

Policy Wordings

Payment Protection Package



PREAMBLE

This Policy is effective when the accompanying Policy Schedule is signed by an authorized representative of HDFC ERGO General Insurance Company Limited.

Policy wording, Policy Schedule and any Endorsements thereto shall be considered as one document and any word or expression to which a specific meaning has been attached in any of them shall bear such meaning throughout unless specified otherwise.

Words and phrases that appear in bold letters have, for the purpose of this Policy, a special meaning which can be read in the Definitions section.

INSURING CLAUSE

In consideration of payment of the premium and receipt thereof by the Company and in reliance upon the information provided in the proposal form and including any statements made by Insured to the Company, the Company hereby agrees, subject to the terms, conditions and exclusions herein contained or endorsed or otherwise expressed hereon, to indemnify the Insured to the extent and in the manner specified herein, against any loss/damage due to operation of any of the Insured Event as opted by the Insured and listed in the Policy Schedule that occurs during the Policy Period and reported to the Company and/or Insured within 30 days of such occurrence. Provided that the Company's liability in respect of any Insured Event shall in no case exceed the limit of liability specified against the cover opted in the Policy Schedule and where the Sum Insured is opted on a Floater basis, Company's liability in respect of any single or multiple Insured Event shall not exceed the Floater Sum Insured specified in the Policy Schedule during the Period of Insurance.

GENERAL DEFINITIONS

(These general definitions are not applicable to Add on Covers)

1. "**Accident or Accidental**" means a sudden, unforeseen and involuntary event caused by external, visible and violent means. (This definition is not applicable on Add on Covers)
2. "**Account Holder**" means any and all persons designated and authorized to transact business on behalf of an account.
3. "**Annual Aggregate Limit**" means the maximum liability payable in a single Policy Year.
4. "**ATM**" means Automated Teller Machines of banks which have been approved by Reserve Bank of India.
5. "**Bank**" means an entity licensed as a Bank under Banking Regulation Act, 1949 and any subsequent amendments
6. "**Benefit**" means the payment or entitlement available in accordance with the Policy.
7. "**Card**" means any Credit Card/ Debit Card /ATM or any similar payment cards issued by Financial Institution / Bank.
8. "**Cardholders**" means such person's to whom card has been issued by the Financial Institution /Bank.
9. "**Company/Insurer**" means HDFC ERGO General Insurance Company Limited.
10. "**Condition Precedent**" shall mean a policy term or condition upon which the Insurer's liability under the policy are subject to.
11. "**Contribution**" is essentially the right of an insurer to call upon other Insurers liable to the "same Insured to share the cost of an indemnity claim on a rateable proportion of Sum Insured. This clause shall not apply to any Benefit offered on fixed benefit basis.
12. "**Deductible or Excess**" means an amount stated in the Schedule as a percentage, or a fixed amount, which will be deducted from the Compensation for a specific benefit, or a period of time for which the Company will not pay any benefit. A deductible is a cost-sharing requirement under an insurance policy that provides that the Insurer will not be liable for a specified amount or percentage, of the covered expenses, which will apply before any benefits are payable by the Insurer. A deductible does not reduce the sum insured.
13. "**Digital Payment Wallet**" means any online account in which one deposits or earns money which is denominated in a specific currency that can be spent in a (online) store.
14. "**EDC**" means Electronic Data Capturing Machine used for Card Transactions.
15. "**Employee**" means any person employed under a contract of service or apprenticeship during or prior to commencement of the Period of Insurance and for the avoidance of doubt shall include agents or consultants or sub-contractors or independent professional advisors of the Insured.
16. "**Financial Institution**" means any financial body authorized and regulated directly or through any entity authorized by Central Government, State Government or Reserve Bank of India.
17. "**Hold-up**" means when a person having some weapon threatens the Insured / Insured Persons and there exists a

- possibility of actual physical threat to the person of the Insured / Insured Persons.
18. "**Identity Theft**" means the unauthorized and/or illegal use of Insured Person's personal and sensitive information such as his/her name, government identification IDs to open credit accounts and/ or bank accounts that he/she did not authorize.
 19. "**Insured**" means the Entity as named in the Schedule
 20. "**Insured Person(s)**" means the beneficiaries / members / card holders / customers & account holders of the entity named in the schedule.
 21. "**Phishing**" means the attempt to obtain sensitive information such as usernames, passwords, and credit / other card details (and sometimes, indirectly, money), often for malicious reasons, by masquerading as a trustworthy entity in an electronic communication (including Vishing, Pharming and Smishing)
 22. "**PIN**" means specific personal identification number assigned to the Cardholder in connection with the Card.
 23. "**Policy**" means Insured's proposal, the schedule, Company's covering letter to the insured, insuring clauses, definitions, exclusions, conditions and other terms contained herein and any endorsement attaching to or forming part hereof, either at inception or during the period of insurance.
 24. "**Policy Period**" means the period from Commencement of Insurance Cover to the end of the Insurance Cover as per the Schedule.
 25. "**Post Reporting Period**" means period specified in the policy schedule representing the number of days post reporting of incident by the insured person to the financial entity.
 26. "**Pre Reporting Period**" means period specified in the policy schedule representing the number of days prior to the reporting of incident by the insured person to the financial entity
 27. "**Proposal**" means any signed proposal in form of letters and declarations, written statements and any information in addition hereto supplied to the Company by or on behalf of the Insured.
 28. "**Public Authority**" means any governmental, quasi-governmental organisation or any statutory body or duly authorised organisation with the power to enforce laws, exact obedience, and command, determine or judge.
 29. "**Renewal**" defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
 30. "**Schedule**" means the document attached to and forming part of this Policy mentioning the details of the Insured, the Sum Insured, the Policy Period and the limits, conditions etc. to which benefits under the Policy are subject to including any annexures and / or endorsements.
 31. "**SIM Card**" means the Subscriber Identity Module (SIM) card that is delivered together with a subscription contract or pay-as-you-go contract used for the operating of mobile phones.
 32. "**Skimming**" means an electronic method of capturing a victim's personal information used by unauthorized means.
 33. "**Strike**" refers to cessation of work or a temporary stoppage of normal and regular activity or work undertaken by some persons in support of the demands made on their employer, as for higher pay or improved conditions.
 34. "**Subrogation**" shall mean the right of the Insurer to assume the rights of the Insured person to recover expenses paid out under the policy that may be recovered from any other source.
 35. "**Sum Insured / Limit of Liability**" means the amount shown against each item in the Schedule which is Company's maximum liability.
 36. "**War**" means war, whether declared or not, or any warlike activities, including use of military force by any sovereign nation to achieve economic, geographic, nationalistic, political, racial, religious or other ends.

GENERAL CONDITIONS

1. Incontestability and Duty of Disclosure

THIS POLICY SHALL BE VOIDABLE AT THE OPTION OF THE COMPANY IN THE EVENT OF MIS – REPRESENTATION, MIS-DESCRIPTION OR NON-DISCLOSURE OF ANY MATERIAL PARTICULAR BY THE INSURED, IN THE PROPOSAL FORM, PERSONAL STATEMENT, DECLARATION AND CONNECTED DOCUMENTS, OR ANY MATERIAL INFORMATION HAVING BEEN WITHHELD. ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO DEFRAUD THE INSURANCE COMPANY OR OTHER PERSONS, FILES A PROPOSAL FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR A CLAIM BEING FRAUDULENT OR ANY FRAUDULENT MEANS OR DEVICES BEING USED BY THE INSURED/INSURED PERSON OR ANY ONE ACTING ON HIS BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY/ OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT WHICH WILL RENDER THE POLICY VOIDABLE AT THE INSURANCE COMPANY'S SOLE DISCRETION AND RESULT IN A DENIAL OF INSURANCE BENEFITS OF A CLAIM IS IN ANY RESPECT FRAUDULENT, OR IF ANY FRAUDULENT OR FALSE PLAN, SPECIFICATION, ESTIMATE, DEED, BOOK, ACCOUNT ENTRY, VOUCHER, INVOICE OR OTHER DOCUMENT, PROOF OR EXPLANATION IS PRODUCED, OR ANY FRAUDULENT MEANS OR DEVICES ARE USED BY THE INSURED/INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT OR BY ANYONE ACTING ON

THEIR BEHALF TO OBTAIN ANY BENEFIT UNDER THIS POLICY, OR IF ANY FALSE STATUTORY DECLARATION IS MADE OR USED IN SUPPORT THEREOF, OR IF LOSS IS OCCASIONED BY OR THROUGH THE PROCUREMENT OR WITH THE KNOWLEDGE OR CONNIVANCE OF THE INSURED/INSURED PERSON, POLICYHOLDER, BENEFICIARY, CLAIMANT OR OTHER PERSON, THEN ALL BENEFITS UNDER THIS POLICY ARE FORFEITED.

2. Observance of terms and conditions

The due observance and fulfillment of the terms, conditions and endorsement of this Policy in so far as they relate to anything to be done or complied with by the Insured, shall be a condition precedent to any liability of the Company to make any payment under this Policy.

3. Records to be maintained

The Insured shall keep an accurate record containing all relevant particulars and shall allow the Company to inspect such record.

4. No constructive Notice

Any of the circumstances in relation to the general conditions mentioned in this section, that comes to the knowledge of any official of the Company shall not be construed as notice to or be held to bind or prejudicially affect the Company notwithstanding to subsequent acceptance of any premium.

5. Notice of charge

The Company shall not be bound to notice or be affected by any notice of any trust, charge, lien, assignment or other dealing with or relating to this Policy but the receipt of the Insured or his legal personal representative shall in all cases be an effectual discharge to the Company.

6. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy as an endorsement shall be deemed to be part of this Policy and shall have effect accordingly.

7. 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.

8. Right to inspect

If required by the Company, an representative of the Company including a loss assessor or a 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 Insured 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.

9. Fraudulent claims

If any claim is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured/insured person, or anyone acting on his behalf to obtain any benefit under this Policy, or if a claim is made and rejected and no court action or suit is commenced within twelve months after such rejection all benefits under this Policy shall be forfeited.

10. Arbitration clause

The parties to the contract may mutually agree and enter into a separate Arbitration Agreement to settle any and all disputes in relation to this policy.

Arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996.

11. Renewal notice

The Company shall be under no obligation to renew the policy 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 Period of Insurance.

12. The Insured

Should understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto are true, accurate and complete and are material to the Company's decision to provide this insurance. The Insured further should understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars which are deemed to be incorporated into and constitute a part of this Policy, are the basis of this Policy and are material to the Underwriter's acceptance of this risk.

13. Reasonable Care

Insured person must take due care and reasonable precautions to safeguard his Personal Information, details of Bank Accounts and/or Credit/Debit Cards and internet communications. Insured person should also take all practical measures to minimize claims. Such measures include but are not limited to not sharing sensitive account information, regular data backup, logins, PIN/

TAN and Personal Information with Third Parties, securing physical access to devices, only installing legal software from trusted sources such as manufacturer app-stores and maintaining an updated and secure state of their software and operating systems as recommended by the manufacturer. Insured person have to keep himself/herself informed of further recommendations and alerts made from time to time by the Company, The Insured, Bank, Financial Institution, Social Networks, other service providers or software manufacturers, as well as relevant authorities such as the police, CERT-IN and RBI.

Insured person should take all reasonable care and precautions to prevent accident, loss or damage and to act prudently to minimize any claim arising out of an insured peril. The Insured person and Family members shall also take within their control to avert occurrence of insured peril, to protect the subject matter of insurance.

14. Duties and Obligations after Occurrence of an Insured Event

It is a condition precedent to the Company's liability under this Policy that, upon the happening of any event giving rises to or likely to give rise to a claim under this Policy:

The Insured/Insured Person shall immediately and in any event within 30 days give written notice of the same to the Company at the address shown in the Schedule for this purpose and in case of notification of an event likely to give rise to a claim to specify the grounds for such belief, and

Wherever necessary and as maybe specifically advised by the Company, immediately lodge a complaint with the appropriate Police Authorities detailing the incident, and provide a copy of that written complaint, the First Information Report and/or Final Report to the Company. The Insured Person shall also take all practicable steps to enable the person accused of such theft to be apprehended by the appropriate authorities as per law and to recover the property stolen, and

The Insured shall within 30 days after the date of claim intimation or such further time as the Company may allow, deliver a completed claim form in writing detailing as particular an account as may be reasonably practicable of the loss or damage that has occurred and an estimate of the quantum of any claim (not including profit of any kind) along with all documentation required to support and substantiate the amount sought from the Company. Particulars of all other insurances, if any, shall also be furnished,

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

in other legal form of the truth of the claim and of any matters connected therewith.

15. Condonation of delay in case of claim:

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.

16. Contribution

In the event of an incident which results in a claim under this Policy and Insured have other insurance covering the same loss, the Company will not pay more than its share, subject to the maximum limit of Cover granted under this Policy. This clause shall not apply to any cover offered on fixed benefit basis

Multiple policies involving Bank or other lending or financing entity -

In case there is more than one insurance policy issued to the customer/ policyholder covering the same risk, the Company will not apply contribution clause. Underinsurance will be applied on an overall basis taking into consideration the sum insured under all policies and comparing it with value at risk.

17. Reinstatement

On payment of a claim by the Company, the total amount of indemnities and the indemnity amount per Cardholder will stand reduced by the amount of claim paid, unless the same is reinstated on payment of additional premium by the Insured.

18. Subrogation

If any payment is made under this policy, the Company will be subrogated to the extent of such payment up to all Insured/Insured Person's rights of recovery from any third party. Insured Person must do all that is necessary to secure and must not prejudice such rights. Any monies recovered will be applied first to any costs and expenses made to obtain the recovery, second to any payments made by the Company, and third to any other payments made by the Insured/Insured Person.

19. Indian Contract Act 1872

A person or any entity who is not a party to this Policy shall have no rights under the Contracts (Rights of Third Parties) Act 2001 or any similar act, common law or any provision of law in any other jurisdiction to enforce any of its terms.

20. Premium Payment

It is hereby agreed that, as a condition precedent to any liability under this Policy, any premium due must be paid and actually realised by the Company in full. In the event of non-realisation of the premium, the Policy shall be treated as void-ab-initio.

21. Assignment

No assignment of interest under this Policy shall be binding upon the Company. The Company does not assume any responsibility for the validity of an assignment.

22. Sanctions/Embargoes

The Company shall not be deemed to provide cover and provide any benefit hereunder to the extent that the provision of such cover, payment of such loss or claim or provision of such benefit would expose the Company to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, law or regulations of the European Union, United States of America and/or any other applicable national economic or trade sanction law or regulations.

23. Territorial scope

Where payment is to be made under this policy and subject to all terms and conditions of this policy, this policy shall apply to any Loss incurred or claims made in India, unless otherwise stated in the Policy Schedule.

24. Jurisdiction

This Policy is subject to the exclusive jurisdiction of the Courts of India.

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.

25. Cancellation:

The Insured can cancel the policy at any time during the policy term, by informing the Company. The Company can cancel the policy only on the grounds of established fraud, by giving minimum notice of 7 days to the Insured. The Company shall refund proportion premium for unexpired policy period subject to no claim(s) made during the policy period.

26. Premium Payment Options

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

Options	Instalment 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

- 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.

- iii. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled
- iv. In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.
- v. Cancellation Payment Option
 - a. Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in General Conditions 25. Cancellation Clause 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.

27. 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

- Every notice and other communication to the Company required by these conditions must be written and be addressed to the Company at its corporate office address as follows:

HDFC ERGO General Insurance Company Limited
6th Floor, Leela Business Park,
Andheri Kurla Road, Andheri (E), Mumbai – 400059
Call Centre - 022-6234 6234

29. Claim Settlement

The Company will settle the claim under this policy within 30 days from the date of receipt of necessary documents required for assessing the claim. In the event that the company decides to reject a claim made under this policy, the Company shall do so within a period of thirty days from the date of receipt of the survey report or the additional document, as the case may be, in accordance with the provisions of Protection of Policyholders' Interest Regulations 2017.

30. Portability:

Individual members including the family members covered under health section of policy shall have the right to migrate from such group policy to a suitable individual personal accident insurance policy offered by the Company only in cases of the member leaving the group on account of disassociation with the group in capacity of his membership.

GENERAL EXCLUSIONS

(Not Applicable on Section VI – Health, Section VII – Group Travel Insurance and Section IX – Wellness Services)

The Company shall not be liable for

- 1) Damage directly or indirectly occasioned by or happening through or in consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, Rebellion, revolution, insurrection, military or usurped power, confiscation, nationalisation, civil commotion or loot or pillage in connection therewith.
- 2) Loss or damage directly or indirectly 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 ionising 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)
- 3) Damage to any property whatsoever or any loss or expense whatsoever resulting or arising there from or any consequential loss.
- 4) Any legal liability of whatever nature, directly or indirectly caused by or contributed to by or arising from ionising radiation or contamination by radio activity from any nuclear fuel or from any nuclear waste from combustion of nuclear fuel or any weapon having nuclear components.
- 5) Loss of market or any consequential loss.
- 6) Any event or circumstances which were known to Insured/insured person prior to inception of this policy that could reasonably lead to an Insured Event under this Policy.
- 7) Any action or omission or any misbehaviour of Insured/Insured Person which is intentional, malicious, dishonest, deliberate or reckless.
- 8) Any action or omission by Insured/Insured person in his capacity as any employee/ professional or in the business activity.
- 9) Investment or trading losses including any inability to sell, transfer or otherwise dispose of securities.
- 10) Bodily injury other than First Aid expenses if specifically covered, psychological harm trauma, illness or death. This exclusion shall not apply to Section V of Cyber Liability
- 11) Misappropriation, theft, infringement or disclosure of any intellectual property (such as patents, trademarks, copyrights). This exclusion shall not apply to Section Social Media and Media Liability. However, theft, infringement, misuse or abuse of patents will always remain excluded.
- 12) Third party claims made by Insured person's family members, any person residing with him made from Insured person account or any joint account holder with him.
- 13) Any Contractual liability.
- 14) Any costs of betterment of devices beyond the state existing prior to the Insured Event, unless unavoidable.
- 15) Loss, misplacement, destruction, modification, unavailability, inaccessibility of and/or delay in trading with crypto currencies, consisting of coins (e.g. Bitcoin, Ethereum, Ripple, IOTA), tokens (e.g. EOS, Nem, Tether) or public and/or private keys being used in conjunction with the aforementioned.
- 16) Gambling online and or otherwise.
- 17) Any Director and Officer Liability or any professional liability.
- 18) Any loss sustained by Insured Person by accessing any restricted or websites banned by the relevant authority.
- 19) Losses sustained by Insured/Insured person resulting directly or indirectly from any fraudulent or dishonest acts committed by Your employee or family, acting alone or in collusion with others.
- 20) Losses due to the failure, outage/disturbance of infrastructure (e.g. electricity, gas, water, internet service, satellite, cable, telecommunications, or other utility services).
- 21) Any loss/unauthorized use occurring at a POS (Point of Sale) terminal which is not secured with technology infrastructure i.e., Unique Key Per Terminal (UKPT), Derived Unique Key Per Transaction (DUKPT), Terminal Line Encryption (TLE) as per Reserve Bank of India's guidelines for which the card issuer or acquiring bank is liable.

SCOPE OF COVER

The Company will pay up to the Sum Insured/limit of liability mentioned in the Policy Schedule for the coverages mentioned in the policy during the policy period subject to terms, conditions and exclusions of this Policy.

SECTION I - FINANCIAL LIABILITY COVER

The cover is applicable only if it is mentioned in the policy schedule.

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay direct and pure financial loss resulting from following perils, if opted by the Insured:

- a) **LOST OR STOLEN CARD COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from the unauthorized use of any lost or stolen Card issued by the Insured named in the Schedule
- b) **FRAUD BEFORE DELIVERY OF CARD COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from the unauthorized use of a card which is not delivered to the insured person within a specified period as mentioned in the policy schedule.
- c) **CARD FORGOTTEN AT ATM COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from the unauthorized use of card which is forgotten by customer at the ATM machine.
- d) **ATM ASSAULT COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from forced withdrawal of money from any ATM by threat/violence
- e) **THEFT OR ROBBERY POST ATM WITHDRAWAL COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from a robbery event that occurs within a specified period as mentioned in the policy schedule after withdrawal of the money from the ATM
- f) **SIM CLONING & DEACTIVATION FRAUD COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from SIM cloning and/or post deactivation of SIM that Insured person are responsible for.
- g) **THEFT OF FUNDS DUE TO UNAUTHORIZED DIGITAL ACCESS COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured Person resulting only from unauthorized digital access to Insured person's bank account, credit or debit card, digital payment wallets, UPI account by use of telephishing, phishing, vishing or email spoofing or any other means.
- h) **IDENTITY THEFT / ACCOUNT TAKE OVER COVER** - The Company will pay in respect of the debits or transactions established against the Insured/ Insured

Person resulting only from an identity theft/account take over. Reasonable and necessary costs incurred by Insured person for credit monitoring services and identity monitoring are also covered.

Endorsements:

(Applicable only if mentioned in the policy schedule)

- i. **Emergency First Aid Charges:** It is hereby agreed and declared that the Company will pay for the charges incurred by the Insured Person for reasonable emergency first aid charges for bodily injury during a robbery that is covered by ATM assault and robbery coverage under Section 1 d.
- ii. **Reissuance Charges:** It is hereby agreed and declared that the Company will pay the reissuance charges of a credit card, debit card, cash card blocked due to operating of an event covered under this Policy
- iii. **Add-on Cards:** It is hereby agreed and declared that the policy is extended to cover add-on cards that are linked with Insured person's primary card covered under this policy.
- iv. **Unauthorized Transaction beyond threshold chargeback:** It is hereby agreed and declared that the policy is extended to cover unauthorized transaction beyond threshold of chargeback.
- v. **Financial Loss arising from OTP / PIN transactions:** It is hereby agreed and declared that any direct or pure financial loss resulting from PIN / OTP based transactions is excluded from the scope of policy.
- vi. **Limit of Minimum Transaction Amount:** It is hereby agreed and declared that the insurance cover under this policy is applicable only if the minimum transaction number/amount against the Card or POS terminal exceeds a limit specified in the policy schedule.
- vii. **Only International Transactions:** It is hereby agreed and declared that the coverage under this policy is restricted to international transactions only.
- viii. **Time Excess:** It is hereby agreed and declared that more than one claim arising from a specific incident is subject to a time excess as mentioned in the policy schedule.

Specific Conditions applicable to Section I

(Applicable only if stated in the policy schedule).

- i. Claim under this section is subject to a pre and post reporting period as stated in policy schedule.
- ii. Coverage under this section is subject to the excess/ deductible as stated in the Policy schedule
- iii. Claims under this section are not limited unless otherwise stated in the policy schedule.
- iv. Insured Person should report the loss of the Cards to Insured, Insurer and necessary Authorities, wherever applicable.

- v. Payments of claim under tele-phishing shall be restricted to number of instances mentioned in the policy schedule

Specific Exclusions applicable to Section I

The Company will not make any payment in respect of:

- 1) Any loss or damage arising out of any transactions which have occurred beyond the pre and post reporting period named in the Schedule.
- 2) Debits established against the Insured Person(s) resulting from the use of counterfeit Card Counterfeit Card shall mean a Card which has been embossed or printed so as to pass off as a Card issued by the Bank named in the Schedule or a Card duly issued by the Insured named in the Schedule which is subsequently altered or modified or tampered with without consent of the Insured named in the Schedule, unless specifically covered.
- 3) Losses sustained by the Insured Person resulting directly or indirectly from any fraudulent or dishonest acts committed by Insured Person's employee, acting alone or in collusion with others in respect of the credit or debit card, digital payment wallets, UPI account or Net banking
- 4) Losses sustained by the Insured Person through forgery or alteration of or on or in any written instrument required in conjunction with any credit or debit card, digital payment wallets, UPI account or net banking. This exclusion shall not apply to section 1(h).
- 5) Losses arising out of use of the credit or debit card, digital payment wallets, UPI account or netbanking by the Insured Person with intent to defraud the Insured named in the Schedule.
- 6) Losses, which the Insured named in the Schedule is legally entitled to recover from the Insured Person, or the corporate or other legal entity agreeing to honour expenses incurred by the Insured Person in relation to credit or debit card, digital payment wallets, UPI account or net banking.
- 7) Charges made on Insured Person's Sim card that has not been lost or stolen.
- 8) The amounts refunded upon cancellation of purchases of products or services by the Cardholders.
- 9) Charges incurred by a resident of Insured person household, or by a person entrusted with his Credit or Debit Card / Sim card/Wallet/UPI/Net banking
- 10) Fraudulent transactions occurred beyond the policy period.
- 11) Losses arising out of debits raised and established against the Insured Person after receipt of List of Stolen Cards by the Member establishments of the Insured, with whom the Insured has an Acquiring Bank relationship.

SECTION II - PURCHASE PROTECTION COVER

The cover is applicable only if stated in the policy schedule.

Definitions Specific to this section:

1. Home Contents means those articles or things that are not permanently attached or fixed to the structure of Insured Person's Home. Home Contents may consist of General Contents and/or Valuable Contents.
2. General Contents are all the contents of household use in Insured Person's 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.
3. Valuable Contents of Insured Person's Home consist of items such as jewellery, silverware, paintings, works of art, antique items, curios and items of similar nature.

Scope of Coverage

A Fire & Allied Perils

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to cover the items that Insured person purchases with the payment instrument covered in the policy for number of days as specified in the Schedule from the date of purchase.

The Company will provide 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.

The Company will cover the physical loss or damage to or destruction of the General Contents of Insured Person's Home purchased with the payment instrument covered in this policy caused by an Insured Event as listed in Clause B of this Policy. Valuable Contents of Home are not covered under this Policy.

	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	<p>caused by</p> <ul style="list-style-type: none"> 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 e. ground works or excavations.
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 temporary or permanent dispossession, confiscation, commandeering, requisition or destruction by order of the government or any lawful authority, or temporary or permanent dispossession of Your Home by unlawful occupation by any person.
11	Acts of terrorism (Coverage as per Terrorism Clause attached)	Exclusions and Excess as per Terrorism Clause attached
12	Bursting or overflowing of water tanks, apparatus and pipes.	-
13	Leakage from automatic sprinkler installations.	repairs or alterations in Your Home or the building in which Your Home is located, repairs, removal or extension of any sprinkler installation, or 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 of any article or thing outside Your Home, or of any article or thing attached from the outside of the outer walls or the roof of Your Home, unless securely mounted.

Sum Insured:

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.

Restoration of Sum Insured: Except if the policy is being cancelled 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 Company has paid for any loss, the coverage under this section of the policy shall be restored to the full original amount of Sum Insured. Insured must pay to Us proportionate premium for the unexpired Policy Period from the date of loss. Company can also deduct this premium from the net claim to be paid under this section.

What the Company will pay

If the General Contents of Insured Person Home are physically damaged by any Insured Event, Company will at its option, reimburse the cost of repairs to a condition substantially the same as its condition at the time of damage, or pay the cost of replacing that item with a same or similar item, or repair the damaged item to a condition substantially the same as its condition at the time of damage.

The maximum company will pay is the Sum Insured shown in the Policy Schedule for this cover. If the Policy Schedule shows any limit for any item, or category or groups of items, such limit is the maximum company will pay for that item.

Exclusions applicable to Section II:

The company does 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) Any deliberate, willful or intentional act or omission, or of anyone on Insured person's behalf, or with his 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
 - a. the pollution or contamination itself has resulted from an Insured Event, or
 - b. 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 Insured's Person 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) Costs, fees or expenses for preparing any claim.

B. Theft and Burglary:

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to cover the items purchased by the Insured Person with the payment instrument covered in the policy from loss due to burglary or theft from Insured person's home for number of days as specified in the Schedule from the date of purchase.

Specific Exclusions applicable to Section II

The Company will not pay for:

- 1) items Insured Person carried during a trip;
- 2) items that were lost or stolen from a vehicle;
- 3) any motor vehicle including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
- 4) any permanent fixtures
- 5) travelers cheque(s), cash, tickets of any kind, negotiable instruments, bullion, rare or precious coins or stamps, plants, animals, consumables, perishables and services;
- 6) art, antiques, firearms, and collectable items;
- 7) furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
- 8) items Insured Person has rented or leased;
- 9) used, rebuilt, refurbished, or remanufactured items at the time of purchase;
- 10) shipping and handling expenses or installation, assembly related costs;
- 11) items purchased for resale, professional, or commercial use;

- 12) losses that are caused by vermin, insects, termites, mold, wet or dry rot, bacteria or rust;
- 13) losses due to mechanical failure, electrical failure, software failure, or data failure including, but not limited to any electrical power interruption, surge, brownout or blackout, or telecommunications or satellite systems failure;
- 14) items damaged due to normal wear and tear, inherent product defect or normal course of play (such as, but not limited to sporting or recreational equipment);
- 15) items that Insured Person damaged through alteration (including cutting, sawing, and shaping);
- 16) items left unattended in a place to which the general public has access;
- 17) losses due to or related to nuclear, biological or chemical event.
- 18) Items lost, damaged or stolen from a place other than the Insured person's residence
- 19) Mobile, laptops, tabs, watches, Digital watches, Camera, Spectacles and items of similar nature unless specifically covered and mentioned in the policy schedule.

Specific Conditions applicable to Section II

- a. The damage or loss of the items must be within number of days as specified in the Schedule from the purchase date.
- b. Items given as gifts are included.
- c. The Company will decide whether to have the item repaired or replaced, or to reimburse (cash or credit) up to the amount charged to Insured Person not exceeding the original purchase price.
- d. If the item is part of a pair or set, Insured Person will only receive compensation for the value of the stolen or damaged item unless the articles are unusable individually and/or cannot be replaced individually; the theft or damage of an item that is part of a pair or set will be viewed as one occurrence and the coverage limitation still applies.
- e. Product rebates, discounts or money received from Price Protection will be deducted from the original cost of the item.
- f. For theft claims, Insured Person must provide an official police report regarding the incident to the Company within the required time frame.
- g. For damage claims, Insured Person may be required to send in the damaged item(s), at their expense, for further evaluation of Insured Person's claim.

Waiver of Underinsurance: Underinsurance does not apply to this section. Thus, if the Sum Insured is less than the actual value at risk, the difference will not affect the amount Company will pay under this section.

SECTION III: PRICE PROTECTION COVER

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay for the difference between the price insured person has paid for an item and a lower printed advertised price for the same item (same brand, make, model name and/or number) that has occurred and reported during the policy period.

Specific Exclusions applicable to Section III

The Company will not pay for:

- 1) any item with an original purchase price less than a price as mentioned in the policy schedule.
- 2) cash, travelers' cheque(s), transportation tickets, show tickets, securities and other negotiable instruments, bullion, stamps, lottery tickets or tickets to events, admission or entertainment;
- 3) art, antiques, firearms, and collectable items;
- 4) furs, jewellery, gems, precious stones and articles made of or containing gold (or other precious metals and/or precious stones);
- 5) any perishable item including food, beverages, tobacco and fuel;
- 6) pharmaceutical and other medical products, optical products and medical equipment;
- 7) customized/personalized, unique and one-of-a-kind items;
- 8) any items acquired illegally;
- 9) living animals and plants;
- 10) any motor vehicles including automobiles, boats and airplanes, and any equipment and/or parts necessary for their operation and/or maintenance;
- 11) land, permanent structures and fixtures (including but not limited to buildings, homes, dwellings, and building and home improvements);
- 12) any services Insured Person have purchased (including but not limited to the performance or rendering of labor or maintenance, repair or installation of products, goods or property, or professional advice of any kind);
- 13) Internet purchases or advertisements;
- 14) products purchased by a person not resident in India;
- 15) shipping and/or transportation costs or price differences due to shipping, handling costs and sales tax;
- 16) the price difference from an advertisement outside of India or in a Duty Free zone;
- 17) used, antique, recycled, previously owned, rebuilt, or remanufactured items, whether or not Insured Person knew the item was used, antique, recycled, previously owned, rebuilt, or remanufactured;

- 18) items advertised in or as result of "limited quantity," "going out-of-business sales," "cash only" or "close out" advertisements, items shown on price lists or price quotes, cost savings as a result of package offer, manufacturer's coupons, employees discount, or free items, or where the advertised price includes bonus or free offers, special financing, installation or rebate, or one-of-a-kind or other limited offers;
- 19) any price difference found with an item sold as a special deal available only to the members of specific organizations or anywhere not open to the public, such as clubs and associations, other than those available with Insured Person's card;
- 20) items purchased for resale, professional, or commercial use;
- 21) items advertised with rebate, redeemable manufacturer's coupon, or any refund of any sort, in which case Insured Person's purchase price will be determined by taking into account any such rebate or refund.

Specific Conditions applicable to Section III

- a. The lower price must be on a printed advertisement.
- b. The printed advertisement must be published within 30 days of Insured Person's purchase.
- c. Insured Person must contact about the claim within 7 days of printed advertisement.
- d. Claim payment on any claim will not include merchant's credit, discount and/or manufacturer's rebates, and shipping and handling fees.
- e. In no event will the Company pay more than the actual amount charged for the item.
- f. Payment for purchase of an item should be from the payment instruments stated in the policy

SECTION IV - FORGERY/COUNTERFEIT CHEQUES COVER

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to pay for a sum not exceeding the Sum Insured / Limit of Liability as mentioned in the Schedule, in the event of any debits being established against the Insured Person(s) or the loss suffered by the Insured Person(s) resulting from forgery or counterfeiting of cheques issued by a Banks. The section covers:

- 1) Fraudulent encashment of stolen/lost cheques of the Insured through forged endorsements and/or through forged alterations.
- 2) Counterfeit cheques.

Specific Exclusions applicable to Section IV

The Company will not be liable for loss or damage in following cases:

- 1) If the forged/ counterfeit cheque/s does not belong to the series of cheques issued to the Cardholder / Account

holder or customer

- 2) The forged/ counterfeit cheque/s is one which has been encashed or cleared earlier.
- 3) Forged/counterfeit cheques drawn on any co-operative Bank
- 4) Loss suffered on account of payment made in respect of cheques where payee Bank is a co-operative bank.
- 5) Payment made in respect of Non MICR cheques.

Specific Conditions applicable to Section IV

- 1) In the event of any loss, the Insured Person(s) shall produce a certificate, in support of the claim, from the drawee Bank confirming that the event of loss has happened /occurred.
- 2) Insured Person must report the loss to the Company / Card Issuer/ Bank within 24 hours after discovering the loss event. Insured Person must report the loss to Police Authority within 24 hours of discovering the loss event and having reported to the Company / Card Issuer / Bank.

SECTION V – CYBER LIABILITY COVER

DEFINITIONS

Any word or expression found in the Policy and Policy Schedule shall have these meanings, unless otherwise defined.

1. **Confidential Information** means any form of sensitive information not publicly available, whether or not marked as 'confidential'.
2. **Cyber Bullying** means any acts of:
 - i. harassment (including foster personal interaction repeatedly despite a clear indication of disinterest)
 - ii. intimidation
 - iii. illegitimate invasion of privacy (including monitoring the use of the internet, email or any other form of electronic communication) or
 - iv. threats of violence committed against Insured person over the internet.
3. **Cyber Incident** means any malicious act or malware occurring on Insured Person personal devices.
4. **Cyber Stalking** means the repeated use of electronic communications to harass or frighten someone.
5. **Data** means any digital information, irrespective of the way it is used, stored or displayed (such as text, figures, images, video, recordings or software).
6. **Data Breach** means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorized disclosure of or access to, personal data or confidential information transmitted, stored or otherwise processed on Insured Person's personal devices.

7. **DoS attack** means any malicious act causing total or partial disruption or unavailability of personal devices by an overloading stream of requests, including distributed denial-of-service attacks.
8. **Email Spoofing** means any forgery or wrongful manipulation of an email so that the receiver of such a message is misled to believe that the email is real and therefore trusts the faked origin of the message.
9. **Expert** means any person or legal entity appointed by or in consultation with the Company and/or the incident response provider (such as an IT, lawyer or public relations consultant).
10. **Family** means Insured Person, spouse, children, siblings, parents or parents-in-law, residing in the same household, maximum up to 4 in number.
11. **Hardware** means the physical components of any personal devices used to store, record, transmit, process, read, amend or control data.
12. **Insured Event** means any theft of funds, cyber incident affecting Insured Person's personal devices and their smart home, identity theft, cyber bullying, cyber stalking, financial loss due to online sale or online shopping and third-party claim.
13. **Legal Costs** means any costs, expenses and/or fees for experts, investigations, court appearances, surveys, examination and/or procedures that are necessary for civil, administrative and/or criminal proceedings. This does not include general expenses (such as salaries, transportation costs and overheads).
14. **Loss of Reputation** means any adverse effect on reputation of insured person due to a publication on the internet by a third party.
15. **Lost Wages** means any salary that was lost or not paid by Insured person's employer, solely as a result of any Insured Event. Computation of lost wages for self-employed persons must be supported by, and will be based on, prior year tax returns.
16. **Malicious act** means any unauthorized or illegal acts of a third party intending to cause harm to or to gain access to, or disclose data from personal devices through the use of any personal devices, computer system or computer network including the internet.
17. **Malware** means any unauthorized or illegal software or code (such as viruses, spyware, computer worms, trojan horses, rootkits, ransomware, keyloggers, dialers and rogue security software) designed to cause harm to or to gain access to or disrupt personal devices or computer networks.
18. **Non-Commercially** means Private sales, not through an owned web-shop and goods sold non-commercially and are not sold in bulk amounts.
19. **Online media activities** means any text, images, videos or sound distributed via Insured Person's website, social media presence or e-mail.
20. **Personal Data/ Information** means any information relating to a data subject who can be identified, directly or indirectly, in relation to other information (such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural or social identity of that natural person) as defined by applicable data protection laws.
21. **Personal Devices** means any devices (computers, laptops, tablets, mobile phones, etc.) used by the Insured for the purpose of creating, accessing, processing, protecting, monitoring, storing, retrieving, displaying or transmitting Data.
22. **Psychological assistance and treatment** means the involvement of an accredited psychiatrist, psychologist or counsellor chosen by Insured Person's discretion with the prior written consent of Us, not to be unreasonably withheld or delayed, to treat Insured Person for stress, anxiety or such similar medical conditions.
23. **Software** means any digital standard, customized or individual developed program, or application held or run by a personal device that comprises a set of instructions that are capable, when incorporated in a machine readable medium, of causing a machine with information processing capabilities to indicate, perform or achieve a particular function, task or result.
24. **Third Party** means any person or legal entity other than the Insured as stated in the Policy Schedule and his family members.

Operation of Cover:

Any Insured Event must be occurred during the Policy Period and reported to the Company and/or Insured within 30 days of such occurrence.

Any third party claim must first be made against Insured Person during the Policy Period and reported to the Company and/or Insured within 30 days of such occurrence.

Insured events arising from the same cause of action will be deemed to be one Insured Event, up to the Sum Insured as prescribed in the Policy Schedule.

A. INSURED EVENTS

1. Data Restoration / Malware Decontamination

The Company shall reimburse for any reasonable and necessary costs incurred by the involvement of an IT expert after a cyber-incident to restore Insured Person's data or to decontaminate or clean Insured Person's personal devices from malware, to the closest possible condition in which they were immediately before the cyber incident.

Specific Exclusion:

1. Loss or damage resulting from malware of disputable websites, such as pornographic websites
2. Loss or damage resulting from accessing application or website that are banned for usage as per

notification of any government authority.

2. **Replacement of Hardware**

The Company shall reimburse for any reasonable costs to replace Insured Person's personal devices if an IT expert involved by The Company has determined that the replacement of the entire or parts of the personal devices will be more efficient and economical than to restore Insured Person's data or to decontaminate or clean the personal devices after the occurrence of a cyber-incident.

The replacement devices shall have to be of similar quality as the personal devices to be replaced.

3. **Online Shopping**

The Company will reimburse for direct and pure financial loss due to transactions on the internet via payment card or digital payment wallet that Insured Person have been dishonestly induced to enter by a third party by electronic means to make a purchase of goods or services which are not delivered or rendered provided that insured person's card, wallet issuing entity or bank or online e-commerce sites refuses in writing to reimburse for transactions made as a result of the fraud.

Provided that card, wallet issuing entity or bank or including online e-commerce sites refuses in writing to reimburse Insured for transactions made as a result of the fraud

4. **Online Sales**

The Company will reimburse for direct and pure financial loss resulting from Insured Person selling goods non-commercially online to a dishonest or fraudulent third party buyer, where Insured Person have lost physical control of the goods but in return never have received due payment for such goods.

Provided that:

1. Insured Person should have made reasonable attempts to seek payment or recover the delivered goods from the third party buyer or other relevant parties

5. **Smart Home Cover**

The Company will reimburse for any reasonable and necessary costs incurred by the Insured Person for involvement of an IT expert after a cyber-incident to decontaminate and restore Insured Person's smart home systems and devices, to the closest possible condition in which they were immediately before the cyber incident.

6. **Cyber Bullying, Cyber Stalking and Loss of Reputation**

1. The Company will indemnify for any reasonable and necessary costs incurred by Insured Person for civil proceedings against a third party for committing cyber bullying or cyber stalking against Insured person.

2. In case of an evident and significant loss of reputation caused by cyber bullying or cyber stalking, the Company will indemnify for any reasonable and necessary costs and expenses for an expert to manage and restore Insured Person reputation

3. The Company will indemnify for all reasonable fees, costs and expenses incurred by insured person for a necessary his/her relocation to another educational institution due to a significant and on-going cyber bullying or cyber stalking, provided that the relocation was recommended by an expert or relevant authorities
4. The Company will indemnify for all reasonable fees, costs and expenses of psychological assistance and treatment resulting from cyber bullying or cyber stalking.

7. **Social Media and Media Liability**

The Company will pay any sum for which Insured Person is legally liable including legal cost arising from a third party claim for any unintentional:

- i. breach of copyright, title, slogan, trademark, trade name, service mark, service name or domain name, or
- ii. breach or interference of privacy rights resulting from Insured Person online media activities including activities in social media.

Specific exclusion

Any liability arising out of any political, gender, cast, racist and religious statements.

Provided that,

Insured Person reports immediately to The Company, the Insured, card issuer or bank or other relevant entity, card issuer or bank or other relevant entity on receipt of any such notice that may lead to a third party claim.

8. **Network Security Liability**

The Company will pay any sum for which Insured Person is legally liable including legal cost arising from a third party claim for a cyber-incident on Insured Persons personal devices that Insured Person failed to prevent and which has caused damage, alteration, destruction or theft of data or a DoS attack on third parties' computer systems.

Provided that,

Insured Person report to The Company, card issuer or bank or other relevant entity on receipt of any such notice that may lead to a third party claim.

9. **Privacy Breach and Data Breach Liability**

The Company will pay any sum for which Insured Person is legally liable including legal cost arising from a third party claim for any unintentional data breach relating to confidential information or personal data of a third party.

Provided that,

Insured Person report to The Company, card issuer or bank or other relevant entity immediately inform on receipt of any such notice that may lead to a third party claim.

10. Privacy Breach and Data Breach by Third Party

The Company will reimburse for legal costs incurred for claims for damages filed by Insured Person against a third party for data breach relating to Insured Persons confidential information or personal data, provided the third party has communicated in writing to Insured Person or has acknowledged publicly by electronic or print media the occurrence of a data breach of Insured Persons confidential information or personal data.

Provided that,

Insured Person reports to Insured and the Company before initiating any legal process of any data breach relating to Insured Persons confidential information or personal data.

11. Liability arising due to Underage Dependent Children

The Company will pay for any sums for which Insured Person are legally liable including legal cost arising from a third party claim for:

i. a cyber incident resulting from online activities on Insured Person's personal devices by an underage person (i.e. an age below 18 years) who is a family member that Insured Person failed to prevent and which has caused damage, alteration, destruction or theft of data or a DoS attack on third parties' personal devices

ii. for any intentional:

- a. breach of copyright, title, slogan, trademark, trade name, service mark, service name or domain name, or
- b. breach or interference of privacy rights, resulting from online media activities - including media activities in social media - of an underage person (i.e. an age below 18 years) who is a family member.

Provided that,

Insured person immediately inform Company on any such cyber incidence or legal notice resulting from online media activities of underage family member.

Specific exclusion:

Any liability arising out of any political, gender, cast, racist and religious statements

ADD-ON COVERS

A. DEFINITIONS

Definitions applicable to Section VI (Health), Section VII (Group Travel Insurance) & Section IX (Wellness Services) of the Policy

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
- 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. **Deductible** means a cost-sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured. The deductible is applicable under the Policy on per claim basis, as specified in the Policy Schedule / Certificate of Insurance.

Def. 12. **Dental Treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

Def. 13. **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. 14. **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. 15. **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. 16. **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. 17. **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. 18. **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. 19. **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. it recurs or is likely to recur

Def. 20. **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. 21. **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. 22. **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. 23. **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. 24. **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. 25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.

Def. 26. **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. 27. **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. 28. **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. 29. **Medical Practitioner** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. 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.

- Def. 30. **New-born Baby** means baby born during the Policy Period and is Aged up to 90 days
- Def. 31. **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. 32. **Non Network** means any Hospital, Day Care Centre or other provider that is not part of the Network
- Def. 33. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 34. **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. 35. **Pre-existing disease** means any condition, ailment, injury or disease:
- 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
 - 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. 36. **Pre-hospitalization Medical Expenses** means Medical Expenses incurred during pre-defined number of days preceding the Hospitalization of the Insured Person, provided that:
- Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 37. **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:
- Such Medical Expenses are for the same condition for which the insured person's Hospitalization was required, and
 - The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- Def. 38. **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. 39. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.
- Def. 40. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses
- Def. 41. **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. 42. **Subrogation** means the right of the insurer to assume the rights of the insured person to recover expenses paid out under the policy that may be recovered from any other source.
- Def. 43. **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. 44. **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.

II. Specific Definitions

- Def. 1. **Accumulation Limit** means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Accumulation Limit is exceeded, the Accumulation Limit amount will be distributed on a proportional basis to all Insured Persons, taking into account the maximum Sums Insured per Benefit and per Insured Person.
- Def. 2. **Age or Aged** means completed years as at the Policy Commencement Date.
- Def. 3. **Alternative treatments** means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha, Homeopathy, Yoga & Naturopathy in the Indian context.
- Def. 4. **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. 5. **Assistance Provider** means the assistance company with whom the Company contracts, as an independent contractor, to provide travel-related

- emergency assistance services.
- Def. 5. **AYUSH Treatment** refers to hospitalisation treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- Def. 6. **Bank** means a bank or any financial institution
- Def. 7. **Bodily Injury** means physical, external, Accidental bodily injury occurring suddenly in time and resulting solely and independently of any other cause or any physical defect or infirmity existing before the Period of Insurance.
- Def. 8. **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. 9. **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. 10. **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. 11. **Catastrophic event** means any Act of God such as earthquake, earth-tremor, volcanic eruption, flood, storm, tempest, typhoon, hurricane, tornado or cyclone.
- Def. 12. **Civil War** means armed opposition, whether declared or not, between two or more parties belonging to the same country where the opposing parties are of different ethnic, religious or ideological groups. Included in the definition: armed rebellion, revolution, sedition, insurrection, Coup d'Etat, the consequences of Martial law.
- Def. 13. **Close Business Associate** means:
- a) a business associate not a fellow employee of the Insured Person where the business relationship with the Insured Person is continuous and reliant on each other for the
- Insured Person's business, or
- b) a business companion who travels with the Insured Person for the same business purpose, and whose presence is necessary for the Insured Person's business, or
 - c) a fellow employee of the Insured Person.
- Def. 14. **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. 15. **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. 16. **Commencement Date** means the date and time from which the insurance cover under this Policy begins. It is shown in the Policy Schedule.
- Def. 17. **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. 18. **Common Carrier** means any land, sea or air conveyance operated under a licence issued by a governmental authority having jurisdiction, for the transportation of fare paying passengers and which has fixed, established routes only.
- Def. 19. **Company** means HDFC ERGO General Insurance Company Limited.
- Def. 20. **Compensation** means Sum Insured, Total Sum Insured or percentage of the Sum Insured, as appropriate.
- Def. 21. **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. 22. **Date of Loss:**
- a. for Accident means the date of the Accident.

- b. for all other benefits means the date the event happened that leads to an alleged claim.
 - c. for Sickness means the first date of diagnosis or the date the Insured Person first became aware of the Sickness.
- Def. 23. **Day** means a continuous period of twenty-four (24) hours.
- Def. 24. **Dependents** means only the family members listed below:
- Your spouse or husband
 - 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;
 - Your natural parents or parents that have legally adopted You, and Your parent in laws
- Def. 25. **Dependent Child** refers to a child (natural or legally adopted or child from a previous marriage) of an Insured Person or the Spouse of an Insured Person, who is between the ages of three (3) months and up to and including the age of eighteen (18) years, or up to and including the age of twenty-five (25) years if in full time education at an accredited tertiary institution and does not have his / her independent sources of income
- Def. 26. **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. 27. **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. 28. **Family Floater** means a Policy described as such in the Policy Schedule where under 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. 29. **Family Accumulation Limit** means the maximum amount payable by the Company in respect of any one Accident, irrespective of the number of Insured Persons from the same Immediate Family involved in such Accident. In the event that an Accident occurs which results in insurable losses under this Policy and which ordinarily would mean that the Family Accumulation Limit is exceeded, the Family Accumulation Limit amount will be on a proportional basis to all Insured Persons from the same Immediate Family, taking into account the maximum Sums Insured per Benefit and per Insured Person.
- Def. 30. **Foreign War** means armed opposition, whether declared or not between two countries.
- Def. 31. **Franchise** means an amount stated in the Policy Schedule / Certificate of Insurance as a percentage or a fixed amount for which the Company will not be responsible if the claim falls below such percentage or fixed amount, or a period of time for which the Company will not be responsible unless the period of time has expired.
- Def. 32. **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. 33. **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. 34. **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. 35. **Immediate Family / Immediate Family Member** means an Insured Person's Spouse; children; children-in-law; siblings; siblings-in-law; parents; parents-in-law; grandparents; grandchildren; legal guardian, ward; step or adopted children; step-parents; aunts, uncles; nieces, and nephews, who reside in the same country as the Insured Person. (Applicable to Section VI only)
- Def. 36. **Insured Person** means the Person/s who has/have purchased Insurance Cover under this Policy.
- Def. 37. **Insured Property** means Insured's Home Building and Home Contents, or any item of property covered by this Policy.
- Def. 38. **Insured Journey** means a trip commencing during the Period of Insurance. The Company agrees to continue the insurance for an Insured Person who commences an Insured Journey before the Policy Expiration Date, on the proviso that premium has been paid for such Insured Journey and the return trip is within the period as defined in the Policy Schedule / Certificate of Insurance after the Insured Journey commences.

- Def. 39. **Operative Time** means the time that the insurance is effective as stated on the Policy Schedule / Certificate of Insurance.
- Def. 40. **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. 41. **Kutch 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. 42. **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. 43. **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. 44. **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. 45. **Market Value** means Replacement Value less depreciation.
- Def. 46. **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. 47. **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. 48. **HDFC ERGO Mobile App** is proprietary App of HDFC ERGO General Insurance Company. With this App you can:
- o 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.
 - o 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.
 - o 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. 49. **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. 50. **Personal Effects** means clothing, spectacles, umbrellas, footwear, etc.
- Def. 51. **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. 52. **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. 53. **Policy Holder** means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 54. **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. 55. **Policy Year** means a year following the Coverage Commencement Date and its subsequent annual anniversary.

Def. 56. **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. 57. **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. 58. **Pucca Construction** means construction other than Kutcha Construction.

Def. 59. **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. 60. **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. 61. **Single Article** is defined as one distinct physical object having an independent economic value

Def. 62. **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. 63. **Specified Items** means jewellery, curios, antiques, pictures and other works of art, collection of stamps,

coins and medals

Def. 64. **Spouse** means an Insured Person's husband or wife who is recognised as such by the laws of the jurisdiction in which they reside.

Def. 65. **Sum Insured** (Applicable to Section VI "Health") means the sum shown in the Policy Schedule/ Certificate of Insurance 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.

Def. 66. **Sum Insured** (Applicable to Section VII 'Group Travel Insurance') means the amount stated in the Table of Benefits in the Policy Schedule / Certificate of Insurance as the Total Sum Insured, or limited to the specific insurance details in any Section of this Policy.

The amounts shown in the Policy Schedule / Certificate of Insurance are the Total Sums Insured for each Insured Person for the particular benefit shown, subject at all times to the terms and conditions of the Policy, including but not limited to the exclusions and any additional limitations noted in the wording of each Section.

The Total Sum Insured is a sublimit of liability. It is part of, and not in addition to the Accumulation Limit stated in the Policy Schedule / Certificate of Insurance, if any. It further reduces, and does not increase, the Accumulation Limit stated in the Policy Schedule / Certificate of Insurance.

Def. 67. **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. 68. **Terrorism** means activities against persons, organisations or property of any nature:

- 1) that involve the following or preparation for the following:
 - a) use or threat of force or violence; or
 - b) commission or threat of a dangerous act; or
 - c) commission or threat of an act that interferes with or disrupts an electronic, communication, information or mechanical system; and
- 2) when one or both of the following applies:
 - a) the effect is to intimidate or coerce a government or the civilian population or any segment thereof, or to disrupt any segment of the economy; or

- b) it appears that the intent is to intimidate or coerce a government, or to further political, ideological, religious, social or economic objectives or to express (or express opposition to) a philosophy or ideology.

Def. 69. **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. 70. **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. 71. **Total Number of Travel Days** means the maximum number of days insured under the Policy.

Def. 72. **We/Our/Us** means The HDFC ERGO General Insurance Company that has provided Insurance Cover under this Policy; of the Company.

Def. 73. **You/Your/Insured** means the Insured Person/s who has/have purchased Insurance Cover under this Policy; of such Insured Person/s.

Def. 74. **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. 75. **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 (Applicable to Section VI (D))

I. Standard Definitions related to Critical illness

Def. 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.

Def. 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

Def. 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.

Def. 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.
- Def. 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.
- Def. 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
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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.
- Def. 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 Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
 - 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.
- Def. 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.
- Def. 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.

Def. 20. End Stage Lung Failure

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

- a. FEV1 test results consistently less than 1 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 ($\text{PaO}_2 < 55\text{mmHg}$); and
- d. Dyspnea at rest

Def. 21. Major Head Trauma

- a. 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.
- b. 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.
- c. The Activities of Daily Living are:

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

- d. The following are excluded:

- i. Spinal cord injury;

II. Specific Definitions Related to Critical Illness

Def. 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 at least 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.

Def. 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.

Def. 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.

Def. 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.

Def. 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

Def. 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.

Def. 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.

Def. 8. Systemic Lupus Erythematos 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 Erythematos will be restricted to those forms of systemic lupus Erythematos 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 Mesangial Lupus Glomerulonephritis
- Class III Focal Segmental Proliferative Lupus Glomerulonephritis
- Class IV Diffuse Proliferative Lupus Glomerulonephritis
- Class V Membranous Lupus Glomerulonephritis

Def. 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.

Def. 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:

- Absolute neutrophil count of less than 500/mm³ or less
- Platelets count less than 20,000/mm³ or less
- Reticulocyte count of less than 20,000/mm³ or less

III. Temporary or reversible Aplastic Anemia is excluded.

Def. 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:

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

II. Bacterial Meningitis in the presence of HIV infection is excluded.

Def. 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.

Def. 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).

Def. 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.

Def. 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.

Def. 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:

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

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

Def. 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:

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

Def. 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:

- I. 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.

Def. 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.

Def. 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.

Def. 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.

Def. 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.

Def. 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.

Def. 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

Def. 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.

Def. 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.

Def. 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.

Def. 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:
- Stricture formation causing intestinal obstruction requiring admission to hospital, and
 - Fistula formation between loops of bowel, and
 - 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.

Def. 29. Severe Rheumatoid Arthritis

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
- Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
 - Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa;
 - Mobility: the ability to move indoors from room to room on level surfaces;
 - Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - Feeding: the ability to feed oneself once food has been prepared and made available.
 - 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.

Def. 30. Severe Ulcerative Colitis

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

Def. 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:

- Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
 - Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)
- For the above definition, following is not covered
- Insertion of Defibrillator without Cardiac Arrest
 - Cardiac arrest Secondary to alcohol or Drug Misuse
 - Cardiac arrest due to Injury or Accident resulting in Insured Person's death.

SECTION VI – HEALTH

A. Personal Accident

A1. Accidental Death

- i. Coverage

We will pay the Sum Insured, as specified in the Schedule of Coverage on Policy Schedule, 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 or;
- 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, the Company 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 A1 – 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.

A2. Permanent Disablement

i. 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, the Company 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 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)	Big – one joint	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)	Big – one joint	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%

ii. Terms and Conditions applicable to Cover A2 – 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 BaseSum Insured shown in the Table of Benefits subject to maximum of Sum Insured.

Exclusions applicable to Covers A1 & A2 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

B. 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

C. 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. Anaesthesia, 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.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to In-patient care AYUSH treatment sustained due to an Injury are also covered under 'Accidental Hospitalization Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

b. Special Conditions applicable to Accidental Hospitalization Expenses

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

- i. 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.

c. 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.
 - xii. 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.
 - xiii. 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.
 - xiv. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code– Excl12
 - xv. 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
 - xvi. 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
 - xvii. 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
 - xviii. Congenital external diseases, defects or anomalies,
 - xix. Stem cell harvesting.
 - xx. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
 - xxi. Treatment taken on Outpatient basis
 - xxii. 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.

D. 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 fulfilment 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**

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.

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

E. 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 Schedule:

- 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.

F. General Conditions

I. Standard General Conditions

1. Complete Discharge

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

2. 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

3. Portability

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.

II. Specific General Conditions

1. Loadings

- 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.

2. Endorsements (Applicable to this section)

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

G. Claims Procedure

Claim Intimation	<p>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.</p>
Particulars to be provided to Us for Claim notification	<ol style="list-style-type: none"> 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
Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.	<ol style="list-style-type: none"> 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.

	<p>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)</p> <p>12. Other necessary document as required by the Company</p> <p>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.</p>	<p>Process for obtaining Pre-Authorization</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> <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>Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or</p> <p>Reject the request for pre-authorization specifying reasons for the rejection.</p>
Claims documents to be submitted for Accidental Death	<p>1. Medical Practitioner's Report</p> <p>2. Medico Legal Certificate</p> <p>3. Death certificate</p> <p>4. Post mortem if conducted/FSL (Forensic science laboratory) report – To check for drug abuse/intoxication</p> <p>5. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</p>	<p>1. List of documents for Reimbursement Claims</p> <p>i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by Hospital).</p> <p>ii. Government Approved Photo ID & Age Proof</p> <p>iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents</p> <p>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.</p> <p>v. Discharge Card / Day Care Summary / Transfer Summary</p> <p>vi. Final hospital bill with all deposit and final payment receipt and refund receipt(s), if advance amount refunded</p> <p>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.</p> <p>viii. All previous consultation papers indicating history and treatment details for current illness and advice for current hospitalization.</p> <p>ix. All diagnostic reports (including imaging and laboratory) along with prescription by Medical Practitioner and invoice / bill with receipt from diagnostic centre</p> <p>x. All medicine / pharmacy bills along with prescription by Medical Practitioner</p> <p>xi. MLC / FIR Copy – in Accidental cases only</p> <p>xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.</p>	
Claims documents to be submitted for Permanent Disablement	<p>1. Medical Practitioner's Report</p> <p>2. Medico Legal Certificate</p> <p>3. Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;</p> <p>4. Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability;</p> <p>5. Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable.</p> <p>6. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement.</p> <p>7. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.</p>		
Particulars to be provided for pre-authorization	<p>1. Policy Number</p> <p>2. Name of the Insured person(s) named in the Policy schedule availing treatment</p> <p>3. Nature of disease/Illness/Injury</p> <p>4. Name and address of the attending Medical Practitioner/Hospital</p> <p>5. Date of admission & probable date of discharge</p> <p>6. Approximate Claim Expenses</p> <p>Any other relevant information as required</p>		

- 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

Contact Us

	Within India
Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email:healthclaims@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.

SECTION VII – GROUP TRAVEL INSURANCE

PART – A

A. CHECKED BAGGAGE LOSS – INDEMNITY BASED

If, during the Period of Insurance, the Baggage, Personal Documents and/or Personal Effects that have been checked in on the same Common Carrier as a travelling Insured Person, are damaged or lost, then the Company will reimburse the Insured Person cost of replacement of the baggage and/or articles as per the terms mentioned in the Policy Schedule / Certificate of Insurance. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- 1) All claims will be subject to the Company assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- 2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

Specific Definitions

- 1) Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence.

Specific Claims Provisions

In the event of a claim the Insured Person must:

- 1) give immediate written notice:
 - a) to the relevant Common Carrier in the event of loss or damage in transit;
 - b) to the relevant police authority in the event of loss or theft;
- 2) submit a copy of the relevant Common Carrier or police report when a claim is made;
- 3) obtain a Common Carrier or police report where the loss occurred;
- 4) in the event of loss by a carrier, retain original tickets

- and baggage slips and submit them when a claim is made;
- 5) submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
 - 6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made.

For purposes of any claim hereunder:

- 1) a pair of skis, ski boots and accessories shall be regarded as one item;
- 2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
- 3) the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

- 1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
- 2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.
- 3) destruction or damage due to wear and tear, moth or vermin.
- 4) baggage, clothing and personal effects dispatched as unaccompanied baggage.
- 5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
- 7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
- 8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
- 10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.
- 11) a claim involving animals.

- 12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
- 13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
- 14) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 15) Computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipments.
- 16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

B. BAGGAGE DELAY – INDEMNITY BASED

If, during the Period of Insurance, the baggage and/or personal effects owned by or in the custody of an Insured Person is delayed or misdirected for more than the Deductible stated in the Policy Schedule/ Certificate of Insurance, then the Company will reimburse the insured person the cost of necessary personal effects up to the Sum Insured stated in the Policy Schedule/ Certificate of Insurance.

Specific Conditions

- 1) The baggage and/or personal effects must have been checked in as registered baggage by the airline operating under a licence issued by a governmental authority having jurisdiction for the transportation of fare paying passengers on fixed established routes, for any benefit to be payable under this Section.
- 2) If upon further investigation it is later determined that the baggage and/or personal effects has been lost, then any amount claimed and paid to an Insured Person under the Baggage Delay Section will be deducted from any payment under the Baggage Loss Section.
- 3) An Insured Person shall exercise all reasonable measures and precautions for the safety of, and recovery of, any property insured hereunder. Notification of any apparent delay to baggage must be made immediately to the airline concerned.
- 4) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Exclusions

The Company will not indemnify the Insured Person for delayed baggage as a result of the following:

- 1) chartered flights, unless such flights are registered in the International Data System.

- 2) confiscation of baggage by customs or any government authority.
- 3) purchases made after arriving in the final destination mentioned on the airline ticket.
- 4) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 5) delays due to a strike or industrial action existing or announced before the start of the journey.
- 6) delays due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.
- 7) any delays of the return journey.

C. LOSS OF BAGGAGE & PERSONAL DOCUMENTS – INDEMNITY BASED

If, during the Period of Insurance, the Baggage, Personal Documents owned by or in the custody of an Insured Person are damaged or lost, then the Company will reimburse the Insured Person the cost of replacement of the baggage and/or articles as per the terms mentioned in the Policy Schedule / Certificate of Insurance. The Deductible, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- 1) All claims will be subject to the Company assessing the value of the claim based on the age and estimated wear and tear of the article that forms the basis of the claim.
- 2) If applicable and if payment has been made under the Baggage Delay Section, any amounts paid would be deducted from payment of a claim under this Section of the Policy.

Specific Definitions

- 1) Personal Documents means an Insured Person's identity card (if applicable), ration card, voter identity card, passport, driving licence and car licence. Per article limit shall apply as mentioned in the Policy Schedule/ Certificate of Insurance to each Personal Documents.

Specific Claims Provisions

In the event of a claim the Insured Person must:

- 1) give immediate written notice:
 - a) to the relevant Common Carrier in the event of loss or damage in transit;
 - b) to the relevant police authority in the event of loss or theft;
- 2) submit a copy of the relevant Common Carrier or police report when a claim is made;
- 3) obtain a Common Carrier or police report where the loss occurred;

- 4) in the event of loss by a Common Carrier, retain original tickets and baggage slips and submit them when a claim is made;
- 5) submit original purchase receipts in the event of claims regarding goods purchased during the Insured Journey; and
- 6) for claims involving jewellery, submit original or certified copies of valuation certificates issued prior to the commencement of the Period of Insurance, when a claim is made.

For purposes of any claim hereunder:

- 1) a pair of skis, ski boots and accessories shall be regarded as one item;
- 2) bottles of perfume, aftershave, and make up shall together be regarded as one item;
- 3) the equipment and accessories of any sport that an Insured Person takes on a trip shall be regarded as one item.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

- 1) loss of cash, bank or currency notes, cheques, debit or credit cards or unauthorised use thereof, postal orders, travellers cheques, travel, tickets, securities of any kind and petrol or other coupons.
- 2) mechanical or electrical breakdown or derangement or breakage of fragile or brittle articles, or damage caused by such breakage unless caused by fire or by Accident to the conveying vehicle.
- 3) destruction or damage due to wear and tear, moth or vermin.
- 4) baggage, clothing and personal effects dispatched as unaccompanied baggage.
- 5) theft from a motor vehicle unless the property is securely locked in the boot and entry to such vehicle is gained by visible, violent and forcible means.
- 6) loss or damage to sports equipment whilst in use, contact lenses, samples, tools.
- 7) for loss, destruction, or damage due to delay, confiscation or detention by order of any government or Public Authority.
- 8) for loss, destruction or damage directly occasioned by pressure waves, caused by aircraft or other aerial devices travelling at sonic or supersonic speeds.
- 9) for loss, destruction or damage caused by any process of cleaning, dyeing, repairing or restoring.
- 10) for loss, destruction, or damage caused by atmospheric or climatic conditions or any other gradually deteriorating cause.

- 11) a claim involving animals.
- 12) loss, including but not limited to loss by theft, or damage to vehicles or other accessories.
- 13) for any loss that is not reported either to the appropriate police authority or transport carrier within twenty four (24) hours of discovery or if the carrier is an airline if a property irregularity report is not obtained.
- 14) baggage and/or personal effects sent under an airway-bill or bill of lading.
- 15) computer equipment, mobile phones, tablets, ipods, laptops, cameras, musical instruments, radios and portable radio/cassette/compact disc players and other personal electronic equipments.
- 16) contact lenses, glasses, hearing aids or bridges or dentures for a tooth or teeth.

D. MISSING OF CONNECTING FLIGHT DURING TRANSIT – INDEMNITY BASED

The Company hereby agrees subject to the terms, conditions and exclusions herein contained or otherwise expressed herein, to compensate the Insured Person(s) a sum not exceeding the Sum Insured / Limit of Liability, unless otherwise agreed by the Company, in the event the Insured fails to take a connecting flight of an Airline due to the delay in arrival of another flight in which the Insured is travelling. The Company pays for the following expenses

Additional Transportation costs to join the trip (must be same class of original tickets purchased) upto the maximum Sum Insured / Limit of Liability as mentioned in the Policy Schedule/ Certificate of Insurance.

Specific Conditions

Subject to the other terms and conditions contained in this Policy, the Company shall be liable to pay the claim under this Section only if:

1. The Insured Person(s) has actually boarded the first flight.
2. The Insured misses his/her connecting flight solely due to the delay in arrival of another flight in which the Insured is travelling.
3. Incase geographical scope is chosen as international (out of India) then there should be a minimum 6 hour delay in arrival of flight in which the Insured is travelling for this benefit to trigger.
4. Incase geographical scope is chosen as domestic (restricted to India) then there should be a minimum 3 hour delay in arrival of flight in which the Insured is travelling for this benefit to trigger.
5. If the Insured Person(s) receives any form of compensation from the common carrier, that will be adjusted against any compensation under this section.

E. HIJACKING

If during the Period of Insurance an Insured Person is travelling on board a Common Carrier which is Hijacked, then the Company agrees to pay to the Insured Person the Compensation stated in the Policy Schedule/ Certificate of Insurance for every six (6) continuous hours upto the maximum number of hours as mentioned in the Policy Schedule/ Certificate of Insurance.

Specific Definitions

- 1) Hijacked means the unlawful seizure or wrongful exercise of control of a Common Carrier, or the crew thereof.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

- 1) any claim caused by civil authority.

F. FLIGHT DELAY – INDEMNITY BASED

If during the Period of Insurance, the flight on which an Insured Person is due to travel is delayed in excess of the Deductible, then the Company agrees to reimburse up to the amount stated in the Policy Schedule/ Certificate of Insurance, for essential purchases, such as meals, refreshments or other related expenses directly resulting from the:

- 1) delay of the Insured Person's booked and confirmed flight.
- 2) late arrival of the Insured Person's connecting flight causing the Insured Person to miss his or her onward connection.

Specific Conditions

- 1) If the Insured Person receives any form of compensation from the Common Carrier in the form of vouchers, tickets or coupons, then these items will be surrendered to the Company.

Specific Claims Provisions

- 1) All claims must be reported to the Company and must contain:
 - a) the Policy number.
 - b) detailed circumstances of the delay.
 - c) a copy of declaration of delay made by the public transport company (other than an airline).
 - d) all receipts, all invoices serving as proof of purchases made in connection with the flight delay, as well as proof of the delay and the flight number and place where the delay occurred.

Specific Exclusions

The Company shall not be liable for any claim:

- 1) arising or as the result of chartered flights, unless such flights are registered in the International Data System.
- 2) if comparable alternative transport has been made available within six (6) hours after scheduled departure time or within six (6) hours of an actual connecting flight arrival time.
- 3) if an Insured Person fails to check-in according to the itinerary supplied, unless it is due to a strike.
- 4) if the delay is due to a strike or industrial action existing or announced before the start of the journey.
- 5) if the delay is due to withdrawal of aircraft from service by any civil aviation authority of which notice had been given before the start of the journey.

G. EMERGENCY MEDICAL EXPENSES

If, during the Period of Insurance, an Insured Person sustains Bodily Injury or sudden unexpected Sickness, then the Company will reimburse the Insured Person the necessary Reasonable and Customary Charges necessary Reasonable and Customary Charges, incurred within twelve (12) months from the Date of Loss up to the Sum Insured stated in the Policy Schedule. The Deductible or Franchise, if applicable, shall be deducted from the Compensation payable.

Specific Conditions

- 1) Medical Expenses shall include and be limited to the following services:
 - a) Room rent for semi private Hospital room and board, use of the operating room, emergency room, and Ambulatory Medical Centre.
 - b) fees of Physicians.
 - c) Medical Expenses, in or out of Hospital, including: laboratory tests, ambulance service (to or from the Hospital), prescription medicines or drugs, therapeutics, anaesthetics (including administration of anaesthetics), transfusions, artificial Limbs or eyes (excluding repair or replacement of these items), x-rays, prosthetic appliances.
 - d) charges for a registered nurse (R.N).
- 2) In case of admission to a room of a higher category than mentioned herein, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at the 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. This condition is not applicable for Associated Medical Expenses in respect of Hospitals where differential billing for such Associated Medical Expenses is not followed based on Room Rent.

Note pertaining specifically to AYUSH Treatments only:

Medical expenses pertaining only to In-patient care AYUSH treatment sustained due to an Injury are also covered under 'Accidental Hospitalization Expenses' cover if undertaken in an AYUSH Hospital. However, any medical expense other than In-patient care AYUSH treatment expenses are not covered under this cover.

Specific Definitions

- 1) Ambulatory Medical Centre means a licensed facility providing ambulatory surgical or medical treatment, other than a Hospital, clinic or Physician's office.
- 2) 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.

Specific Exclusions

The Company shall not be liable to pay any benefit in respect of any Insured Person for:

- 1) any Medical Expenses incurred where an Insured Journey is undertaken against the advice of a qualified licensed medical practitioner.
- 2) any Medical Expenses incurred when the specific purpose of a journey is to receive medical treatment or advice.
- 3) any Medical Expenses incurred within the territorial limits that are not stated in the Policy Schedule / Certificate of Insurance.
- 4) any medical treatment, drugs or medicines, prescribed or applied, before the Period of Insurance.
- 5) any dental work.

H1. ACCIDENTAL DEATH

We will pay the Sum Insured, as specified in the 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 or;
- 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 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 Policy Schedule.

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

In respect to Comatose, Accidental Death benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

H2. ACCIDENTAL DEATH - AIR

We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance., if the Insured Person riding as a fare paying passenger in a Air Common Carrier sustains Injury due to an Air 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 an Air carrier in which the Insured Person was known to be a fare paying passenger during Period of Insurance or;
- 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 Air Accident under the Policy.

If at any time, after the payment of the Accidental death - Air 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 riding as a fare paying passenger

in a Air Common Carrier sustains Injury due to an Air Accident during Period of Insurance which 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 Policy Schedule / Certificate of Insurance.

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

In respect to Comatose, Accidental Death - Air benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

H3. ACCIDENTAL DEATH - ROAD

We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance., if the Insured Person sustains Injury due to a Road 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 Road carrier in which the Insured Person was aboard during Period of Insurance or;
- 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 Road Accident under the Policy.

If at any time, after the payment of the Accidental death - Road 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 the Insured Person sustains Injury due to an Road Accident during the Period of Insurance which 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 Policy Schedule/ Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this 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.

In respect to Comatose, Accidental Death – Road benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule / Certificate of Insurance.

H4. ACCIDENTAL DEATH - RAIL

We will pay the Sum Insured, as specified in the Policy Schedule/ Certificate of Insurance., if the Insured Person riding as a fare paying passenger in a Rail Common Carrier sustains Injury due to a Rail 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 Rail carrier in which the Insured Person was known to be a fare paying passenger during Period of Insurance or;
- 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 Rail Accident under the Policy.

If at any time, after the payment of the Accidental death – Rail 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 riding as a fare paying passenger in a Rail Common Carrier sustains Injury due to a Rail Accident during Period of Insurance which 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 Policy Schedule / Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this 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.

In respect to Comatose, Accidental Death – Rail benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule/ Certificate of Insurance.

H5. ACCIDENTAL DEATH – ALL COMMON CARRIER

We will pay the Sum Insured, as specified in the Policy

Schedule/ Certificate of Insurance, if the Insured Person riding as a fare paying passenger in a Common Carrier sustains Injury due to an Accident of the Common carrier 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 Common carrier in which the Insured Person was known to be a fare paying passenger during Period of Insurance or;
- 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 of the Common Carrier under the Policy.

If at any time, after the payment of the Accidental death – All Common Carrier 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 riding as a fare paying passenger in a Common Carrier sustains Injury due to an Accident of the Common Carrier during Period of Insurance which 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 Policy Schedule/ Certificate of Insurance.

Any claim amount admissible/paid during the year will reduce the Sum Insured payable for this 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.

In respect to Comatose, Accidental Death – Common Carrier benefit Sum Insured is restricted to 25%, unless otherwise specified in the Policy Schedule/ Certificate of Insurance.

Exclusions applicable to Sections – H1, H2, H3, H4 and H5

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 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

IV. KEY REPLACEMENT

If during the Period of Insurance an Insured Person sustains Bodily Injury or Sickness resulting in the Insured Person being hospitalised the minimum number of days mentioned in the Policy Schedule/ Certificate of Insurance or having to be repatriated, then the Company agrees to pay for a round trip economy class air ticket or a first class train ticket up to the Total Sum Insured stated in the Policy Schedule/ Certificate of Insurance for a replacement of a Close Business Associate as designated by the Policyholder to continue the Insured Person's mission, on the provision that the Insured Journey was for business purposes only.

J. HOME PROTECTION COVER

This cover shall indemnify the Insured Person for claims made in respect of loss of or damage to contents of the Insured Person's home in India (located at the address mentioned in the Policy Schedule/ Certificate of Insurance) caused by actual or attempted Burglary and/or Robbery during the Period of Insurance. The

company's liability will be limited to the Sum Insured specified in the Policy Schedule/ Certificate of Insurance. The cover excludes loss or damage to jewellery and valuables.

K. HOLE IN ONE

The Company shall pay the Lump sum amount as specified in the Policy Schedule/ Certificate of Insurance to the Insured Person for expenses incurred in celebration of achieving a hole-in-one by the Insured Person during the trip falling under Period of Insurance, anywhere in the world, in a golf course recognized/ certified by United States Golfers' Association (USGA) / PGA / other International Golf Associations

The Claim Payment shall be subject to the full compliance with the terms and conditions and the rules of the tournaments conducted / certified by PGA / United States Golfers' Association (USGA) / Other International Golf Associations.

Specific Exclusions

1. Claims where the player has not been listed as a Participant in the Tournament.
2. Claims originating on a non-Target Hole.
3. Any claims where the Hole in One has not been correctly adjudicated or failure of the Insured to follow the claims procedure.
4. Consequential loss of whatever nature arising from the tournaments conducted / certified by PGA / Other International Golf Associations.

PART – B

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 Schedule / Certificate of Insurance:

I. Standard General Exclusions

- 1) 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.
- 2) 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, paragliding, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- 3) Obesity/Weight control: Code – Excl06: Expenses related to the surgical treatment of obesity that does not fulfill all the below conditions:
 - i. Surgery to be conducted is upon the advice of the Doctor

- ii. The surgery/Procedure conducted should be supported by clinical protocols
 - iii. The member has to be 18 years of age or older and
 - iv. Body Mass Index (BMI)
 - A. greater than or equal to 40 or
 - B. greater than or equal to 35 in conjunction with any of the following severe comorbidities 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
- 4) Investigation & Evaluation: Code Excl04
- i. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - ii. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- 5) Cosmetic or plastic Surgery: Code – Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

II. Specific General Exclusions

- 1) 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.
- 2) Any Insured Person committing or attempting to commit intentional self-injury or attempted suicide or suicide.
- 3) for Bodily Injury or Sickness sustained or suffered whilst the Insured Person is or as a result of the Insured Person being under the influence of alcohol or drugs or narcotics unless professionally administered by a Physician or unless professionally prescribed by and taken in accordance with the directions of a Physician.
- 4) for Bodily Injury sustained whilst or as a result of participating in any competition involving the utilization of a motorised land, water or air vehicle.

- 5) for Bodily Injury whilst the Insured Person is travelling by air other than as a fare paying passenger on an aircraft registered to an airline company for the transport of paying passengers on regular and published scheduled routes.
- 6) for Bodily Injury or Sickness resulting from pregnancy within twenty-six (26) weeks of the expected date of birth.
- 7) for Bodily Injury sustained whilst or as a result of engaging in, practicing for or taking part in training peculiar to any kind of violent labour disturbance, riot or civil commotion or public disorder.
- 8) for Bodily Injury sustained whilst on service or on duty with or undergoing training with any military or police force, or militia or paramilitary organisation, notwithstanding that the Bodily Injury occurred whilst the Insured Person was on leave or not in uniform.
- 9) any pathological fracture.
- 10) for cures of any kind and all stays in long term care institutions (retirement homes, convalescence centres, centres of detoxification).
- 11) for Bodily Injury sustained as the result of Terrorism.
- 12) Deductible - Claims falling within Deductible limit, if opted and in force, as specified in the Policy Schedule / Certificate of Insurance will be applied on per claim basis.

Part C

GENERAL CONDITIONS, TERMS & CLAUSES

I. Standard General Conditions

1) Nomination

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

Specific General Conditions

- 1) This Policy shall be governed by the laws of India and, except as otherwise provided in this Policy, the Indian courts alone shall have jurisdiction in any dispute arising hereunder.
- 2) Insured Persons shall take all reasonable precautions to prevent Accidents and to avoid Sickness and shall comply with all statutory requirements, as a

- condition precedent to the Company's liability hereunder.
- 3) Where the Insured Person is required in Terms of this Policy to perform any act or comply with any obligation timely performance or compliance shall be a condition precedent to the Company's liability hereunder.
 - 4) Insurance in respect of an Insured Person will begin under this Policy after the following are true:
 - a. this Policy is in force;
 - b. the Insured Person is eligible to be insured;
 - c. the required premium has been paid to the Company;
 - d. the Company has approved the Insured Person's proposal for this insurance; and
 - e. the Insured Person has crossed the Indian international border on a Common Carrier if the geographical scope is international (out of India) or boarded a Common Carrier from the city of residence as mentioned in the Policy Schedule/ Certificate of Insurance if the geographical scope is domestic (restricted to India).
 - 5) In case geographical scope chosen is both international (out of India) as well as domestic (restricted to India) then the geographical scope that will be considered for claim settlement, terms & conditions & sum insured limits shall be as per the territory where the claim arises.
 - 6) The Policyholder will maintain and provide information, on a monthly basis, of the trips made by the Insured Persons during the Period of Insurance on the format provided by the Company. The Premium shall be refunded at the expiry of the Policy based on the statements provided by the Policyholder/Insured as per the prescribed format in the event that at the expiry of the Policy the actual number of travel days is less than the Total Number of Travel Days stated in the Policy Schedule/ Certificate of Insurance.
 - 7) Insurance in respect of an Insured Person shall immediately terminate on the earliest of the following dates:
 - a. the date that the Policy is terminated,
 - b. the date that the Total Sum Insured is paid for covered loss under Section 7H Accidental Death of the Policy;
 - c. the date that an Insured Person is no longer an employee of the Policyholder/Insured in case of employer employee policies;
 - d. in respect of Immediate Family, the date that such person ceases to be the Insured Person's Immediate Family Member; or
- e. the date when the actual number of travel days exceed the Total Number of Travel Days mentioned in the Policy Schedule; or
- f. Maximum trip duration (per trip); or
- g. The Insured Person crossing the Indian international border to return to the country of residence on a Common Carrier if the geographical scope is out of India or returning to the city of residence as mentioned in the Policy Schedule/Certificate of Insurance if the geographical scope is restricted to India.
- 8) The Policyholder and Insured Person understand that if a proposal has been completed for this insurance, then all statements and all particulars provided in such proposal, and any attachments thereto, are material to the Company's decision to provide this insurance. The Policyholder and Insured Person further understand that the Company has issued this Policy in reliance upon the truth of such statements and particulars.
 - 9) The titles of the various paragraphs of this Policy and any endorsements attached to this Policy are inserted solely for convenience of reference and do not limit or affect in any way the provisions to which they relate.
 - 10) The Policyholder shown in the Policy Schedule / Certificate of Insurance is responsible for the collection and remittance of all premiums. Premiums are due on or prior to the Policy Effective Date shown in the Policy Schedule / Certificate of Insurance. Timely payment of all premium due in full is a condition precedent to the Company's liability under this Policy.
 - 11) **Valuation and Foreign Currency:** All premiums, benefit amounts, loss, and other amounts under this Policy are expressed and payable in Indian currency. If judgement is rendered, settlement is denominated or any benefit, Sum Insured or element of loss is stated in a currency other than Indian Rupees, then payment under this Policy shall be made in Indian Rupees at the rate of exchange published by the Reserve Bank of India on the date the final judgement is entered, the amount of settlement is agreed upon or any benefit, Sum Insured or element of loss is due, respectively.
 - 12) The Company shall be under no obligation to renew the policy 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 period for which premium has already been paid.

13) Endorsements

The following endorsements are permissible during the Coverage Period:

- Non-Financial Endorsements – which do not affect the premium
- viii. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ix. Rectification in gender of the Insured Person (if this does not impact the premium)
- x. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- xi. Change in the correspondence address of the Proposer (if this does not impact the premium)
- xii. Change in Nominee Details
- xiii. Change in bank details
- xiv. Any other non-financial endorsement
 - Financial Endorsements – which result in alteration in premium
- iii. Cancellation of Policy
- iv. Any other financial endorsement

PART – D

OTHER TERMS & CONDITIONS

GENERAL CLAIMS PROVISIONS:

- 1) All certificates, information and evidence required by the Company shall be furnished at no expense to the Company and shall be in such form and of such nature as the Company may prescribe. When required by the Company, at its own expense, the Insured Person shall submit to medical examination in respect of any alleged claim that may give rise to a benefit being paid.
- 2) Complete, written proof of loss must be given to the Company within sixty (60) Days after the Date of Loss, or as soon as reasonably possible. Such proof of loss must contain:
 - i) the Policy Number, and
 - ii) the preliminary medical report describing the nature and extent of all injuries or Sickesses, and providing a precise diagnosis, and
 - iii) all invoices, bills, prescriptions, Hospital certificates which will permit the Company to accurately determine the total amount of Medical Expenses (if applicable) incurred by the Insured Person, and
 - iv) in the case where another party was involved (e.g. a car collision), the names, contact details and if possible insurance details of the other party, and

- v) in the case of death, an official death certificate, succession certificate pursuant to the Indian Succession Act 1925, as amended, and any other legal documents establishing the identity of any and all beneficiaries, and
- vi) proof of age, where applicable, and
- vii) such other information as the Company may require to handle the claim.
 - a) If an Accident:
 - i) detailed circumstances of the Accident and the names of any witnesses, and
 - ii) any police reports concerning the Accident, and
 - iii) the date a Physician was seen due to the Bodily Injury, and
 - iv) the Physician's contact details, or
 - b) If a Sickness:
 - i) the date symptoms of the Sickness began, and
 - ii) the date a Physician was seen due to the Sickness, and
 - iii) the Physician's contact details.

The Company shall base its assessment of the claim on the complete, written proof of loss.

- 3) The Company at its own expense shall have the right and opportunity to examine the Insured Person whose Bodily Injury or Sickness is the basis of a claim and as often as it may be reasonably required during the pendency of the claim and to make an autopsy in case of death, where it is not forbidden by law.
- 4) Medical advice of a Physician shall be sought and followed promptly on the occurrence of any Bodily Injury or Sickness and the Company shall not be liable for any part of any claim which in the opinion of a Physician appointed by the Company arises from the unreasonable or willful neglect or failure of an Insured Person to seek and remain under the care of a Physician.
- 5) No claim may be brought under this Policy, nor may any legal action be brought against the Company to recover under such claim:
 - 1) in cases of Accidental death, more than three (3) years after the date of death or the date the claim is denied in whole or in part, whichever is later; or
 - 2) in all other cases, more than three (3) years after the Date of Loss or date the claim is denied in whole or in part, whichever is later.
 - 3) Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

- 6) In the event of a claim under this Policy, the Policyholder and the Insured Person must fully cooperate with the Company in its handling of the claim including, but not limited to, the timely submission of all medical and other reports, and full Cupertino with all physical examinations and autopsies that the Company may require.
- 7) The Company shall not be bound or be affected by any notice of any trust, charge, lien, or other dealing with or in relation to this Policy.

SECTION VIII – CORPORATE BUFFER

The cover provides a buffer amount for sections mentioned in the Schedule against this cover. Insured can avail benefit from this buffer whenever Per Members or Annual Aggregate limit gets exhausted in a policy

This cover is not applicable to Section V - Cyber Liability

Condition for Utilization of Corporate Buffer -

- i. Final adjustment of corporate buffer shall be done only when Sum Insured Aggregate Limits OR Per Member Limits gets exhausted
- ii. The Section will be applicable only for those claims which are liable to be paid under this policy.
- iii. No Deductible amount will apply to this extension.
- iv. The Corporate Buffer provided shall be in excess of actual Limit of Liability offered under this OR any other policy issued.

SECTION IX – WELLNESS SERVICES

All the below benefits are a bundled offering and must be chosen in its entirety. The below benefits would be serviced by our empanelled Service Provider on per Insured Person per Policy Year basis.

Note for all Insured persons:

- i. Consultation must not be considered a substitute to medical opinion or advise nor shall the same be pursued over a medical advice or opinion given by treating Medical Practitioner
- ii. By seeking Tele/Video/Physical consultation under this benefit, the Insured Person is not prohibited or advised against visiting or consulting with any other independent Medical Practitioner or commencing or continuing any treatment advised by such Medical Practitioner.
- iii. The Insured Person is free to choose whether or not to obtain the Tele/Video/Physical consultation, and if obtained then whether or not to act on it in whole or in part.
- iv. Consultations/benefit programs can be booked digitally & any un-utilised consultations shall lapse & will not be carried forward. Information regarding limits for all the below benefits shall be available on the digital platform of our empanelled Service Provider.
- v. Tele/Video/Physical consultation under this benefit shall

not be valid for any medico-legal purposes.

- vi. We do not represent correctness of Consultation and shall not assume or deem to assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner

a. Anytime Doc-on-Call

- i. We will cover Tele Consultations (without prescriptions) with certified Medical Practitioners for the Insured.
- ii. A Tele consultation is an out-patient consultation, which is conducted over an audio call between the Insured and the Medical Practitioner.

b. Doctor Consultations

- i. We shall provide discounts on consultations with certified Medical Practitioners for the Insured from our empanelled Service Provider.
- ii. The cost of consultations shall be borne by the Insured Person.

c. Diagnostic Tests

- i. We shall provide discounts on diagnostic tests availed by the Insured person, from our empanelled Service Provider.
- ii. The cost of diagnostic tests shall be borne by the Insured Person.

d. Base Diabetes Management Program

We shall provide access to Diabetes Management Program for the Insured from our empanelled Service Provider.

e. Tele / Video Consultations

We shall provide discounts on Tele/Video Consultations with certified Medical Practitioners for the Insured through our empanelled Service Provider.

f. Concierge for 24x7 Services

As part of the 24x7 Concierge services we shall provide digital Booking assistance.

g. Nutritionist Consultation & Diet Planning

We shall provide Nutritionist Consultation & Diet Planning for the Insured from our empanelled Service Provider.

B. General Conditions:

I. Standard General Conditions

1. Multiple Policies

- i. In case of multiple policies taken by an Insured Person during a period from one or more insurers

to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

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

2. Moratorium Period

After completion of eight continuous years under the Policy, no look back to be applied. This period of eight years is called as Moratorium Period. The moratorium would be applicable for the Sums Insured of the first Policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of Sums Insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

3. Migration

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

For Detailed Guidelines on Migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

4. Portability

The Insured Person will have the option to port the Policy to other insurers by applying to such Insurer to port the entire Policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60

days from the Policy renewal date as per IRDAI guidelines related to Portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health insurer, the proposed Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on Portability.

For Detailed Guidelines on Portability, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/frmGuidelines_Layout.aspx?page=PageNo3987

5. Withdrawal of Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
- ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of Renewal with all the accrued continuity benefits such as Cumulative Bonus, waiver of waiting period as per IRDAI guidelines, provided the Policy has been maintained without a break.

6. Nomination

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

II. Specific General Conditions

1. Geography

This Policy only covers Medical Treatment taken within India.

2. Assignment

Assignment Clause: It is hereby declared and agreed for loan linked customers (wherever applicable) that:

- i. From the Policy Start Date, the monies payable by the Company to the Insured and all rights, title, benefits and interest of the Insured under 'Section B. III & IV EMI Hospitalization' of this Policy stand assigned in favour of the "Bank / Financial institution as named in the Schedule of this Policy."
- ii. Upon any monies becoming payable under this Policy the same shall be paid by the Company to the "Bank / Financial institution as named in Schedule of this Policy" without any reference / notice to the Insured, but not exceeding the Principal

- Outstanding as defined under the Policy . In the event of any monies payable under this Policy exceeding the Principal Outstanding, the Company shall pay such monies as exceeding the Principal Outstanding to the Insured/Nominee ;
- iii. The receipt of such monies in the manner aforesaid by the Bank/Financial Institution as named in the Schedule of this Policy and the Insured shall completely discharge the Company from all liability under the Policy and shall be binding on the Insured and the heirs, executors, administrators, successors or legal representatives of the Insured, as the case may be.
 - iv. That any adjustment, settlement, compromise in connection with any dispute between the Company and the insured or any of them arising under or in connection with this policy if made by the Financier shall be valid and binding on all parties insured here under but not so as to impair right of the Financier to recover the full amount of any claim it may have on other parties insured here under but not so as to impair.
 - v. The benefits under this Policy are assignable subject to applicable Laws.
- 3. Loadings**
- 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.
- 4. Endorsements**
- The following endorsements are permissible during the Policy Period:
- Non-Financial Endorsements – which do not affect the premium
- i. Minor rectification/correction in name of the Proposer / Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person
 - iii. Rectification in relationship of the Insured Person with the Proposer
 - iv. Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - v. Change in the correspondence address of the Insured Person/Proposer(if this does not impact the premium)
 - vi. Change in Nominee Details
 - vii. Change in Height, weight, marital status (if this does not impact the premium)
 - viii. Change in bank details
 - ix. Any other non-financial endorsement
- Financial Endorsements – which result in alteration in premium
- i. Change in Age/date of birth
 - ii. Change in Height, weight
 - iii. Addition of Insured Person (New Born Baby or newly wedded spouse)
 - iv. Deletion of Insured Person on death or Marital separation
 - v. Any other financial endorsement

The Policyholder/Insured Person shall apply in a proposal form along with birth Certificate / marriage certificate as the case may be for addition of Insured person.

5. Communication & Notice

Policy and any communication related to the Policy shall be sent to through electronic modes or to the address of the Insured as recorded in the Policy.

GRIEVANCE REDRESSAL PROCEDURE APPLICABLE TO ALL SECTION

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

- Call Centre - 120 6234 6234 / 022-6234 6234
- Emails – grievance@hdfcergo.com
- Contact Details for Senior Citizens: 022 6242 6226 | Email ID: seniorcitizen@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) Redressal 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 Redressal Cell ,
HDFC ERGO General Insurance The Company Ltd.
D-301,3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), Mumbai – 400078, Maharashtra

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

To the Chief Grievance Officer
HDFC ERGO General Insurance The Company Limited
D-301, 3rd Floor, Eastern Business District (Magnet Mall),
LBS Marg, Bhandup (West), Mumbai - 400078, Maharashtra
e-mail: cgo@hdfcergo.com

Grievance may also be lodged at IRDAI Integrated Grievance Management system- <https://bimabharosa.irdai.gov.in>
You may also approach the nearest Insurance Ombudsman for resolution, if your grievance is not redressed by the Company. The contact details of Ombudsman offices are below if your grievance pertains to:

- Insurance claim that has been rejected or dispute of a claim on legal construction of the policy
- Delay in settlement of claim
- Dispute with regard to premium
- Non-receipt of your insurance document

You may also refer Our website www.hdfcergo.com <https://www.hdfcergo.com/customer-voice/grievances> for detailed grievance redressal procedure.

Names of Ombudsman and Addresses of Ombudsmen Centres

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh, Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	State of Punjab, Haryana (excluding 4 districts vizGurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &Kashmir, Ladakh and Chandigarh.
CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: bimalokpal.delhi@cioins.co.in	Delhi, 4 districts of Haryana vizGurugram, Faridabad, Sonepat and Bahadurgarh)

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
GUWAHATI Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: bimalokpal.hyderabad@cioins.co.in	State of Andhra Pradesh, Telangana and Yanam – a part of Union Territory of Puducherry
JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 / 2740798 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
KOCHI Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA Office of the Insurance Ombudsman, Hindustan Bldg. Annex, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	States of West Bengal, Sikkim and Union Territories of Andaman & Nicobar Islands
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdara, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Brahmapuri, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkar Nagar, Sultanpur, Maharajganj, Santakabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.

OFFICE DETAILS	JURISDICTION OF OFFICE (UNION TERRITORY, DISTRICT)
AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
MUMBAI Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P - 201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhababad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.pathna@cioins.co.in	Bihar, Jharkhand.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor,C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Annexure (Applicable to Section VII “Group Travel Insurance”)**List I – Items for which coverage is not available in the policy**

S. No.	Item	S. No	Item
1	BABY FOOD	26	BIRTH CERTIFICATE
2	BABY UTILITIES CHARGES	27	CERTIFICATE CHARGES
3	BEAUTY SERVICES	28	COURIER CHARGES
4	BELTS/ BRACES	29	CONVEYANCE CHARGES
5	BUDS	30	MEDICAL CERTIFICATE
6	COLD PACK/HOT PACK	31	MEDICAL RECORDS
7	CARRY BAGS	32	PHOTOCOPIES CHARGES
8	EMAIL / INTERNET CHARGES	33	MORTUARY CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	34	WALKING AIDS CHARGES
10	LEGGINGS	35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
11	LAUNDRY CHARGES	36	SPACER
12	MINERAL WATER	37	SPIROMETRE
13	SANITARY PAD	38	NEBULIZER KIT
14	TELEPHONE CHARGES	39	STEAM INHALER
15	GUEST SERVICES	40	ARMSLING
16	CREPE BANDAGE	41	THERMOMETER
17	DIAPER OF ANY TYPE	42	CERVICAL COLLAR
18	EYELET COLLAR	43	SPLINT
19	SLINGS	44	DIABETIC FOOT WEAR
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	45	KNEE BRACES (LONG/ SHORT/ HINGED)
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
22	TELEVISION CHARGES	47	LUMBO SACRAL BELT
23	SURCHARGES	48	NIMBUS BED OR WATER OR AIR BED CHARGES
24	ATTENDANT CHARGES	49	AMBULANCE COLLAR
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER	60	MASK
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	61	OUNCE GLASS
53	SUGAR FREE TABLETS	62	OXYGEN MASK
54	CREAMS POWDERS LOTIONS (TOILETRIES ARE NOT PAYABLE, ONLY PRESCRIBED MEDICAL PHARMACEUTICALS PAYABLE)	63	PELVIC TRACTION BELT
55	ECG ELECTRODES	64	PAN CAN
56	GLOVES	65	TROLLY COVER

57	NEBULISATION KIT	66	UROMETER, URINE JUG
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	67	AMBULANCE
59	KIDNEY TRAY	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, HARMONICS CAL-PEL, 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 costs of 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