below for an **Emergency Care** of an **Insured Person** due to **Illness** contracted during the **Period of Insurance** up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule**, subject to **Co-Payment and Deductible** as applicable and within India only.

Medical Expenses

1. **Room Rent** and boarding charges in the event of **Hospitalization of Insured Person**
2. **Intensive Care Unit** charges in the event of **Hospitalization of Insured Person**
3. **Post Hospitalization expenses** up to 30 days
4. Consultation fees & Nursing charges
5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
6. Medicines, drugs and consumables
7. Diagnostic procedures
8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
9. Medical Expenses listed above for **Domiciliary Hospitalization** and/or **Day Care Treatments** in India only
10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance;
 - o to the nearest **Hospital**
 - o from one **Hospital** to another **Hospital**
 - o or from **Hospital** to Home (within same City)

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of **Hospitalization**, **Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** (excluding Medicines and drugs) incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges

B. Optional Covers under Emergency Medical Expenses I and II

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Emergency Medical Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under covers opted under this Section, incurred anywhere in world.

ii. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** on all Claims under cover opted under this Section

C. Exclusions applicable to Cover 3 (I and II) – Emergency Medical Expenses

a. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated otherwise on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ix. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

- b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- x. **Obesity/Weight control:**Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1. Obesity related cardiomyopathy
 - 2. coronary heart disease
 - 3. severe sleep apnoea
 - 4. uncontrolled type2 diabetes
- xi. **Change-of-Gender treatments** - Code – Excl07:Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- xii. **Cosmetic or plastic surgery:**Code – Excl08:Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- xiii. **Hazardous or Adventure Sports**Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous or Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- xiv. **Breach of Law:**Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- xv. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- xvi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.Code – Excl12
- xvii. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Code – Excl13
- xviii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure.Code – Excl14
- xix. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.Code – Excl15
- xx. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code – Excl16
- xxi. **Sterility and Infertility –**Code – Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xxii. **Maternity:**Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.

- xxiii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
- xxiv. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide..
- xxv. Any **Insured Person's** participation or involvement in naval, military or air force operation.
- xxvi. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xxvii. Congenital external diseases, defects or anomalies,
- xxviii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxx. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxxi. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xxxii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxiii. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxiv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively), prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com

D. Specific Conditions applicable to Cover 3 (I and II) – Emergency Medical Expenses

- i. In case of a claim admissible under both Section 3 – Emergency Medical Expenses and Section 13 - Accidental Hospitalization Expenses, claim will be paid under Section 3 – Emergency Medical Expenses, upto the Sum Insured mentioned in the Schedule of Coverage in the Policy Schedule.

4. Loss of Income/EMI Protector

I. Termination from Employment

a) Coverage

We will pay the weekly / monthly benefit upto maximum of **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** is terminated from the employment during Period of Insured as per employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority subject to;

- i. The benefit will be payable after the Termination of Insured Person from employment till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule.
- ii. The claim is admissible only if period of termination from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried and employed in India
- iv. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims
- v. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

b) Exclusions applicable to Termination from Employment

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on the Policy Schedule/Certificate of Insurance;

- i. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- ii. Claim in connection with or in respect of:
 - a. Self employed persons;
 - b. unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;
 - c. Any voluntary unemployment;
 - d. Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
- iii. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- iv. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- v. Any unemployment due to resignation, retirement whether voluntary or otherwise
- vi. Termination from employment while the Insured Person is under probation.

II. Loss of Income - Major Medical Illness

a) Coverage

We will pay **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of Major Medical Illness under any of the opted plans from Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

- i. Survival Period - Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)
- ii. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried
- iv. **Number of Claims and Benefits payable**
 - a) Only one Claim is payable during lifetime of the Coverage under this Cover subject to maximum 100% of **Base Sum Insured** mentioned on the Policy Schedule/Certificate

Table 1 – Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered

Stroke resulting in permanent symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematosus with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
Pneumonectomy	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered

Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

b) Optional Covers under Loss of Income - Major Medical Illness

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

c) Waiting Period and Exclusions applicable to Loss of Income - Major Medical Illness

i. Waiting Period

A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- iv. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- x. Whilst engaging in **Adventure Sports**.
- xi. Involvement in naval, military or air force operation.
- xii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiii. Loss of job due to retirement whether voluntary or otherwise

III. Loss of Income – Permanent Total Disablement

a) Coverage

We will pay Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of sustaining **Injury** during **Period of Insurance** which is the sole and direct cause of Permanent Total Disablement as defined in the table below provided such disablement is certified by the **Medical Practitioner** and subject to;

- i. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- ii. This coverage is applicable to Insured Person who are salaried
- iii. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

S.No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance or the total and permanent loss of use of such Limb)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use of such Limb)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance or the total and permanent loss of use of such Limb)
12	Permanent Total Loss of Sight of one eye

b) Exclusions applicable to Loss of Income due to Permanent Total Disablement

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**
- ix. Loss of job due to retirement whether voluntary or otherwise

x.

5. Credit Shield

a) Coverage

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if Insured Person sustains **Injury** which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- I) Accidental Death
- II) **Permanent Total Disability** as specified in table below

Sr. No.	Permanent Total Disability
1	Loss of sight on both eyes
2	Loss of both hands
3	Loss of both feet
4	Loss of one hand and one foot
5	Loss of one eye one hand
6	Loss of one eye one foot
7	Other Permanent Total Disablement

b) Special Conditions applicable to Credit Shield

- i. The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

c) Exclusions applicable to Credit Shield

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

6. Property Coverage

Preamble

Whereas the **Insured** described in the **Schedule/Certificate of Insurance** hereto (hereinafter called the "Insured") by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated here in has applied to HDFC ERGO General Insurance Company Limited (hereinafter called the "Company") for the insurance hereinafter contained and has paid premium as consideration for such insurance during the period stated in the **Schedule/Certificate of Insurance** or during any further period for which the **Company** may accept payment for their new extension of this policy:

Operative Clause

The Company here by agrees subject to the terms and conditions contained herein or endorsed or otherwise expressed hereon, to indemnify the Insured to the extent and in the manner specified herein, against any loss or damage to the property insured due to operation of any of the insured perils during the Policy Period.

A. Insured Events

We give insurance cover for physical loss or damage, or destruction caused to Insured Property by the following unforeseen events occurring during the Policy Period.

The events covered are given in Column A and those not covered in respect of these events are given in Column B.

	Column A	Column B
	We cover physical loss or damage, or destruction caused to the Insured Property by	We do not cover any loss or damage, or destruction caused to the Insured Property
1	Fire	caused by burning of Insured Property by order of any Public Authority.
2	Explosion or Implosion	-
3	Lightning	-
4	Earthquake, volcanic eruption, or other convulsions of nature	-
5	Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Tsunami, Flood and Inundation	-
6	Subsidence of the land on which Your Home Building stands, Landslide, Rockslide	caused by a. normal cracking, settlement or bedding down of new structures, b. the settlement or movement of made up ground, coastal or river erosion, c. defective design or workmanship or use of defective materials, or d. demolition, construction, structural alterations or repair of any property, or
7	Bush fire, Forest fire, Jungle fire	-
8	Impact damage of any kind, i.e., damage caused by impact of, or collision caused by any external physical object (e.g. vehicle, falling trees, aircraft, wall etc.)	caused by pressure waves caused by aircraft or other aerial or space devices travelling at sonic or supersonic speeds.
9	Missile testing operations	-
10	Riot, Strikes, Malicious Damages	caused by a. temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or b. temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism	Exclusions and Excess as per Terrorism Clause

12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	a. repairs or alterations in Your Home or the building in which Your Home is located, b. repairs, removal or extension of any sprinkler installation, or c. defects in the construction known to You.
14	Theft within 7 (seven) days from the occurrence of and proximately caused by any of the above Insured Events.	if it is a. of any article or thing outside Your Home, or b. of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

B. Home Building Cover

1. What We cover

We cover physical loss or damage, or destruction of **Your Home Building** because of any Insured Event listed in **A** of this Section. We also cover architect's, surveyor's, consulting engineer's fees, cost of removing debris as specified under **B (5) (f)** of this Section. Further, We pay for Loss of rent and Rent for Alternative Accommodation, which will be paid to the extent declared by You and agreed by Us as specified under **B (6)** of this Section while Your Home Building is not fit for living following loss or damage due to an insured event.

2. Your Home Building

- a. **Your Home Building** is a building consisting of a residential unit, having an enclosed structure and a roof, basement (if any) and used as a dwelling place.
- b. **Your Home Building includes**
 - i. fixtures and fittings permanently attached to the floor, walls or roof, like fixed sanitary fittings, electrical wiring and other permanent fittings.
 - ii. the following 'additional structures' if they are on the same site, and are used as part of Your Home Building:
 - a) garage, domestic out-houses used for residence, parking spaces or areas, if any
 - b) compound walls, fences, gates, retaining walls and internal roads,
 - c) verandah or porch and the like,
 - d) septic tanks, bio-gas plants, fixed water storage units or tanks,
 - e) solar panels, wind turbines and air conditioning systems, central heating systems and the like, if not included in Home Contents Cover,
 - iii. any other structure shown in the Policy Schedule.
- c. Your Home Building does not include Contents of Your Home.

3. Use for residence

- a. We will pay only if Your Home Building is used for the purpose of residence of Yourself and Your family, or of Your tenant, licensee or employee.
- b. We will not pay if
 - i. Your Home Building is used as a holiday home, or for lodging and boarding, or
 - ii. Your Home Building or any part of Your Home Building is used for purposes other than residential except where it is used both for Your residence and for the purposes of earning Your livelihood if You are self-employed or You have shifted Your office to Your Home Building for a temporary period due to lockdown or closure of Your office ordered by a public authority.

4. Sum Insured

- a. The Sum Insured for the Home Building Cover is the prevailing Cost of Construction of Your Home Building at the Commencement Date as declared by You and accepted by Us and will be the maximum amount payable in the event the Home Building is a Total Loss.

- b. If the Policy Period is more than one year, We will automatically increase Your Sum Insured during the Policy Period by 10% per annum on each anniversary of Your Policy without additional premium for a maximum of 100% of the Sum Insured at the Policy Commencement Date.
- c. The Sum Insured will be automatically increased each day by an amount representing 1/365th of 10% of Sum Insured at the Policy Commencement Date for annual policies.
- d. Restoration of Sum Insured: Except as stated in Section 6, I (b) of this Section, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

5. What We pay

- a. If You make a claim under the policy for damage to Your Home Building due to any of the insured perils, We reimburse the cost to repair it to a condition substantially the same as its condition at the time of damage. You must spend for repairs, and claim that amount from Us.
- b. We will calculate the amount of claim on the basis of the actual Carpet Area subject to the Carpet Area not exceeding that declared by You in the Proposal Form and stated in the Policy Schedule.
- c. The maximum We will pay for all items together is the Sum Insured shown in the Policy Schedule for Home Building Cover. If the Policy Schedule shows any limit for any item, such limit is the maximum We will pay for that item.
- d. If Your Home Building is a Total Loss, We will pay You the Sum Insured of the Home Building.
- e. If only an additional structure is destroyed, We will pay You an amount equal to the Cost of Construction of the additional structure.
- f. In addition to what Section 6, B (5) (c) of this Section provides for, We will pay You the following expenses:
 - i. up to 5% of the claim amount for reasonable fees of architect, surveyor, consulting engineer;
 - ii. up to 2 % of the claim amount for reasonable costs of removing debris from the site.

6. Loss of Rent and Rent for Alternative Accommodation:

In addition to what Section 6, B (5) (c) of this Section provides for, We will pay the amount of rent You lose or alternative rent You pay while Your Home Building is not fit for living because of physical loss arising out of an Insured Event as follows:

- a. If You are living in Your Home as a tenant, and You are required to pay higher rent for the alternative accommodation, We will pay the difference between the rent for alternative accommodation and the rent of Your Home Building.
- b. We will pay the loss under this cover for an accommodation that is not superior to Your Home Building in any way and in the same city as Your Home Building.
- c. The amount of lost rent shall be calculated as follows: Sum Insured for Cover for Loss of Rent (as declared by You in the Proposal Form and specified by Us in the Policy Schedule) X Period necessary for repairs ÷ Loss of Rent Period opted for.
- d. This cover will be available for the reasonable time required to repair Your Home Building to make it fit for living. The maximum period of this cover is three years from the date Your Home Building becomes unfit for living. You must submit a certificate from an architect or the local authority to show that Your Home Building is not fit for living.
- e. Claim for loss of rent will be accepted only if We have accepted Your claim for loss for physical damage to Your Home under the Home Building Cover.

C. Home Contents Cover

1. What We cover:

We cover the physical loss or damage to or destruction of the **General Contents** of Your Home caused by an Insured Event as listed in **Section 6, A** of this Section. **Valuable Contents** of Your Home are not covered under this Section unless You have purchased the optional cover for the **Valuable Contents**.

2. Sum Insured:

- a The Sum Insured for the Home Contents Cover is shown in the Policy Schedule and will be the maximum amount payable in the event the Home Contents are destroyed /lost completely.
- b The policy has a built-in cover for the General Contents of Your home equal to 20% of the Sum Insured for Home Building Cover subject to a maximum of ₹ 10 Lakh (Rupees Ten Lakh) provided You have opted for both Home Building and Home Contents cover. If You choose to have a higher Sum Insured for Home Contents, You have to declare the Sum Insured in the Proposal Form and pay additional premium.
- c If You have purchased only Home Contents Cover, You have to declare the Sum Insured for the General Contents in the Proposal Form.
- d The Sum Insured You have chosen for General Contents must be enough to cover the cost of replacement of the General Contents.
- e If You want to cover the Valuable Contents in Your Home, You must opt for the Optional Cover for Valuable Contents as given in D (1) (a) of this Section.
- f Restoration of Sum Insured: Except as stated in Section 6-I (b) of this section below, the insurance cover will at all times be maintained during the Policy Period to the full extent of the respective Sum Insured. This means that after We have paid for any loss, the policy shall be restored to the full original amount of Sum Insured. You must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. We can also deduct this premium from the net claim that We must pay You.

3. What We pay

- a If the General Contents of Your Home are physically damaged by any Insured Event, We will at Our option,
 - i. reimburse to You the cost of repairs to a condition substantially the same as its condition at the time of damage, or
 - ii. pay You the cost of replacing that item with a same or similar item, or
 - iii. repair the damaged item to a condition substantially the same as its condition at the time of damage.
- b The maximum We will pay for Home Contents is the Sum Insured shown in the Policy Schedule for Home Contents Cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item.

D. Additional Covers

1. Optional Covers:

a. Cover for Valuable Contents on Agreed Value Basis (under Home Contents cover):

For Valuable Contents, a value may be agreed upon by You and Us based on a valuation certificate submitted by You and accepted by Us. However, We shall waive the requirement of valuation certificate if the Sum Insured opted for is up to ₹ 5 Lakh (Rupees Five Lakh) and Individual item value does not exceed ₹ 1 Lakh (Rupees One Lakh).

- i. If the Valuable Contents of Your Home are physically damaged by any Insured Event, We will pay the cost of repairing the item/s.
- ii. If the Valuable Contents of Your Home are a Total Loss We will pay the Sum Insured shown in the Policy Schedule for the Valuable item/s. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum We will pay for that item. Loss to only one item of a pair or set does not constitute loss or damage to the entire pair or set.

b. Personal Accident Cover:

In the event an insured peril that caused damages to Your Home Building and/or Home Contents also results in the unfortunate death of either You or Your spouse, We will pay compensation of ₹ 5,00,000 (Rupees Five Lakh) per person.

In the event of the unfortunate death of the insured, the Personal Accident cover shall continue for the spouse until expiry of the policy.

2. Add-ons:

You can opt for an Add-on by choosing from the Add-ons, if any, offered by Us under this product and the ones that You have purchased will be mentioned in the Policy Schedule and the relevant clause/s and/or endorsements will be attached to this Policy.

E. Exclusions (What We do not cover) for all covers under this Section

We do not cover losses and expenses for any loss or damage or destruction of the Insured Property that is directly or indirectly as a result of or is caused by or arising from events, stated below:

1. Your deliberate, wilful or intentional act or omission, or of anyone on Your behalf, or with Your connivance.
2. War, invasion, act of foreign enemy hostilities or war-like operations (whether war is declared or not), civil war, mutiny, civil commotion amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
3. Ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel, or the radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component that is part of it.
4. Pollution or contamination, unless
 - i. the pollution or contamination itself has resulted from an Insured Event, or
 - ii. an Insured Event itself results from pollution or contamination.
5. Loss, damage or destruction to any electrical/electronic machine, apparatus, fixture, or fitting by over-running, excessive pressure, short circuiting, arcing, self- heating or leakage of electricity from whatever cause (lightning included). This exclusion applies only to the particular machine so lost, damaged or destroyed.
6. Loss or damage to bullion or unset precious stones, manuscripts, plans, drawings, securities, obligations or documents of any kind, coins or paper money, cheques, vehicles, and explosive substances unless otherwise expressly stated in the policy.
7. Loss of any Insured Property which is missing or has been mislaid, or its disappearance cannot be linked to any single identifiable event.
8. Loss or damage to any Insured Property removed from Your Home to any other place.
9. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
10. Any reduction in market value of any Insured Property after its repair or reinstatement.
11. Any addition, extension, or alteration to any structure of Your Home Building that increases its Carpet Area by more than 10% of the Carpet Area existing at the Commencement Date or on the date of renewal of this Policy, unless You have paid additional premium and such addition, extension or alteration is added by Endorsement.
12. Costs, fees or expenses for preparing any claim.

F. Conditions

(I) Your Obligations

1. Make true and full disclosure in the proposal and related documents

- a. You have a duty of disclosure to tell Us everything You know, or could reasonably be expected to know, that is relevant to Us for deciding whether to give You insurance cover and on what terms. You

owe this duty to disclose such relevant material information even if We have not specifically asked for it. This duty extends to any information or declaration given by anyone else on Your behalf.

- b. We have agreed to give You insurance cover entirely on the basis of the information You, or anyone on Your behalf, have given Us in the proposal, statements and other declarations and documents (in writing or electronic) about Yourself, Your family, Your Home Building and Home Contents. The correct and complete information You give is the basis of Our contract with You. Our promise to pay is conditional upon the truth of these statements and on the assumption that You, or anyone on Your behalf, has not withheld any material information about Yourself, Your family, Your Home Building and Home Contents.

2. Obligation to take care :You must:

- a. keep Your Home Building and Home Contents in good condition and well maintained, You must ensure that the structure of Your Home Building does not have any faults or defects that are visible and material that will aggravate loss or damage to the Home Building in the event an insured peril occurs.
- b. take care to prevent theft, loss or damage to Your Home Building and Home Contents, and
- c. ensure that unauthorized persons do not occupy Your Home Building.

3. Inform change in circumstances :You must inform Us immediately if

- a. You change Your address,
- b. You make any addition, alteration, extension to the structure of Your Home Building,
- c. You let out Your Home Building, or Your Home Building will no longer be solely occupied by You,
- d. You change the use of Your Home Building.

4. Allow inspection and investigation of claim:

You must allow, and give full cooperation to the survey/investigation of Your claim by Us. You must allow Us, and any surveyor, officer or other representative that We authorise, to inspect Your Home Building and Home Contents including the interior wherever necessary, take photographs and where required, permit the scientific testing and investigation of any insured article affected by the insured peril. You must answer all questions asked regarding Your claim truthfully and completely, and submit all relevant documents that We will require.

5. Make true statements and full disclosure in the claim and related documents

You must also give true and full information in Your claim and submit true documents. If You give any false information or document in the claim, or if You withhold any information or document (written or electronic), We have a right to refuse payment of Your claim. We may also cancel Your policy.

G. Changes to covers

- a. You can choose to make changes to the covers of this Policy as may be permitted by Us, or increase or reduce any Sum Insured. You must make a proposal or request for any change. It will be effective only after We have accepted Your proposal, and You have paid the additional premium, where applicable.
- b. This Policy (including the Policy Schedule, the proposal, declarations and Endorsements) consists of the entire contract between You and Us.

H. Waiver of Underinsurance

Underinsurance does not apply to this Section. Thus, if Your Sum Insured calculated on the basis of the information that You provided, is less than the actual value at risk, the difference will not affect the amount We pay.

I. Automatic termination of this Section

This section will automatically end in the following cases:

- a. Destruction of Your Home Building: This Policy will automatically end 7 (seven) days after Your Home Building collapses or is destroyed by reason other than any Insured Event. If a separable part of Your Home Building or any additional structure falls down or is destroyed by reason other than any Insured Event, the covers will end for such part or additional structure.

You can apply within 7 (seven) days of such fall or destruction for continuing insurance cover. We may agree, but will not be bound, to continue the cover on the same rates, terms and conditions.

- b. Exhaustion of Sum Insured: If Your Home Building, or any additional structure, or any item of Home Contents, is lost, destroyed or stolen, or is a Total Loss, and We pay You the full Sum Insured for such item, the insurance cover for that item will automatically end unless the subject matter of insurance is reconstructed and the Sum Insured is reinstated by paying additional premium. If We pay the total Sum Insured for any claim, this Policy will end.
- c. Change of use of Your Home Building or Home Contents: The Policy will end if You change the use of Your Home Building from personal residence

1. Terrorism

Insuring Clause

Subject otherwise to the terms, exclusions, provisions and conditions contained in the **Policy** and in consideration of the payment by the **Insured** to the **Company** of additional premium as stated in the **Schedule/Certificate of Insurance**, it is hereby agreed and declared that notwithstanding anything stated in the "Terrorism Risk Exclusion" of this Policy to the contrary, this **Policy** is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of Terrorism, subject to the exclusions, limits and Excess described hereinafter.

For the purpose of this cover, an act of Terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of Terrorism by the duly empowered government or Military Authority.

Provided that If the **Insured** is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be Excess of any recovery due from such plan or scheme.

For the purpose of the aforesaid inclusion clause, "Military Authority" shall mean armed forces, para military forces, police or any other authority constituted by the government for maintaining law and order.

Losses excluded under Terrorism Cover

This cover shall not indemnify loss of or damage to property caused by any or all of the following: -

1. Loss by seizure or legal or illegal occupation;
2. Loss or damage caused by:
 - (i) Voluntary abandonment or vacation,
 - (ii) Confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
3. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;
4. Loss or damage arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant,

contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;

5. Loss or damage arising from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
6. Loss or damage arising from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind;
7. Any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
8. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
9. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
10. Loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
11. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
12. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;
13. Loss or increased cost as a result of threat or hoax;
14. Loss or damage caused by or arising out of burglary, house - breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of Terrorism;
15. Loss or damage caused by mysterious disappearance or unexplained loss;
16. Loss or damage caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
17. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

Limit of Indemnity

The limit of indemnity under this cover shall not exceed the Total **Sum Insured** given in the **Policy Schedule** or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000. If the actual aggregate loss suffered at one compound/location is more than INR 20,000,000,000 the amounts payable towards individual policies shall be reduced in proportion to the Sum Insured of the policies.

The insurance provided under this endorsement is subject to an Excess of 1% of the claim amount for each and every claim subject to a minimum of INR 10,000 and maximum of INR 500,000.

Add on Covers

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total Sum Insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower. In respect of several insurance policies with in the same compound /location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

Mid Term Cover

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of Terrorism occurring during the first 15 (fifteen) days from the date of granting such cover.

Sanction, Limitation and Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Cancellation Clause

Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the Insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

Clauses applicable to Fire and Allied Perils

Reinstatement Value Clause

It is hereby declared and agreed that in the event of the property insured under the stated items within the **Policy** being destroyed or damaged, the basis upon which the amount payable under (each of the said items of) the **Policy** is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the **Policy** except in so far as the same may be varied hereby.

Special Provisions

1. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the Insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within 12 months after the destruction or damage or within such further time as the **Company** may in writing allow, otherwise no payment beyond the amount which would have been payable under the **Policy** if this memorandum had not been incorporated therein shall be made.
2. Until expenditure has been incurred by the Insured in replacing or reinstating the property destroyed or damaged the **Company** shall not be liable for any payment in excess of the amount which would have been payable under the **Policy** if this memorandum had not been incorporated therein.
3. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any destruction or damage to such property by any of the perils insured against by the **Policy**, then the Insured shall be considered as being his own insurer for the excess and shall bear a ratable proportion of the loss accordingly. Each item of the **Policy** (if more than one) to which this memorandum applies shall be separately subject to the foregoing provision.
4. This Memorandum shall be without force or effect if
 - a) the Insured fails to intimate to the **Company** within 6 months from the date of destruction or damage or such further time as the **Company** may in writing allow his intention to replace or reinstate the property destroyed or damaged.
 - b) the Insured is unable or unwilling to replace or reinstate the property destroyed or damaged on the same or another site.

II. Burglary and House Breaking including Larceny and Theft

What is covered

- a. The **Company** will indemnify the **Insured** in respect of loss or damage to Home contents, by **Burglary** and house breaking including larceny and theft.
- b. The **Company** will further indemnify the **Insured** in respect of damage to the Insured's home and / or safe resulting from burglary and/or house breaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section. Provided however that no loss under clauses a) and b) herein above, shall together exceed the **Sum Insured** under this Section.

Exclusions

This Section does not cover loss, destruction or damage:

1. Caused by burglary and/or house breaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory
2. To securities, documents of any kind, stamps, coins, cash/ paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.
3. To articles of consumable nature, livestock and motor vehicles.
4. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.
5. To Jewellery and Valuables in excess of Rs. 10,000 per **Single Article** unless stated to the contrary in the Schedule.

Special Condition

1. Jewellery is covered subject to its being kept in locked safe within the home premises
2. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect thereof shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
3. The cover under this section becomes inoperative if the premises remain unoccupied for more than 60 consecutive days unless prior written notice is sent to the **Company** and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the **Company** for extending cover in such circumstances.

4. For Multiyear policy-

Extends to cover the property of the insured up to policy period as specified in the schedule provided that:

- a. The policy shall be issued for a minimum period of 2 years.
- b. Refund shall be allowed as per below rules.
 1. No refund shall be allowed if there has been a claim under the policy.
 2. If the policy is cancelled within 3 years of inception, the premium to be retained shall be worked out as per normal rates applicable - that is without all owing any discount.
 3. If the policy is cancelled after 3 years of inception, the discounts lab shall be reworked for the number of years the policy was actually in force. For this purpose fraction of a year shall be rounded to the next higher year.
 4. Refund, if any, shall be subject to the retention of minimum premium of Rs.100/-
- c. Mid-term inclusion of perils shall not be allowed.
- d. Premium for entire policy period shall be collected in advance.
- e. Mid-term increase in **Sum Insured** shall be allowed on prorata basis for the balance period.
- f. Mid-term reduction in **Sum Insured** is not allowed

- g. **Policy** with long term extension can be issued to only to house/flat owners and not to others who do not own the house/flat.
- h. Discounts for Earthquake Cover for Long term policies cannot be allowed.
- i. All Other terms and conditions remain same as per Policy wording

Sum Insured

The basis of valuation shall be

- i. **Reinstatement value** for all contents excepting **Personal Effects**, and
- ii. **Market value** for **Personal Effects**.

Basis of Indemnity

1. The indemnity shall be on the basis of **Reinstatement Value** or **Market Value** as applicable and as stated above.
2. In the event of property insured being damaged by any of the insured perils, the **Company** shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
3. If the property here by insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the **Sum Insured** there on, then the **Insured** shall be considered as being his own insurer for the difference and shall be at a ratable portion of the loss accordingly. Provided, however, that if the Sum Insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, notwithstanding anything to the contrary contained in the policy.

7. Broken Bones

a) Coverage

We will pay the **Sum Insured** corresponding to Fracture in accordance with table below, if **Insured Person** sustains **Injury** during **Period of Insurance** as mentioned in the Schedule of Coverage on the Certificate of Insurance during **Period of Insurance**, which solely and directly results in Fracture defined below.

	Fracture	% of Base Sum Insured payable
1)	Fractures of the Skull: a) Compound fracture with damage to the brain tissue b) Compound fracture without damage to the brain tissue c) All other fractures	100 75 50
2)	Fractures of hip or pelvis (excluding thigh or coccyx): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	100 50 30 20
3)	Fracture of thigh or heel: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	50 40 30 20
4)	Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) b) All other compound fractures c) Multiple fractures, at least one complete d) All other fractures	40 30 20 12
5)	Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures	30 20 16 8

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

b) General Conditions applicable to Broken Bones

The Claims under this Cover are payable subject to;

- i. Extent and nature of fracture is certified by Medical Practitioner.
- ii. The total amount payable under this Section, in respect of more than one fracture due to the same **Injury**, will be calculated by adding the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**
- iii. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c) Exclusions applicable to Broken Bones

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

2. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
3. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
4. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
5. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
6. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
7. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
8. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
9. From participation in **Adventure sports**

8. Dependent Child Education Benefit

a) Coverage

We will pay the **Sum Insured** towards education of each **Dependent Children**, in the event of;

III. Accidental Death - if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

(a) Disappearance - if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance**;
- b. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

(b) Comatose

If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

IV. **Permanent Total Disablement** - If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**/Certificate of Insurance provided such disablement is certified by the **Medical Practitioner**

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b) Special Conditions applicable to Children Education Benefit

i. This Coverage is applicable only to living **Dependent Children**

vi. The Coverage under this Section terminates on admissibility of a Claim under this Section.

c) Exclusions applicable to Children Education Benefit

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

9. Parental Care Benefit

a) Coverage

We will pay the **Sum Insured** towards Parental care of each **Dependent Parents**, in the event of;

- i. Accidental Death - if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.
 - a. Disappearance - if Insured Person's body cannot be located within 365 Days;
 - i. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
 - ii. after and as a result of any **Catastrophic Event** during **Period of Insurance**

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

- b. Comatose
If **Insured Person** sustains **Injury** during **Period of Insurance** which directly and independently of all other causes results in the **Insured Person** being in **Hospital** in a **Comatose State** within one month of the date of **Injury** for continuous period of more than three months, **We** will pay **Sum Insured** as mentioned in the Schedule of Coverage on Policy Schedule.

2. **Permanent Total Disablement** - If **Insured Person** sustains **Injury** during **Period of Insurance**, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, **We** will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**/Certificate of Insurance provided such disablement is certified by the **Medical Practitioner**

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity

3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b) Special Conditions applicable to Parental Care

- i. This Coverage is applicable only to living **Dependent Parents**
- ii. **vi. The Coverage under this Section terminates on admissibility of a Claim under this Section**

c) Exclusions applicable to Parental Care

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

10. Mobility Extension

a. Coverage

i. Mobility Extension – Benefit

We will pay the **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement** as defined in the table below;

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

ii. Mobility Extension – Indemnity

We will indemnify the Insured Person towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement** as defined in the table below subject to maximum of **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two Limbs (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)
6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out Daily Activities essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one Limb (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b. Special conditions applicable to Mobility Extension

- i. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Mobility Extension

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

11. Hospital Cash

a. Coverage

I. Hospital Cash – Accident only

If Insured Person sustains Injury, which within month of its occurrence, results in **Medically Necessary**;

- i. **Hospitalization**
- ii. Domiciliary **Hospitalization**
- iii. **Hospitalization** for Alternative Treatments

of an **Insured Person** within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

II. Hospital Cash - Illness only

If Insured Person suffers from **Illness**, which results in **Medically Necessary**;

- i. **Hospitalization**
- ii. Domiciliary **Hospitalization**
- iii. **Hospitalization** for Alternative Treatments

of an **Insured Person** within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

a. Optional Cover applicable under Hospital Cash – Illness only

1. Waiting Period modification option

On availing this option, waiting period as mentioned in 11.C.ii – waiting period will be modified as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance will be applied on each and every admissible Claim under Cover II.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

b. Optional Covers applicable to Hospital Cash

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Companion Benefit

In the event of admissible Claim under this Cover I and/or II as opted, **We** will pay an additional **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule/Certificate of Insurance** towards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash –ICU

We will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of **Hospitalization** of **Insured Person** in the **Intensive Care Unit** under Cover I and/or II as opted.

iii. Time Deductible Modification Option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule** will be applied on each and every admissible Claim under Cover I and/or II as opted.

iv. Hospital Cash – Global

On availing this option, we will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** on **Medically Necessary Hospitalization** of an **Insured Person** outside India under Cover I and/or II as opted.

c. Exclusions applicable to Hospital Cash

I. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in **Adventure sports**

II. Waiting Period and Exclusions applicable to 11.II Hospital Cash due to Illness

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance;

a. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) Pre-existing Diseases – Code – Excl01

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.
- c) If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period- Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection

Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) **30-day waiting period – Code – Excl03**

- d) Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- e) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- f) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

b. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy/Certificate of Insurance**:

- i. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. **Obesity/Weight control:** Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - I. Greater than or equal to 40 or,
 - II. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - III. Obesity related cardiomyopathy
 - IV. coronary heart disease
 - V. severe sleep apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments** - Code – Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the

- insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports** Code – Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous** or **Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
 - vii. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
 - viii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
 - ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
 - x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
 - xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
 - xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries. Code – Excl15
 - xiii. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16
 - xiv. **Sterility and Infertility –** Code – Excl17 - Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
 - xv. **Maternity:** Code – Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
 - xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical or Biological** attack or weapons, radiation of any kind.
 - xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide.
 - xviii. Any **Insured Person's** participation or involvement in naval, military or air force operation.
 - xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion (“run-down condition”).
 - xx. Congenital external diseases, defects or anomalies,
 - xxi. Stem cell harvesting.
 - xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
 - xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
 - xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
 - xxv. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
 - xxvi. Treatment taken on Outpatient basis

- xxvii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

12. Chauffeur Benefit

a. Coverage

If **Insured Person** sustains **Injury** during Period of Insurance which results in **Temporary Total Disablement** or **Temporary Partial Disablement**, We will indemnify the **Insured Person** towards daily cost of hire of a transportation or driver to maintain the mobility of **Insured Person**. The Coverage is applicable for period of disablement subject to maximum number of days and **Sum Insured** specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

b. Special Conditions applicable to Chauffeur Benefit

- i. This cover is applicable only on certification of Travel by **Medical Practitioner**.
- ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 2.IV.I – Temporary Total Disablement if opted
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Chauffeur Benefit

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
 - ii. War or any act of war, invasion, act of foreign enemy (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
 - iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
 - v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
 - vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
 - vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
 - viii. From participation in **Adventure sports**

13. Accidental Hospitalization Expenses

a. Coverage

We will pay **Medical Expenses** listed below if **Insured Person** sustains **Injury** during **Period of Insurance** which results in **Medical necessary Hospitalization** of **Insured Person**. The Coverage is up to **Sum Insured** as mentioned in the **Schedule of Coverage** on the **Policy Schedule** and subject to **Co-Payment** and **Deductible** as applicable and within India only.

Medical Expenses

- i. **Room Rent** and boarding charges
- ii. **Intensive Care Unit** charges
- iii. Consultation fees & Nursing charges
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures conducted with in same hospital where Insured Person is admitted
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b. Special Conditions applicable to Accidental Hospitalization Expenses

The Claims under this cover are subject to terms and conditions given below.

- ii. **Room Rent & Proportionate deduction: Insured Person** is eligible for **Room Rent** category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all **Associated Medical Expenses** incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of **Room Rent** charges.
- iii. In case of a claim admissible under both Section 3 – Emergency Medical Expenses and Section 13 Accidental Hospitalization Expenses, claim will be paid under Section 3 – Emergency Medical Expenses, upto the Sum Insured mentioned in the Schedule of Coverage in the Policy Schedule.

c. Optional Covers applicable under Accidental Hospitalization Expenses

We will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

1. Post-Hospitalization Medical Expenses

On option this cover, **We** will pay for the **Post Hospitalization Medical Expenses** incurred upto number of days as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance for the **Hospitalization** claim admissible under this Cover.

2. Accidental Hospitalization Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under this Section, incurred anywhere in world.

3. Co-payment

On availing this option, **Co-Payment** will be applicable as mentioned in the **Schedule of Coverage** on the **Policy Schedule/Certificate of Insurance** on all Claims under cover opted under this Section

d. Exclusions applicable to Accidental Hospitalization Expenses

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).

- vi. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- vii. From participation in **Adventure sports**
- viii. **Investigation & Evaluation:** Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ix. **Rest Cure, rehabilitation and respite care**—Code – Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- x. **Cosmetic or plastic surgery:** Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- xi. **Breach of Law:** Code – Excl10 - Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- xii. **Excluded Providers-** Code – Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- xiii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code – Excl12
- xiv. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- xv. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xvi. **Unproven Treatments**— Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. Code – Excl16
- xvii. Congenital external diseases, defects or anomalies,
- xviii. Stem cell harvesting.
- xix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xx. Treatment taken on Outpatient basis
- xxi. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

14. Permanent Total Disablement - Illness

a. Coverage

We will pay **Sum Insured** as specified on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**, if Insured Person suffers from **Permanent Total Disablement** due to Illness which is contracted during Period of Insurance and whose diagnosis first commence/occurs after the applicable waiting period from first commencement of coverage under this Section.

b. Special Conditions applicable to Permanent Total Disablement

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Permanent Total Disablement** covered.

The Claim is admissible only with confirmatory diagnosis of **Permanent Total Disablement** while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. **Number of Claims and Benefits payable**

On admissibility of Claim under this Section, coverage for Insured Person under all Sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

c. **Waiting Period and Exclusions applicable to Permanent Total Disablement – Illness**

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

i. **Waiting Period**

- a. Waiting period of 90 days shall apply to all the claims from the first commencement of Coverage under this Section.
- b. A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. **General Exclusions**

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- iv. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- x. Whilst engaging in **Adventure Sports**.
- xi. Involvement in naval, military or air force operation.
- xii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiii. Treatment of Obesity and any weight control program.
- xiv. Congenital external diseases, defects or anomalies Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or **Illness**), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- xv. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- xvi. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xvii. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).

- xviii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
- xix. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.
- xx. **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.
- xxi. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him

15. Last Rites

a. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance towards last rites of Insured Person, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

b. Special Conditions applicable to this Section

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

c. Exclusions applicable to Last Rites

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war (whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- iv. Narcotics used by the **Insured Person** unless taken as prescribed by a registered Medical Practitioner
- v. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vi. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- vii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- viii. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- ix. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- x. Whilst engaging in **Adventure Sports**.
- xi. Involvement in naval, military or air force operation.
- xii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

C. Optional Covers

In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses/benefits under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the **Coverage** opted under the **Policy**.

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

We will indemnify the **Insured Person** towards the cost of **Preventive Health Check – Up**, up to the limit mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.

Other terms and Conditions applicable to this Coverage

- The Coverage will be applicable as per the eligibility as mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.
- Under this benefit, the Company will indemnify for the cost of **Preventive Health Check-Up** undertaken by the **Insured Person** either 'At every renewal irrespective of claim status' or 'At the end of each block of continuous 3 claim free years' as mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**.
- This benefit will be only applicable to **Insured Person** covered for number of years as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance
- Claim under this Cover does not impact the **Sum Insured**.
- The test reports received under this Coverage will not be utilized for re-underwriting the expiring coverage of **Insured Person**

ii. Medical Evacuation

We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Accident or Illness** to the nearest **Hospital**, that ground transportation cannot provide.

Conditions applicable to Medical Evacuation

- i. The Claim under this cover is admissible only once in a **Policy Year**
- ii. This coverage is applicable within Geography as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

iii. Ambulance Cover

We will pay Sum Insured for expenses incurred on Road Ambulance Services in India if **Insured Person** is required;

- i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one **Hospital** to another **Hospital**
- iii. or from **Hospital** to Home (within same City) following **Hospitalization**

D. General Conditions

(Applicable to all sections unless otherwise stated)

I. Standard General Conditions

1. *Fraudulent claim*

If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this **Policy** then The **Policy/Coverage** shall be cancelled ab-initio from the Coverage commencement date. All benefits payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. *Complete Discharge (Not applicable for Section 6)*

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.

3. *Renewal*

i. Applicable to Health Covers

The **Company** shall be under no obligation to renew the Policy/Coverage on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the policy is due for renewal or to accept any Renewal premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the **Policy Period/ Coverage Period**.

ii. Applicable to Property Covers

- a. **End of Policy:** This Policy will expire at the end of the Policy Period.
- b. **Renewal is not automatic,** We may seek relevant information from You for the purpose of renewal. We can reject Your renewal only on grounds of mis- representation, non-disclosure of material facts, fraud or non-co-operation on Your part.
- c. **Application for renewal:** If You wish to renew the Policy, You must apply for renewal before the end of the Policy Period and pay the required premium amount.

4. *Cancellation*

i. Cancellation by Insurer

We may cancel the Policy or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by **Policy Holder** or **Insured Person**. Cancellation shall be ab initio from the inception date or the Renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

ii. Cancellation by Insured Person

You may cancel Your Coverage under the **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If no claim has been made under the Policy, we will refund premium in accordance with the table below

Refund table applicable to Non Loan Linked and Loan Linked - Fixed Sum Insured Basis

Month/Policy Tenure	1 year	2 year	3 year	4 year	5 year
	% Return Premium				
Upto1	90%	95%	95%	95%	95%
>1 - 3	70%	85%	85%	90%	90%
>3 - 6	45%	75%	80%	85%	85%
>6 - 12	0%	50%	60%	70%	75%
>12- 15	NA	35%	50%	60%	70%
>15 - 18	NA	20%	45%	55%	65%
>18 - 24	NA	0%	30%	45%	55%
>24 - 27	NA	NA	20%	35%	45%
>27 - 30	NA	NA	10%	30%	40%
>30 -36	NA	NA	0%	20%	35%
>36 - 39	NA	NA	NA	10%	25%

>39 - 42	NA	NA	NA	5%	20%
>42 - 48	NA	NA	NA	0%	15%
>48 - 51	NA	NA	NA	NA	10%
>51 - 54	NA	NA	NA	NA	5%
>54 - 60	NA	NA	NA	NA	0%

Refund table applicable to Reducing Balance Sum Insured

Policy Period	1	2	3	4	5	5	5	5	5	5
Loan Period	1	2	3	4	5	6	7	8	9	10
Year Of Cancellations	% Return Premium									
1	0%	25%	45%	57%	65%	70%	73%	74%	75%	76%
2			11%	26%	37%	45%	49%	51%	53%	54%
3				6%	17%	24%	28%	31%	33%	34%
4					4%	9%	12%	14%	15%	16%
Policy Period	5	5	5	5	5	5	5	5	5	5
Loan Period	11	12	13	14	15	16	17	18	19	20
Year Of Cancellations	% Return Premium									
1	77%	77%	78%	78%	78%	78%	79%	79%	79%	79%
2	55%	56%	56%	57%	57%	57%	58%	58%	58%	58%
3	35%	36%	36%	37%	37%	37%	38%	38%	38%	38%
4	16%	17%	17%	18%	18%	18%	18%	19%	19%	19%
Policy Period	5	5	5	5	5	5	5	5	5	5
Loan Period	21	22	23	24	25	26	27	28	29	30
Year Of Cancellations	% Return Premium									
1	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
2	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
3	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
4	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

- i. In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.
- ii. Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of the Insured shall forthwith terminate and the Company shall not be liable under the Policy.
- iii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where Claim under the Policy is admissible by the Company.

5. Premium Payment Option(Not applicable for Section 6)

- i. **Policy holder/Insured Person** shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

Options	Installment Premium Option	Grace Period
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for Yearly, half yearly and Quarterly premium payment option shall be applicable. Any hospitalization for diagnosis an Illness/Critical Illness contracted during the grace period will not be admissible under the Policy.
- iv. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.
- vi. **Cancellation**
 - a. Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in clause 11 ii above will be applicable
 - b. When yearly payment option is chosen, 50% of yearly premium will be refunded when the current period is less than 6 months in to the policy year. For cancellations after 6 months, no refund will be payable.
 - c. For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
 - d. In case of Claim during the Policy year, the Premium in respect of future instalment would be adjusted against Claim payable.

Instalment Premium payment through Auto Debit/ECS Facility

- i. If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
 - ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
 - iii. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
 - iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode
6. **Withdrawal of the Product**
- i. **We** may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
 - ii. **We** will intimate **You/ Policy Holder** of any such changes at least 3 months prior to date of such revision or modification.
 - iii. In such an event of withdrawal of this product, **You/ Policy Holder** can choose to renew this policy under any of Our similar Health insurance products.
 - iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with **Us**
7. **Portability(Not applicable for Section 6)**
Health Insurance portability can be availed if the proposed **Insured Person** was insured continuously and without a break under this Policy with us.
Procedure to avail Portability:

- a. The **Portability** of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 45 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.
 - b. Policy can be ported on at the time of **Renewal** of the existing Coverage.
 - c. Waiting period credits shall be extended to **Pre-Existing Diseases** and time bound exclusions/waiting periods.
 - d. If the proposed **Sum Insured** is higher than the **Sum insured** under the expiring policy, all waiting periods under the Policy shall be applicable on the increased Sum Insured.
 - e. Portability shall be applicable to the Sum Insured under previous Policy
 - f. We will process **Portability** application within 15 days of receiving the complete proposal form and Portability Form.
8. ***Grievance Re-dressal Procedure***

If you have a grievance that you wish us to redress, you may contact us with the details of your grievance through:

- Call Centre : 022-62346234/ 0120-62346234
- Emails – care@hdfcergo.com
- Designated Grievance Officer in each branch.
- Company Website – www.hdfcergo.com
- Courier : Any of our Branch office or corporate office

You may also approach the Complaint & Grievance (C&G) Cell at any of our branches with the details of your grievance during our working hours from Monday to Friday.

If you are not satisfied with our Redressal of your grievance through one of the above methods, you may contact our Head of Customer Service at

The Complaint & Grievance Cell ,
HDFC ERGO General Insurance Company Ltd.
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West). MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
Email: grievance@hdfcergo.com

In case you are not satisfied with the response / resolution given / offered by the C&G cell, then you can write to the Chief Grievance Officer of the Company at the following address

The Chief Grievance Officer
HDFC ERGO General Insurance Company Limited
Customer Happiness Center,
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West). MUMBAI - 400078
State : Maharashtra, City : Mumbai
Pincode : 400078
E Mail: cgo@hdfcergo.com

- i. 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.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System - <https://igms.irda.gov.in/>

II. Specific General Conditions

1. Right to inspect

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Policy Holder/Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as

may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the Policy.

2. *Special Provisions*

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

3. *Entire Contract*

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.

4. *Policy Disputes*

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

5. *Geography*

The policy provides worldwide coverage unless specified in the Coverage otherwise

6. *Grace Period(Not Applicable for Section 6)*

- i. A grace period of 30 days for Renewal of Coverage is applicable under the Policy. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted during the grace period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits
- iii. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

7. *Loadings(Not applicable for Section 6)*

- I. We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal(s)** with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

8. *Endorsements*

The following endorsements are permissible during the Coverage Period:

1.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

1.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

9. Payment of Claim (Not applicable for Section 6)

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the cases of delay in the payment **We** shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

E. Claims Procedure

Claim Intimation **You** shall intimate the Claims to **us** through any available mode of communication as specified in the **Policy**, Health Card or **our** Website, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.

Claim Intimation Timelines Within 15 days from the date of occurrence of the event (Other than **Hospitalization**)

	Cashless Hospitalization Emergencies	Cashless Hospitalization Planned	Cashless claims for Hospitalizations outside India	Reimbursement Claims
Claim Intimation Timelines (in case of Hospitalization)	Within 24 hours of Hospitalization.	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization. At least 72 hours prior to the planned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier.

Particulars to be provided to Us for Claim notification

1. Policy Number,
2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable)
3. Nature of disease/illness/injury (if applicable)
4. Name and address of the attending Medical Practitioner/Hospital (if applicable)
5. Date of admission & probable date of discharge (if applicable)
6. First Information Report and Final Police report, wherever is necessary
7. Any other supporting documents as may be required by the Company
8. **Insured Person's** own Indian bank cancelled cheque copy and bank details in attached format.

Surveyor's Responsibilities

1. The Surveyor must issue an 'ILA' or initial loss assessment, as soon as his preliminary assessment is over.
2. He should continue to advise about revision in reserve as his adjustment progresses, till a firm figure is arrived at.
3. He must submit the reports and photographs both in hard copies and soft copies. Supporting documents will have to be scanned.
4. He should clearly establish coverage.
5. He must clearly establish Cause of loss.
6. Loss Adjustment should be done in clear financial terms, with attachments certified by a CA if financial statements are involved.
7. Salvage value.
8. The Surveyor should also determine loss minimization possibilities, by involving experts from India/Abroad. If so agreed, with the insurers, he will coordinate the activities of these specialists, so as to ensure that maximum equipment is made serviceable again.

Condonation of delay

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

Claims Procedure Applicable to Health Covers
Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.

1. Duly filled Claim Form with signature of claimant.
2. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insured expired);
3. First consultation letter from treating Medical Practitioner
4. Medical certificate confirming diagnosis, and the treatment from Medical Practitioner
5. certificate from treating Medical Practitioner, specifying the duration and aetiology
6. OT Notes in case of Surgery
7. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery

8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
9. All pathological/Histopathological and radiological Investigation Reports
10. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
11. Provide KYC (Know your customer) form along with photocopy of any one of following KYC documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passport, Driving License Voter ID, etc)
12. Other necessary document as required by the Company

We may require the Insured Person to undergo medical examination by Medical Practitioner authorized by Us to obtain an independent medical opinion for the processing of the claim. Any cost towards such medical examination will be borne by Us.

Claims documents and procedure for Second Opinion

1. Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any)
2. Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors).
3. On receipt of the complete set of documents, We will forward the same to the concerned doctor.
4. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents.
5. Where Claim is on reimbursement basis – Diagnostic report and invoice from Medical Practitioner

Claims Documents to be submitted for Loss of Income due to termination

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Certificate from the employer of the insured confirming the termination with date of and period of termination.
4. Form 26 AS
5. Any other necessary document as may be required by the Company.
6. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims Documents to be submitted for Loss of Income due to resignation due to CI

1. Duly completed claim form;
2. Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc.
3. Resignation Letter/ Resignation Acceptance letter
4. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims Documents to be submitted for Loss of Income due to resignation due to Accidental Permanent Total Disablement

1. Duly filled Claim Form with signature of claimant.
2. Copy of Discharge Summary / Discharge Certificate
3. First consultation letter from treating Medical Practitioner
4. Certificate from treating Medical Practitioner, specifying the duration and aetiology
5. OT Notes in case of Surgery
6. Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery
7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable

8. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims documents to be submitted for Accidental Death

1. Medical Practitioner's Report
2. Medico Legal Certificate
3. Death certificate
4. Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication
5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.

Claims documents to be submitted for Permanent Disablement

1. Medical Practitioner's Report
2. Medico Legal Certificate
3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the **Injury**;
4. Disability certificate from a government certified **Medical Practitioner** or government **Hospital** confirming the extent and nature of disability;
5. Discharge summary from the **Hospital** Medical reports, case histories, investigation reports,treatmentpapers as applicable.
6. Letter from treating **Medical Practitioner** mentioning the reason and date for disablement and confirming the disablement.
7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.

Claims documents to be submitted for Temporary Total Disablement

1. **Medical Practitioner's** Report
2. Medico Legal Certificate
3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the **Injury**;
4. Discharge summary from the **Hospital**
5. Medical reports, case histories, investigation reports, treatment papers as applicable.

6. Letter from treating **Medical Practitioner** mentioning the reason and date for disablement and confirming the disablement. And advised days of rest.
7. Leave certificate from the employer (If Employed)
8. Fitness certificate from **Medical practitioner**
9. Insured's own Indian bank cancelled cheque copy and bank details in attached format
10. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable

Claims documents to be submitted for Hospital Cash

1. Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for **Hospital** cash benefit
2. First consultation letter from treating Medical Practitioner
3. Certificate from treating Medical Practitioner, specifying the duration and etiology
4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
5. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.

Claims documents to be submitted for Broken Bones

1. Medical Practitioner's Report
2. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;
3. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;
4. Original Discharge summary from the hospital
5. Medical reports, case histories, investigation reports, treatment papers as applicable.
6. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
7. Relevant treatment papers clearly mentioning the areas of fracture with their severity.

Claims documents to be submitted for Medical Evacuation

1. Consultation note or Emergency Room's Medical Practitioner medical report
2. Copy of the passport showing the date of entry and exit related to journey (to &fro) from India.
3. All relevant Original Invoices for the expenses incurred towards ambulance facility.

4. A covering letter from claimant mentioning the details of loss.

Claims documents to be submitted for Emergency Medical Expenses and Accidental Hospitalization

1. Consultation note or Emergency Room's Medical Practitioner medical report.
2. Relevant treatment papers or Discharge Summary.
3. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India.
4. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
5. All relevant Original Invoices for the expenses incurred.

Claims documents to be submitted for Dependent Child Education Benefit and Parental Care Benefit

1. Consultation Note OR Emergency Room's Medical Practitioner medical report OR
2. Relevant Treatment Papers OR Discharge Summary. .
3. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident.
4. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability;
5. Death certificate
6. Final police investigation report
7. Post-mortem Report or Coroner's Report
8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.

Claims documents to be submitted for Mobility Extension Cover

1. Duly completed and signed claim form.
2. **Policy/Certificate Copy**
3. Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle)
4. Consultation Note Or Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary.
5. All relevant Invoices for the expenses incurred.
6. Letter from treating **Medical Practitioner** mentioning the reason for disablement and confirming the disablement.
7. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing

Claims documents to be submitted for Chauffeur Benefit	<ol style="list-style-type: none"> 1. Medical Practitioner's Report 2. Medico Legal Certificate 3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; 4. Original Discharge summary from the Hospital 5. Medical reports, case histories, investigation reports, treatment papers as applicable. 6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. 7. Original invoices of transport
Claims documents to be submitted for Last Rites Cover	<ol style="list-style-type: none"> 1. Claim Form, duly completed 2. Death certificate
Claims documents to be submitted for Burns	<ol style="list-style-type: none"> 1. Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns 2. Attested copy of FIR. (If any) 3. All X-Ray / Investigation reports and films supporting to disability.
Particulars to be provided for pre-authorization	<ol style="list-style-type: none"> 1. Policy Number 2. Name of the Insured person(s) named in the Policy schedule availing treatment 3. Nature of disease/Illness/Injury 4. Name and address of the attending Medical Practitioner/Hospital 5. Date of admission & probable date of discharge 6. Approximate Claim Expenses <p style="margin-left: 40px;">Any other relevant information as required</p> <p>i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation</p>
Process for obtaining Pre-Authorization	<p>ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may;</p> <p style="margin-left: 40px;">Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.</p>
Condonation of Delay	<p>If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control</p>

Claims Procedure Applicable to Section 6 – Property Cover

1. Claims Procedure

If You suffer a loss because of an Insured Event, You must make a claim for Your financial loss at Your cost. The procedure for making a claim is given below. These include things that **You must do**, and that **You must not do**. It is important to comply with these to ensure that it does not prejudice Your claim in any manner.

A. Immediate notice to Us

- a. As soon as any physical loss or damage occurs to Your Home Building or Home Contents due to an Insured Event, You must immediately give notice to Us of the loss or damage. This is necessary for Us to survey/ investigate the loss or damage, as may be required.
- b. You can give notice to any of Our offices or call-centres.
- c. You must state in this notice
 - i. the Policy Number,
 - ii. Your name,
 - iii. details of report to the police that You made,
 - iv. details of report to any Authority that You made,
 - v. details of the Insured Event,
 - vi. a brief statement of the loss,
 - vii. particulars of any other insurance of Your Home Building or any of Your Home Contents,
 - viii. details of loss or damage under any Optional Cover or Add-ons,
 - ix. submit photographs of loss or physical damage, wherever possible.

B. Steps to prevent loss and damage

- a. You must take all reasonable steps to prevent further loss or damage to Your Home Building and Home Contents.
- b. Until We have inspected Your Home Building and Home Contents, and have given Our consent,
 - i. You must not sell, give away or dispose of any damaged items of any property for which You are making a claim;
 - ii. You must not wash or clean, or remove any damaged item or debris, except for any urgent necessity;
 - iii. You must not carry out repairs, unless such repairs are urgent and You cannot contact Us.

C. Immediate notice to Authorities

- a. As soon as any loss or damage occurs to the Insured Property, You must give immediate report to appropriate legal authorities. For example, You must report to the fire brigade of the local authority and the police if there is damage by fire/ explosion / implosion or lightning. In case of subsidence / landslide / rockslide, You must inform the District Administration. In the event of impact damage of any kind or Riot Strikes, Malicious damages and acts of terrorism, You must inform the police. If there is a theft within 7 (seven) days following an Insured Event You must inform the police.
- b. We may, but not necessarily, waive this condition if We are satisfied that by reason of extreme hardship it was not possible for You or any other person on Your behalf to give such report.

D. Submit claim

- a. Claim form:
 - i. You must submit Your claim in Our claim form at the earliest opportunity, but within 30 days from the date You first notice the loss or damage. The claim form is available in any of Our branches, and on Our web-site.
 - ii. You must state in Your claim the details of any other insurance policy that covers the damage or loss for which You have filed Your claim, whether You have purchased such other insurance, or someone else has purchased it for You.
- b. We shall not be liable for any loss or damage after the expiry of 12 months from the happening of the loss or damage unless the claim is the subject of pending action or arbitration. If We disclaim liability for a claim You have made and if the claim is not made as a subject matter of a suit in a court of law within a period of 12 months from the date of disclaimer, the claim shall not be recoverable hereunder.

E. Establish loss

- a. You must prove that the Insured Event has occurred, and the extent of physical loss or damage You have suffered with full details.
- b. When We request,
 - i. You must support Your claim for Home Building and/or Home Contents with plans, specification books, vouchers, invoices pertaining to costs incurred by You for reconstruction/replacement/repairs.
 - ii. You must allow Us, Our officers, surveyors or representatives to inspect the loss or damage to Your Home Building and/or Home Contents and to take measurements, samples, damaged items or parts, and photographs that are relevant.
 - iii. You must give Us authority to see the relevant records and get information about the Event and Your loss from the police or any other authority.
- c. For Optional Cover of Personal Accident, Death Certificate and Post Mortem report (wherever necessary) shall be submitted.

F. Fraudulent claim

If You, or anyone on Your behalf, make a false or fraudulent claim, or support a claim with any false or fraudulent statement or documents:

- i. We will not pay,
- ii. We can cancel the Policy; in such a case, You will lose all benefits under this Policy and premium that You have paid, and
- iii. We can also inform the police, and start legal proceedings against You.

G. Other insurance

- a. If You have any other policy with Us or any other Insurance Company (taken by You or by anyone else for You) covering in whole or in part any claim that You have made under this Policy, You have a right to ask for settlement of Your claim under any of these policies.
- b. If You choose to claim under this Policy from Us, We will settle Your claim within the limits and the terms and conditions of this Policy.
- c. After We pay the amount under Your claim, We have the right to ask for contribution from the Insurers that have given You the other policies.

- d. We will ensure that Our actions do not impose any liability on You.

H. Recovery action by Us

- a. When We accept and pay Your claim under the Policy, We can start legal proceedings to recover the amount or property from the third party who has caused the loss or damage to Your Home Building or Home Contents. You must give authority to Us to take such action and exercise this right effectively, when We request You, whether before or after making payment of Your claim. You must give all information, cooperation, assistance and help for this purpose. You must not do anything which will prejudice Our right. We can do this
- i. without seeking Your consent,
 - ii. in Your name, and
 - iii. whether or not Your loss has been fully compensated.
- b. Any amount We recover from such person will be applied first to the costs of the legal proceedings and recovery, then to the claim amount We have paid or must pay to You. We will pay You any balance.
- c. You can start legal proceedings against any person who has caused the loss or damage only with Our prior consent, and on conditions that We will impose. You must not compromise or settle any claim against such person without Our consent. If You recover any amount from such person, You must return to Us the amount We have paid for Your claim. We can take over the conduct of legal proceedings that You have started and continue the proceedings in Your name.

1. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by **Hospital**).
- ii. Government Approved Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of **Hospitalization** in any non-network hospital of HDFC ERGO GIC or certificate from **Hospital** authorities providing facilities available including number of beds.
- v. Discharge Card / Day Care Summary / Transfer Summary
- vi. Final hospital bill with all deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All medicine / pharmacy bills along with prescription by **Medical Practitioner**
- xi. MLC / FIR Copy – in **Accidental** cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) - (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Claimant carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Claimant ***
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy (-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.

*** In case of death of Insured Person, the same document requirement would be for nominee/legal heir of Insured Person(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remaining legal heir(s).

2. Conditions for obtaining Cashless facility

- i. **Cashless facility** can be availed only at **Our Network Provider**. The complete list of **Network Providers** and empanelled Service Providers is available on **Our** website and can be obtained by contacting **Us**.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization/treatment**, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. **We** will make payment for the Cashless authorized amount directly to the **Network Provider**.
- v. If the claim is not notified to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

3. Payment of a Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. 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 last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder/Insured Person** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- vi. If **We**, for any reason decide to reject the claim, the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vii. If requested by **Us**, at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- viii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim
- ix. respect of the claim

Contact Us

	Within India	Outside India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email: healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No : +800 08250825 (accessible from locations outside India only) Landline no (Chargeable) : 0120-4507250 Email: travelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	

List of Ombudsman

Office Details	Jurisdiction of Office (Union Territory, District)
AHMEDABAD - The Ombudsman Office of the Insurance Ombudsman, JeevanPrakash Building, 6th floor, TilakMarg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - The Ombudsman Office of the Insurance Ombudsman, JeevanSoudhaBuilding, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - The Ombudsman Office of the Insurance Ombudsman, JanakVihar 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 Chattisgarh.

Office Details	Jurisdiction of Office (Union Territory, District)
BHUBANESHWAR - The Ombudsman 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 - The Ombudsman 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, Chandigarh.
CHENNAI - The Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - The Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - The Ombudsman Office of the Insurance Ombudsman, JeevanNivesh, 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 - The Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.

Office Details	Jurisdiction of Office (Union Territory, District)
Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	
JAIPUR - The Ombudsman Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - The Ombudsman 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, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - The Ombudsman 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, Andaman & Nicobar Islands.
LUCKNOW -The Ombudsman Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, 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, Sonbhadra, 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 - The Ombudsman Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, 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.

Office Details	Jurisdiction of Office (Union Territory, District)
NOIDA - The Ombudsman Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh 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 - The Ombudsman 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 - The Ombudsman Office of the Insurance Ombudsman, JeevanDarshan 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.

Annexure I –

List –Items for which coverage is not available in the policy

S. No.	Item	S. No.	Item
1	Baby food	35	Oxygen cylinder (for usage outside the hospital)
2	Baby utilities charges	36	Spacer
3	Beauty services	37	Spirometre
4	Belts/ braces	38	Nebulizer kit
5	Buds	39	Steam inhaler
6	Cold pack/hot pack	40	Armsling
7	Carry bags	41	Thermometer
8	Email / internet charges	42	Cervical collar
9	Food charges (other than patient's diet provided by hospital)	43	Splint
10	Leggings	44	Diabetic foot wear
11	Laundry charges	45	Knee braces (long/ short/ hinged)
12	Mineral water	46	Knee immobilizer/shoulder immobilizer
13	Sanitary pad	47	Lumbo sacral belt

14	Telephone charges	48	Nimbus bed or water or air bed charges
15	Guest services	49	Ambulance collar
16	Crepe bandage	50	Ambulance equipment
17	Diaper of any type	51	Abdominal binder
18	Eyelet collar	52	Private nurses charges- special nursing charges
19	Slings	53	sugar free tablets
20	Blood grouping and cross matching of donors samples	54	Creams powders lotions (toiletries are not payable, only prescribed medical pharmaceuticals payable)
21	Service charges where nursing charge also charged	55	Ecg electrodes
22	Television charges	56	Gloves
23	Surcharges	57	Nebulisation kit
24	Attendant charges	58	Any kit with no details mentioned [delivery kit, orthokit, recovery kit, etc]
25	Extra diet of patient (other than that which forms part of bed charge)	59	Kidney tray
26	Birth certificate	60	Mask
27	Certificate charges	61	Ounce glass
28	Courier charges	62	Oxygen mask
29	Conveyance charges	63	Pelvic traction belt
30	Medical certificate	64	Pan can
31	Medical records	65	Trolley cover
32	Photocopies charges	66	Urometer, urine jug
33	Mortuary charges	67	Ambulance
34	Walking aids charges	68	Vasofix safety

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

SI No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE

13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

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

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

20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV–Items that are to be subsumed into cost so treatment

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