

RELIANCE PERSONAL ACCIDENT 360SHIELD - POLICY WORDING

1. PREAMBLE

This Policy is a contract of insurance issued by Reliance General Insurance Company Limited (hereinafter called the 'Company') to the Proposer mentioned in the Policy Schedule to cover the person(s) named in the Policy Schedule (hereinafter called the 'Insured Person(s)'). The Policy is based on the statements, declarations provided in the Proposal Form and any other information provided by the Proposer to the Company for issuance of this Policy and is subject to receipt of the requisite premium.

2. DEFINITIONS

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

2.1. STANDARD DEFINITIONS

- 1) **Accident/ Accidental** means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 2) **Age** means age of the Insured person on last birthday as on date of commencement of the Policy
- 3) **Authority** means the Insurance Regulatory and Development Authority of India established under sub section 1 of section 3 of the IRDA Act 1999.
- 4) **AYUSH Treatment** means the medical and / or **Hospitalisation** treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
- 5) **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered **AYUSH Medical Practitioner(s)** on day care basis without in-patient services and must comply with all the following criterion:
 - i. Having qualified registered **AYUSH Medical Practitioner(s)** in charge,
 - ii. Having dedicated **AYUSH** therapy sections as required and /or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance Company's authorized representative.
- 6) **AYUSH Hospital** is a healthcare facility wherein medical/ surgical/para-surgical treatment and procedures and interventions are carried out by **AYUSH Medical Practitioner(s)** comprising of any of the following:
 - i. Central or State Government **AYUSH Hospital**; or
 - ii. Teaching **Hospital** attached to **AYUSH** colleges recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
- 7) **Bank Rate** means bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due
- 8) **Break in Policy** means the period of gap that occurs at the end of the existing policy term/installment premium due date, when the premium due for renewal on a given policy or installment premium due is not paid on or before the premium renewal date or grace period.
- 9) **Cashless Facility** means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured person in accordance with the Policy terms and conditions, are directly made to the network provider by the insurer to the extent pre-authorization is approved.
- 10) **Complainant** means a **Policyholder** or prospect or any beneficiary of an insurance policy who has filed a **Complaint** or **Grievance** against the **Company** or a **Distribution Channel**
- 11) **Condition Precedent** means a Policy term or condition upon which the Company's liability under the Policy is conditional upon.
- 12) **Congenital Anomaly** means a condition which is present since birth and which is abnormal with reference to form, structure or position.
 - i. **Internal Congenital Anomaly**
Congenital Anomaly which is not in the visible and accessible parts of the body.
 - ii. **External Congenital Anomaly**
Congenital Anomaly which is in the visible and accessible parts of the body.
- 13) **Cumulative Bonus** means any increase or addition in the Base Sum Insured granted by the insurer without an associated increase in premium.
- 14) **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 supervision of a registered and qualified medical practitioner AND must comply with all minimum criteria as under.
 - i. Has qualified nursing staff under its employment.



- ii. Has qualified **Medical Practitioner/s** in charge;
 - iii. Has a 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.
- 15) **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
- i. Undertaken under General or Local Anesthesia in a hospital/day care centre in less than 24hrs because of technological advancement, and
 - ii. Which would have otherwise required Hospitalisation of more than 24hours
- Treatment normally taken on an out-patient basis is not included in the scope of this definition
- 16) **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.
- 17) **Dental treatment** means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.
- 18) **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 19) **Distribution Channels** means persons and entities authorized by the Authority to involve in sale and service of insurance products. For the purpose of this **Policy**, it means the **Distribution Channels** who is an Intermediary of the **Company**.
- 20) **Emergency/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.
- 21) **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases.
- Coverage is not available for the period for which no premium is received, except in case of instalment period, where coverage is available during the grace period provided the installment premium is received before the end of the grace period.
- 22) **Hospital** (Applicable Abroad) means any institution legally established and operated for In-Patient Care and Day Care treatment of illness and/or injuries of persons, for which a charge is made that the Insured Person(s) is legally obligated to pay in the absence of insurance; and which has been registered, accredited or licensed as a Hospital with the local authorities in the state or country in which it operates; and which complies with all minimum criteria as under:
- i. Provides such care and treatment(s) in medical, diagnostic, or surgical facilities on its premises, or those prearranged for its use
 - ii. has at least 10 in-patient beds, in those towns having a population of less than 10,00,000 and 15 inpatient beds in all other places,
 - iii. has qualified nursing staff under its employment round the clock,
 - iv. has qualified Medical Practitioner(s) in charge round the clock,
 - v. has a fully equipped operation theatre of its own where surgical procedures are carried out,
 - vi. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- Hospital does not mean:
- i. A Convalescent, nursing, or rest home or facility, or a home for the aged; rejuvenation or health resort
 - ii. A place mainly providing Custodial, Educational, or Rehabilitative Care; or a facility mainly used for the treatment(s) of drug addicts or alcoholics.
- 23) **Hospital** (Applicable India) means any institution established for in-patient care and day care treatment of disease/ injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- i. has qualified nursing staff under its employment round the clock;
 - ii. has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - iii. has qualified medical practitioner (s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out
 - v. maintains daily records of patients and shall make these accessible to the Company's authorized personnel.
- Hospital does not mean:
- i. A Convalescent, nursing, or rest home or facility, or a home for the aged; rejuvenation or health resort
 - ii. A place mainly providing Custodial, Educational, or Rehabilitative Care; or a facility mainly used for the treatment(s) of drug addicts or alcoholics."
- 24) **Hospitalisation** means admission in a hospital for a minimum period of twenty-four (24) consecutive 'In-patient care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.
- 25) **Illness** means a sickness, or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
- i. **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
 - ii. **Chronic condition** - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:
 - It needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests"
 - it needs ongoing or long-term control or relief of symptoms
 - it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - it continues indefinitely
 - it recurs or is likely to recur
- 26) **Injury/Accidental 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.
- 27) **In-Patient Care// In-Patient Treatment** means treatment for which the **Insured Person** has to stay in a hospital for more than 24 hours for a covered event.

- 28) **Intensive Care Unit (ICU)** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 29) **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses on a per day basis which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
- 30) **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- 31) **Medical Expenses** means those expenses that an insured person has necessarily and actually incurred for medical treatment on account of accident on the advice of a medical practitioner, as long as these are no more than would have been payable if the insured person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 32) **Medical Practitioner (Applicable Abroad)** means a person who is qualified to practice medicine or is a Surgeon or an Anaesthetist and has a valid license issued by the appropriate authority in the current City/Country of Treatment.
A Medical Practitioner shall not include a practitioner of Complementary and Alternative Medicine (CAM). CAM includes, but is not limited to the below areas of medicine:
- Traditional alternative medicine: like Acupuncture, Ayurveda, Homeopathy, Naturopathy, Chinese or Oriental medicine, Herbal medicine
 - Manual manipulation: like Chiropractic and osteopathic medicine, Massage, Body movement therapies, Tai chi, Yoga
 - Energy therapies: like Electromagnetic therapy, Magnetic Field Therapy, Reiki, Qigong, Therapeutic ("Healing") Touch
 - Mind and Sensory healing: like Meditation, Biofeedback, Hypnosis, Art, dance and music, Visualization and guided imagery
 - The registered practitioner should not be the Policyholder/ Insured or their close family member.
- 33) **Medical Practitioner (Applicable India)** 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 the licence.
Medical Practitioner for Mental Illness shall be in accordance with The Mental Healthcare Act, 2017. The registered practitioner should not be the Policyholder/Insured or their close family member.
- 34) **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
- i. Is required for the medical management of injury suffered by the insured;
 - ii. Must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
 - iii. Must have been prescribed by a Medical Practitioner;
 - iv. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 35) **Network Provider** means hospitals enlisted by insurer, TPA or jointly by an insurer and TPA to provide medical services to an insured by a cashless facility.
- 36) **Non- Network Provider** means any hospital that is not part of the network.
- 37) **Notification of Claim** means the process of intimating a claim to the Insurer or TPA through any of the recognized modes of communication.
- 38) **OPD treatment** means the one in which the **Insured** visits a clinic / Hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a **Medical Practitioner**. The **Insured** is not admitted as a **Day Care or In-Patient**.
- 39) **Post Hospitalisation Medical Expenses** means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that:
- i. Such medical expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required and
 - ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Company
- 40) **Pre-existing Disease** means any condition, ailment, Injury or disease:
- i. that is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer or
 - ii. for which medical advice or treatment was recommended by, or received from, a physician not more than 36 months prior to the date of commencement of the policy.
- 41) **Pre-hospitalisation Medical Expenses** means Medical expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that:
- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required and
 - ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Company
- 42) **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.
- 43) **Reasonable & Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved
- 44) **Room Rent** means the amount charged by a hospital towards Room and Boarding expenses and shall include the associated medical expenses.
- 45) **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 of suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
- 46) **Third Party Administrator (TPA)** means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.
- 47) **Time Excess** means a cost sharing requirement 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.
- 48) **Senior citizen** means any person who has completed sixty

or more years of **Age** as on the date of commencement or renewal of the **Policy**.

- 49) **Unproven/ Experimental Treatments** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

2.2. SPECIFIC DEFINITIONS

- 1) **Abroad**, for the purpose of this policy, means geographies located outside the boundaries of the Republic of India

- 2) **Act** means the Insurance Act 1938.

- 3) **Ambulance** means a road vehicle, or an aircraft operated by a licensed / authorized service provider and equipped for the transport and paramedical treatment of the person requiring medical attention.

- 4) **Assistance Service Provider** means any organization or institution appointed by the **Company** for providing services to the **Insured Person** for an insurable event under this **Policy** and as mentioned in the **Policy Schedule**

- 5) **Base Sum Insured (Base S.I)** means the amount specified as **Base Sum Insured** in the **Policy Schedule**. Calculation of bonus and sub-limits mentioned under the **Policy** shall be on basis of the **Base Sum Insured**.

- 6) **Claim** means a demand made by the **Policyholder** or on his behalf, for payment of **Medical Expenses** under any other Benefit as covered under the **Policy**.

- 7) **Coccyx** means the bottom part of the vertebral column, consisting of 3-5 fused or semi fused bones.

- 8) **Colles' fracture** means an extension fracture of the distal end of the radius just above the wrist to due to trauma.

- 9) **Common Carrier** means any scheduled commercial Airline or ship or inland vessel operating under a license from the relevant authority for the transportation of passengers for hire. It shall exclude any carriers, aircrafts or vessels banned by India, the U.S.A. or the U.K. For an aircraft or vessel to be considered as Common Carrier, it should hold a current and valid "Airworthiness Certificate" or "Seaworthiness Certificate" respectively.

- 10) **Companion** means **Insured Person's** family member/ relative/friend who is accompanying the **Insured Person** during the **Hospitalisation**.

- 11) **Company/Insurer** means Reliance General Insurance Company Limited.

- 12) **Complete fracture** means a type of fracture due to trauma, where the bone is completely broken across and no connection is left between the pieces.

- 13) **Compound fracture** means a type of fracture due to trauma, where in a bone snaps into two or more pieces and the bone breaks through the skin and is exposed.

- 14) **Compression fracture** means Crushing fracture of the vertebrae. A vertebral compression fracture occurs when the block-like part of an individual bone of the spine (vertebra) become compressed due to trauma.

- 15) **Daily activities of living** means transferring (moving oneself in or out of a bed or a chair) washing and bathing, dressing, toileting, feeding.

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

- 17) **Dependent Parents** means either biological or legal Parents or Parents in law chosen to be covered by the **Policyholder** and as specified in the **Policy Schedule**.

- 18) **Family:** Family consists of the proposer and any one or more of the family members as mentioned below

- i. Legally wedded spouse

- ii. Parents and/or Parents-in law

- iii. Dependent children (i.e natural or legally adopted) between the age of day 31 to 25years. If the child above 18years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals

- 19) **Hairline fracture** means a crack in the bone

- 20) **Insured Person/Insured** means a person accepted by the **Company** to be **Insured** under this **Policy** and who meets and continues to meet all the eligibility requirements and whose name specifically appears under **Insured /Insured Person** in the **Policy Schedule** and with respect to whom the premium has been received by the **Company**.

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

- i. Markedly unstable vital parameters (blood pressure, pulse, temperature and respiratory rate); or
- ii. Acute impairment of one or more vital organ systems (involving brain, heart, lungs, liver, kidneys and pancreas); or
- iii. Critical care being provided, which involves highly complex decision making to assess, manipulate and support vital system function(s) to treat single or multiple vital organ failure(s) and requires interpretation of multiple physiological parameters and application of advanced technology; or
- iv. Critical Care being provided in critical care areas such as coronary care unit, intensive care unit, respiratory care unit, or the emergency department; and
- v. Is certified by the attending Medical Practitioner as a Life Threatening Medical Condition.

- 22) **Multiple Fracture** means more than one fracture in the same bone

- 23) **Physical Separation of a hand** means separation at or above the wrist and of the foot means at or above the ankle.

- 24) **Policy** means these Policy wordings, the Policy Schedule and any applicable endorsements or extensions attaching to or forming part thereof. The Policy contains details of the extent of cover available to the Insured person, what is excluded from the cover and the terms & conditions on which the Policy is issued to the Insured person.

- 25) **Policyholder** means the person who is the Proposer and whose name specifically appears in the Policy Schedule as such.

- 26) **Policy Period** means the period commencing from the **Policy Period Start Date** as specified in **Policy Schedule** and ending on the **Policy Period End Date** as specifically appearing in the **Policy Schedule** or on the date of cancellation of the **Policy**, whichever is earlier.

- 27) **Policy Period End Date** means the date and time at which the **Policy Period** ends as specified in the **Policy Schedule**.

- 28) **Policy Period Start Date** means the date and time at which the **Policy Period** commences as specified in the **Policy Schedule**.

- 29) **Policy Schedule/Schedule** means the **Policy Schedule** attached to and forming part of this **Policy** mentioning apart from other details, Policyholder's details, details of the Insured Person, coverage, sections and benefits applicable, the **Base Sum Insured**, the **Policy Period**, Premium paid (including duties, taxes and levies thereon) and the limits to which benefits under the Policy are subject to.

- 30) **Policy Year** means a period of 12 consecutive months starting from the **Policy Period Start Date** and ending on the last day of such 12 month period. For the purpose of subsequent years, **Policy Year** shall mean a period of 12 months commencing from the end of previous Policy Year and lapsing on the last day of such 12month period, till the **Policy Period End Date**, as mentioned in the **Policy Schedule**.

- 31) **Rehabilitation** means assisting an **Insured Person** who, following a medical condition, requires assistance in physical, vocational, independent living and educational pursuits to restore him to the position in which he was in, prior to such medical condition occurring.
- 32) **Residence:** "Residence" means the place in India where the Insured is living in normal course and shall be the place as per the Insured's Address which is specified in Policy Schedule.
- 33) **Rules of nine** means a method of estimating the extent of burns, expressed as a percentage of total body surface. In this method, the body is divided into sections of 9 percent, or multiples of 9 percent, each:
- Head and neck, 9 percent;
 - Anterior trunk, 18 percent;
 - Posterior trunk, 18 percent;
 - Each upper limb, 9 percent;
 - Each lower limb, 18 percent;
 - Genitalia and perineum, 1 percent
- 34) **Second degree Burns** means Burns which penetrate the epidermis and affect the dermis (lower layer of skin) which causes pain, redness, swelling and blistering.
- 35) **Sub-limit** means a cost sharing requirement under a health insurance policy in which an insurer would not be liable to pay any amount in excess of the pre-defined limit.
- 36) **Sum Insured** means the total of the **Base Sum Insured** and **Cumulative Bonus** (if applicable) for that **Insured Person**. The **Company's** maximum, total and cumulative liability for all Claims during the **Policy Year** in respect of the **Insured Person** will be **Sum Insured** and amount provided under Reinstatement of Sum Insured (if applicable)
- 37) **Third Degree Burns** means full skin thickness burns and penetrate the dermis and affected deeper tissues. They result in white or blackened, charred skin that may be numb.

3. SCOPE OF COVER

The **Company** hereby agrees subject to the terms, conditions and exclusions contained or expressed herein, to compensate the **Insured Person** as per the covers and limits specified in the **Policy Schedule**.

3.1. BASE COVERS

The covers 3.1.1, 3.1.2 and 3.1.3 listed below are the base Policy benefits. It is compulsory to choose at least one of these benefits as part of the Policy. Benefit 3.1.4 is attached to benefit 3.1.1 and shall be available to the Insured Person upon choosing 3.1.1.

3.1.1. ACCIDENTAL DEATH (AD)

The **Company** shall pay the benefit equal to 100% of **Base Sum Insured** and the earned **Cumulative Bonus** to the Nominee/Legal Heir /Assignee as specified in the Policy Schedule, on death of the **Insured Person**, due to an Injury sustained in an **Accident** during the **Policy Period**, provided that the **Insured Person's** death occurs within 12 months from the date of the **Accident**.

Note:

- a. **Common Carrier Mishap:** In case of **Insured Person's** death happens due to an Injury sustained in an **Accident** during the **Policy Period**, whilst mounting into or dismounting from or travelling in a **Common Carrier** on a valid ticket, the **Company** shall pay additional 100% of **Base Sum Insured** to the Nominee/Legal Heir /Assignee as specified in the **Policy Schedule**.
- b. Disappearance: If the Insured Person cannot be located even after twelve calendar months of the occurrence of a forced landing, stranding, sinking or wrecking of a common carrier in which the Insured Person was travelling as a fare paying passenger or as a result of occurrence of any acts of God, such disappearance shall be deemed as if the Insured Person has suffered Accidental Death as within the meaning of this

policy, provided such occurrence of Accident falls within the Policy Period. Where claim payment has been made owing to disappearance of Insured Person following such Accident, if after the payment of Accidental Death claim, it is found that the Insured Person has survived the Accident, then the Policyholder has to refund the payment back to the Company in consideration of the obligatory guarantee as provided during the Claim.

3.1.2. PERMANENT TOTAL DISABLEMENT (PTD)

The **Company** shall pay the benefit equal to 200% of **Base Sum Insured** and the earned **Cumulative Bonus**, specified in the **Policy Schedule**, if an **Insured Person** suffers Permanent Total Disablement of the nature specified below, solely and directly due to an **Accident** during the **Policy Period**, provided that

- i. The Permanent Total Disablement occurs within 12 months from the date of the Accident And
- ii. The Insured survives for a minimum period of six months (182 days) from the date of Accident

Permanent Total Disablement shall mean:

- i. Total and irrecoverable loss of sight of both eyes or
- ii. Physical separation or loss of use of both hands or feet or
- iii. Physical separation or loss of use of one hand and one foot or
- iv. Loss of sight of one eye and Physical separation or loss of use of hand or foot.
- v. If such Injury shall as a direct consequence thereof, permanently, and totally, disables the Insured Person from engaging in any employment or occupation of any description whatsoever.

3.1.3. PERMANENT PARTIAL DISABLEMENT (PPD)

The **Company** shall pay the following percentage of **Base Sum Insured** and the earned **Cumulative Bonus**, specified in the **Policy Schedule**, if the **Insured Person** suffers Permanent Partial Disablement of the nature specified below solely and directly due to an **Accident** during the **Policy Period**, provided that the Permanent Partial Disablement shall occur within 12 months of the date of the **Accident**.

	Loss Covered	Percentage of Base Sum Insured and Cumulative Bonus
1	Loss of Use/ Physical Separation: One entire hand One entire foot Loss of Sight of one eye Loss of toes – all Great both phalanges Great – one phalanx Other than great if more than one toe lost	50% 50% 50% 20% 5% 2% 1%
2	Loss of Use of both ears	50%
3	Loss of Use of one ear	20%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb: Both phalanges One phalanx	25% 10%
7	Loss of Index finger: Three phalanges Two phalanges One phalanx	10% 8% 4%

8	Loss of middle finger: Three phalanges Two phalanges One phalanx	6% 4% 2%
9	Loss of ring finger: Three phalanges Two phalanges One phalanx	5% 4% 2%
10	Loss of little finger: Three phalanges Two phalanges One phalanx	4% 3% 2%
11	Loss of metacarpus: First or second (additional) Third, fourth or fifth (additional)	3% 2%
12	Any other permanent partial disablement	Percentage as assessed by the independent Medical Practitioner

Maximum amount payable in respect of multiple nature of disablements shall be restricted to **Sum Insured** chosen by the **Policyholder**.

3.1.4. REPATRIATION OF MORTAL REMAINS AND FUNERAL EXPENSES

3.1.4.1. REPATRIATION OF MORTAL REMAINS

The **Company** shall pay up to the limit specified in the **Policy Schedule** towards the cost for transporting the mortal remains of the **Insured Person** from the place of death to a cremation ground or burial ground or to the residence of the **Insured Person**, provided

- i. The **Company** has accepted the claim under Benefit 3.1.1 Accidental Death
- ii. The death of the **Insured Person** has occurred outside the city of his residence.

3.1.4.2. FUNERAL EXPENSES

The **Company** shall pay up to the limit specified in the **Policy Schedule** towards the funeral, cremation and/or burial of the body of the deceased **Insured Person**, provided

- i. The **Company** has accepted the claim under Benefit 3.1.1 Accidental Death

Note:

- a. The limit mentioned in the **Policy Schedule** is applicable cumulatively for both the two covers specified under 3.1.4.1 and 3.1.4.2 above. i.e., there is a single limit for the two covers namely, Repatriation of Mortal Remains and Funeral Expenses.

Conditions applicable to Section 3.1 Base Covers:

- i. The total liability of the Company to make payment toward claims arising from one or more of the insured events described in Section 3.1.1 Accidental Death (AD), 3.1.2. Permanent Total Disablement (PTD) and 3.1.3. Permanent Partial Disablement (PPD) is limited to the Base Sum Insured + Cumulative Bonus, except as agreed under 3.1.2. Permanent Total Disablement (PTD) where an additional 100% of the Sum Insured shall be paid under the claim.
- ii. In case claims for any one Accident fall under more than one of the following: 3.1.1 Accidental Death (AD), 3.1.2. Permanent Total Disablement (PTD), 3.1.3. Permanent Partial Disablement (PPD) and 3.2.1 Temporary Total Disablement (TTD); the higher of the claims shall be payable.
- iii. The insurance coverage for the Insured Person shall cease once the Company accepts a claim under Section 3.1.1 Accidental Death (AD) or 3.1.2. Permanent Total Disablement (PTD).

3.2. OPTIONAL COVERS

The covers listed below are optional covers and are available to the Insured Persons, on payment of additional premium, subject to below mentioned terms, conditions, and exclusions.

3.2.1. TEMPORARY TOTAL DISABILITY (TTD)

If the **Insured Person** sustains an **Injury** in an **Accident** during the **Policy Period** which completely incapacitates the **Insured Person** from performing necessary duties pertaining to his employment or occupation which the **Insured Person** was capable of performing at the time of the **Accident** (Temporary Total Disablement), the **Company** shall pay the weekly benefit as specified in the **Policy Schedule**, till the time the **Insured Person** is able to return to work, provided

- i. Such a disablement arises out of an Injury within 7 days from the date of Accident resulting in such Injury and is certified in writing by the treating **Medical Practitioner**.
- ii. The benefit shall not be paid for the **Time Excess** mentioned in the **Policy Schedule** i.e. for the number of days as opted by the **Policyholder** and mentioned in the **Policy Schedule** calculated from the date of commencement of Temporary Total Disablement.

However, if the Insured chooses a Franchise **Time Excess**, once the **Time Excess** is completed, the payment for this benefit shall start from the date of commencement of Temporary Total Disablement.

In any case, no claim shall be payable under this benefit if the period of Temporary Total Disablement does not exceed the **Time Excess** opted.

- iii. The compensation under this benefit shall be payable for a maximum 104 weeks from the date of commencement of disablement and in no case shall exceed the **Base Sum Insured**.
- iv. In case the Temporary Total Disablement is for a period less than a week, the benefit payable shall be calculated on proportionate basis in relation to the weekly benefit.
- v. During the course of payment under this benefit, the **Company** shall have right to call for a certification from an independent **Medical Practitioner** with regard to the continuity of Temporary Total Disablement specified under this section.
- vi. The **Insured** shall notify the **Company** immediately on resuming to his occupation/employment. Where it is found that the **Insured** resumed to his occupation/employment without notifying to the **Company** and received the compensation under this cover, the **Company** shall have right to claim the recovery of such benefit paid.
- vii. No compensation shall be payable under this Benefit in respect of any **Injury to Dependent Children and Dependent Parents**.

Note: For the purpose of this benefit, "week" is a period of seven consecutive calendar days.

3.2.2. HOSPITALISATION AND RELATED COVERS

3.2.2.1. ACCIDENTAL HOSPITALISATION

The **Company** shall indemnify the **Insured Person** for the **Medical Expenses** incurred for **Hospitalisation** solely and directly arising due to an **Accident** during the **Policy Period**, up to the Accidental Hospitalisation Limit as specified in the **Policy Schedule**.

The **Medical Expenses** as mentioned above shall mean the **Reasonable and Customary Charges** which include the following:

- i. Room Rent
- ii. Nursing expense
- iii. Intensive care Unit (ICU) charges,
- iv. Medical Practitioner(s) fees,
- v. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances expenses,
- vi. Medicines, drugs and Consumables expenses
- vii. Diagnostic procedures expenses

- viii. The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure, unless specifically excluded.

3.2.2.1.1. INPATIENT TREATMENT

The **Company** shall indemnify the **Insured Person** for the **Medical Expenses** incurred during the Policy Period, if the **Insured Person** undergoes **Hospitalisation** for **In-Patient Treatment** on the written advice of a **Medical Practitioner**.

3.2.2.1.2. DAY CARE PROCEDURE

The **Company** shall indemnify the **Insured Person** for the **Medical Expenses** incurred during the **Policy Period**, if the **Insured Person** undergoes a **Day Care Treatment** as defined under this **Policy**, on the written advice of a **Medical Practitioner**.

3.2.2.1.3. DOMESTIC ROAD AMBULANCE

The **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule**, for expenses incurred on availing **Road Ambulance** services offered by a **Hospital** or by an **Ambulance** service provider, provided

- i. The **Company** has accepted the **Inpatient Treatment** claim under Benefit 3.2.2.1.1
- ii. The coverage includes the cost of the transportation of the **Insured Person** to the nearest **Hospital** in case of an emergency **Life Threatening Medical Condition**, or from one **Hospital** to another **Hospital** which is prepared to admit the **Insured Person** and provide the necessary medical services.
- iii. Such Life-Threatening Medical Condition is certified by the **Medical Practitioner**
- iv. The transportation from one **Hospital** to another **Hospital** has been prescribed by a **Medical Practitioner** and is medically necessary.

3.2.2.1.4. PRE-HOSPITALISATION

The **Company** shall indemnify the **Insured Person** for the **Medical Expenses** incurred in the 30 days immediately before the **Insured Person** was **hospitalised**, provided

- i. Such **Medical Expenses** are incurred in respect of the same condition for which the **Insured Person** has taken **Hospitalisation**, and
- ii. The **Company** has accepted the claim for these **Hospitalisation** expenses under any one of the following Benefits: 3.2.2.1.1, 3.2.2.1.2

3.2.2.1.5. POST-HOSPITALISATION

The **Company** shall indemnify the **Insured Person** for the **Medical Expenses** incurred in the 90 days immediately after the **Insured Person** was discharged post **Hospitalisation**, provided

- i. Such costs are incurred in respect of the same condition for which the **Insured Person** has taken **Hospitalisation**, and
- ii. The **Company** has accepted the claim for these **Hospitalisation** expenses under any one of the following Benefits- 3.2.2.1.1, 3.2.2.1.2

SPECIFIC EXCLUSIONS APPLICABLE TO BENEFIT 3.2.2.1 ACCIDENTAL HOSPITALISATION

The **Company** shall not be liable to make any payments under this **Policy** in respect of any expenses incurred by the **Insured Person** in connection with or in respect of:

i. **Breach of law (Code: Excl 10):**

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

ii. **Cosmetic or Plastic Surgery (Code: Excl 08):**

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**.

- iii. **Dietary Supplements & Substances (Code: Excl14):** Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of Hospitalisation claim or day care procedure.

iv. **Excluded Providers (Code: Excl 11):**

Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (For updated and detailed list of Excluded Providers refer website- www.reliancegeneral.co.in)

v. **Hazardous or Adventure sports (Code: Excl 09):**

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

This exclusion shall be waived to the extent specified in Benefit 3.2.11 Adventure Sports, if opted.

vi. **Hearing Aids and spectacles:** Any charges incurred on hearing aids, cost of spectacles, contact lenses, routine eye and ear examinations

vii. **Investigation & Evaluation (Code: Excl04)**

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

viii. **Domiciliary and OPD Treatment:** Any expenses incurred on Domiciliary Hospitalisation and OPD treatment.

ix. **Treatment taken outside Geographical coverage:** Treatment taken outside the geographical limits opted.

x. **Non-Allopathic Treatment:** Expenses incurred for treatment of accidental injuries by systems of medicines other than Allopathy.

xi. **Non-Payable Items:** All expenses listed in Annexure-A (List I) of the Policy

xii. **Reconstructive Surgery** as defined under benefit 3.2.4.6 Reconstructive Surgery, unless such surgery is carried out immediately following the **Accident**, as part of the emergency response treatment immediately following the **Accident**.

xiii. **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:

- c) 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.
- d) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

xiv. **Substance Abuse and Alcohol (Code: Excl12):**

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

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

xvi. **Unproven Treatments (Code: Excl16):** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are

- treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.
- xvii. **Wellness and Rejuvenation (Code: Excl13):** Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.
- xviii. **External durable medical equipment:** Any expenses incurred on, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, belts, collars, caps, splints, braces, stockings of any kind, diabetic footwear, glucometer/thermometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for asthmatic condition except to the extent covered under Benefit 3.2.6.5 Medical equipment.
- xix. **Artificial Life support equipment's:** Artificial life maintenance, including life support machine use, where such treatment will not result in recovery or restoration of the previous state of health.
- xx. **Documentation charges:** Any charges incurred to procure any medical certificate, treatment/Illness related documents pertaining to any period of Hospitalisation/Illness.
- xi. **Charges other than Reasonable & Customary Charges:** Any Medical Expenses which are not Reasonable and Customary Charges
- xii. **RMO charges and Service charge:** Expenses related to any kind of RMO charges, service charge where nursing charges are also charged, night charges levied by the Hospital under whatever head.

3.2.2.2. CUMULATIVE BONUS FOR ACCIDENTAL HOSPITALISATION

An additional 10% of the Accidental Hospitalisation Limit shall be provided as Cumulative Bonus for Accidental Hospitalisation in respect of each claim free Policy Year, provided the Policy is renewed without a break, subject to maximum of 100% of Accidental Hospitalisation Limit.

Special Conditions applicable to Cumulative Bonus for Accidental Hospitalisation:

- i. Calculation of Cumulative Bonus for Accidental Hospitalisation and sub-limits mentioned under the **Policy** shall be on basis of the Accidental Hospitalisation Limit.
- ii. The Cumulative Bonus for Accidental Hospitalisation shall be utilized only for Benefit-3.2.2.1 of the **Policy**
- iii. The Cumulative Bonus for Accidental Hospitalisation shall be utilized only after the original Accidental Hospitalisation Limit has been completely exhausted.
- iv. Cumulative Bonus for Accidental Hospitalisation shall be separate from Cumulative Bonus mentioned in Section 4 of the **Policy**

3.2.2.3. UNLIMITED REINSTATEMENT OF ACCIDENTAL HOSPITALISATION LIMIT

The **Company** shall reinstate the Accidental Hospitalisation Limit unlimited times, during the **Policy Year**, after occurrence and payment of claim under Benefit 3.2.2.1 Accidental Hospitalisation, subject to below mentioned terms and conditions.

- i. The Accidental Hospitalisation Limit under this benefit shall be reinstated to full extent immediately after settlement of a claim under Benefit-3.2.2.1 Accidental Hospitalisation and such reinstated part shall become part of Reinstated Accidental Hospitalisation Limit
- ii. The Reinstated Accidental Hospitalisation Limit shall be utilized only after the original Accidental Hospitalisation Limit and any earned Cumulative Bonus for Accidental Hospitalisation have been completely exhausted.
- iii. The Reinstated Accidental Hospitalisation Limit shall be utilized only for Benefit-3.2.2.1 of the **Policy**.

- iv. The Reinstated Accidental Hospitalisation Limit shall be available unlimited times for all subsequent claims of related or unrelated **Injury**.
- v. The Reinstated Accidental Hospitalisation Limit at given time shall not exceed the Accidental Hospitalisation Limit specified in the **Policy Schedule**.
- vi. Re-instituted Accidental Hospitalisation Limit cannot be carried forward to any subsequent **Policy Year**.

3.2.2.4. COMPANION COVER

In case that the **Insured Person** is hospitalised due to an **Accident** during the **Policy Period**, the **Company** shall indemnify the **Insured Person** or Family member up to an amount specified in the **Policy Schedule**, towards the expenses of a **Companion** during the **Inpatient Treatment** of the **Insured Person**, provided

- i. The Hospitalisation is on the written advice of the **Medical Practitioner**.
- ii. The **Insured Person** is hospitalised for more than 7 continuous and consecutive days.
- iii. The amount shall be payable towards expenses incurred by the **Companion** towards round trip economy class transportation by the most direct route via Common Carrier.
- iv. The **Accident** has happened in the city other than the usual place of residence of the **Insured Person**.
- v. The **Companion** travel is within the period of Hospitalisation and before the Insured Person's discharge from the **Hospital**.
- vi. The Benefit is subject to the exclusions mentioned under the Benefit 3.2.2.1 Accidental Hospitalization.

3.2.2.5. POST-HOSPITALISATION PHYSIOTHERAPY

The **Company** shall indemnify the **Insured Person** for the reasonable expenses incurred in the 60 days immediately after the **Insured Person** was discharged post **Hospitalisation**, towards professional physiotherapy sessions prescribed by the treating **Medical Practitioner**, provided that

- i. Such costs are incurred in respect of the same injury for which the **Insured Person** has taken **Hospitalisation**, and
- ii. The **Company** has accepted the claim for these **Hospitalisation** expenses under any one of the following Benefits - 3.2.2.1, 3.2.2.1.2
- iii. A maximum of fifteen sessions of physiotherapy of up to 1.5 hours each with a registered Physiotherapist shall be covered, upto the limit specified in the **Policy Schedule**.
- iv. The claims under this benefit shall be payable on cashless basis from the Company's Network providers. 20% co-pay shall apply in case claim is made for services taken from non-network providers.

3.2.2.6. BLOOD TRANSFUSION EXPENSES

In case that the **Insured Person** suffers an Injury from an **Accident** during the **Policy Period**, the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule** for expenses incurred towards procedure of testing, compatibility check and transfusion of blood required for various medical procedures, provided that:

- i. The **Company** has accepted the claim under Benefit 3.2.2.1 or 3.2.2.2
- ii. The blood is being procured and delivered to the hospital or the Insured Person's place of Residence in India, from a Government approved facility and/or hospital

3.2.2.7. TRANSPORTATION OF IMPORTED MEDICINES

In case that the **Insured Person** is hospitalised due to an **Accident** during the **Policy Period**, the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule** towards expenses incurred on freight charges for importing medicines to India for the purpose of **Insured Person's** medical or surgical treatment provided that:

- i. The **Company** has accepted the claim under Benefit 3.2.2.1 or 3.2.2.2
- ii. The medicines, formulations or alternatives of the imported medicines are not available in India
- iii. The medicines which are imported should be permissible under Government Regulation

The medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

3.2.2.8. DOMICILIARY CARE

In case that the **Insured Person** suffers an Injury from an **Accident** during the **Policy Period**, the **Insured Person** can avail the below mentioned services, if prescribed by the treating **Medical Practitioner**, by contacting Company's Empanelled Service Provider, upto limits specified in the **Policy Schedule**, provided that such services are availed within 6 months from the date of **Accident**.

- a. **ICU at Home:** The **Company** shall indemnify expenses up to the limits specified in the Policy Schedule towards the following services:
 - Medical Equipment such as hospital bed, IV Stand, syringe pumps, para monitor, Oxygen concentrator, suction machine, alpha mattress, nebulizer, DVT pump
 - Critical Care Nurse or Nursing Attendant
 - E-monitoring devices
 - Power backup (this can be covered only on case-to-case basis with prior approval from the Company, where consistent running of life support systems is critical)

Provided that,

- i. the services under this benefit shall be offered only by registered homecare provider empanelled with the Company
- ii. The ICU at Home can be availed for maximum 15 days during the Policy Year

For the purpose of this benefit, ICU at Home is a set up arranged at Insured Person's place of Residence in India by a registered home care service provider 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 medical care and supervision is considerably more sophisticated and intensive than can otherwise be provided in a home.

- b. **Doctor's Home Visits:** The **Company** shall indemnify expenses for Doctor's visit at Insured Person's place of Residence in India. This includes services of General Physician or Specialised Medical Practitioner. However, this shall not cover services related to Physiotherapy.
- c. **Nursing Care at Home:** The **Company** shall indemnify expenses for 12 hour/day and/or 24hr/day nursing services at Insured Person's place of Residence in India as prescribed by the treating **Medical Practitioner**. This includes services of General Nurse or Nursing Attendant.

Note:

- Sub-limit of Rs. 50000 shall apply to claims for Doctor's Home Visit and Nursing Care at Home put together.

3.2.3. DAILY HOSPITAL CASH

In case of **Hospitalisation** of the **Insured Person** for **In-Patient Treatment** solely and directly arising due to an **Accident** during the **Policy Period**, the **Company** shall pay the **Insured Person** an amount equal to the 'per day' amount specified in the **Policy Schedule** per day of **Hospitalisation**, provided,

- i. The fixed daily amount shall be payable for each continuous and completed 24 hours of such **Hospitalisation**
- ii. The amount under this benefit shall be payable for a maximum of 60 days, in a **Policy Year**
- iii. Time Deductible: If the **Hospitalisation** is for less than a

continuous and consecutive period of 72 hours, no amount shall be payable under this benefit. If the **Hospitalisation** extends beyond a continuous and consecutive period of 72 hours, the payment under this benefit shall be made from the first day of **Hospitalisation** subject to the limits mentioned in the **Policy Schedule**.

- iv. Time Deductible shall be applicable on each and every **In-Patient Treatment** claim reported under the **Policy**.

3.2.4. ACCIDENTAL OPD

In case that the **Insured Person** suffers an **Injury** from an **Accident** during the **Policy Period**, the **Company** shall indemnify the **Reasonable and Customary charges** for the following, up to the limits specified in the **Policy Schedule**:

- i. **OPD consultations:** Expenses toward consultation from a **Medical Practitioner** on Outpatient basis for the Accidental injury.
- ii. **Diagnostic Tests:** Cost for Diagnostic Tests prescribed by the consulting **Medical Practitioner**.
- iii. **Prescription drugs expenses:** Cost of prescription drugs prescribed by the consulting **Medical Practitioner** for the Accidental injury.
- iv. **Vaccinations for Animal Bites:** Cost of vaccination necessary following Injury due to animal bite
- v. **OPD for Dental Treatment** and related Diagnostic Tests and prescription drugs required due to Accidental injury affecting sound natural tooth or implants.
- vi. **Surgical Treatments:** Minor Surgical procedure such as Plaster cast, Synthetic cast, suturing, dressings for Accidents and animal bite related Outpatient procedures, for treatment of the Accidental Injury that are carried out by a **Medical Practitioner**, which are supported with requisite diagnostic results (wherever applicable).

The benefit is subject to following:

- a. **Condition Precedent:** The claim for Diagnostic Tests, Prescription drugs and Vaccinations for animal bite shall become payable only in relation to an OPD consultation which is payable.
- b. The expenses under this benefit are covered only for Allopathy Treatment.
- c. Dental Implants, CAD/CAM restorations and bone graft are not covered
- d. The Company's maximum liability to pay the claim under this benefit is limited to the OPD limit, as specified in the **Policy Schedule**.
- e. Any unutilized OPD limit shall not be carried forward to next **Policy Year**.
- f. A Deductible of Rs 500 shall be applicable on each and every Claim made under this benefit.
- g. OPD Expenses for any Cosmetic/ routine preventive health check-ups / dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances shall not be covered.
- h. The claims under this benefit shall be payable on cashless basis from the Company's Network providers. 20% co-pay shall apply in case claim is made for services taken from non-network providers.
- i. This benefit shall be available on Reimbursement on case to case basis. Bills and receipts can be submitted for reimbursement twice in a Policy Year towards each Policy.
- j. No claims shall be payable for treatment taken outside the Geographical coverage opted.

3.2.5. ENHANCED COVERS

3.2.5.1. BURNS

If the **Insured Person** sustains any burn injury, resulting solely and directly, from an **Accident** during the **Policy Period**, and if such injury shall within ninety days of its occurrence be the sole and direct cause of burn injuries as listed below, then the **Company** shall be liable to make payment to the **Insured Person** as per details indicated below.

Schedule of Burn Injuries	% *of Burns Limit
Second or Third Degree burns on**	
At least 27% of body surface	100%
At least 18% of body surface	50%
At least 9% of body surface	25%
At least 4.5% of body surface	10%

*The % defined above is on the basis of Rules of Nine used in medical literature.

**As certified by a Medical Practitioner.

3.2.5.2. BROKEN BONES/FRACTURE

If the **Insured Person** sustains any injury, resulting solely and directly, from an **Accident** during the **Policy Period**, and if such injury shall within ninety days of its occurrence be the sole and direct cause of any fracture as listed below, then the **Company** shall be liable to make payment to the **Insured Person** as per details indicated below.

Schedule of Fracture of	% of Broken Bones Limit
1. Hip or Pelvis (excluding thigh or coccyx)	
Multiple fractures, at least one compound and at least one complete involving 2 different bones	100%
Multiple Fractures atleast one Open Compound	50%
Multiple fractures, atleast one closed Compound	35%
Multiple Fractures atleast one Complete fracture	20%
At least one Complete fracture	10%
2. Thigh or Heel	
Multiple Fractures atleast one Open compound and one complete involving 2 different bones	80%
Multiple Fractures atleast one Open Compound	40%
Multiple fractures, atleast one closed Compound	25%
Multiple Fractures atleast one Complete fracture	15%
At least one Complete fracture	7%
3. Lower leg, skull, clavicle, ankle, elbows, upper or lower arm (including wrist but excluding Colles – type fractures)	
Multiple Fractures atleast one Open compound and one complete involving 2 different bones	60%
Multiple Fractures atleast one Open Compound	35%
Multiple fractures, atleast one closed Compound	20%
Multiple Fractures atleast one Complete fracture	10%
At least one Complete fracture	5%

4. Skull

Multiple Fractures of the skull needing surgical Intervention	50%
Multiple Fractures of the skull not needing surgical Intervention	25%

5. Colles type fracture of the lower arm

Open Compound Fractures	30%
Closed Compound Fractures	15%

6. Shoulder blade, kneecap, sternum, hand (excluding fingers and wrist), foot (excluding toes or heel)

Open Compound Fractures	30%
Closed Compound Fractures	15%
7. Spinal Column (Vertebrae but excluding coccyx)	
All compression fractures	45%
All spinous, transverse process of pedicle fractures	40%
Fracture leading to permanent neurological damage	35%
All other vertebral fractures	15%

8. Lower Jaw

Multiple fractures, at least one Open Compound	20%
Multiple fractures, at least one Closed Compound	12%
Multiple fractures, at least one complete	7%
All other fractures	3%

9. Rib or ribs, cheekbone, coccyx, upper jaw, nose, toe or toes, finger or fingers

Multiple fractures, at least one Open Compound	15%
Multiple fractures, at least one Closed Compound	10%
Multiple fractures, at least one complete	7%
All other fractures	3%

10. Dislocations requiring surgery under anaesthesia*

Spine or back, diagnosed by X-ray(excluding slipped disc)	25%
Hip	25%
Knee	20%
Wrist or elbow	15%
Ankle, shoulder blade or collarbone	10%
Fingers, toes or jaw	5%

*Limit of one payment for each of above in any twelve consecutive months

11. Internal Injuries

Internal injuries resulting in open abdominal or thoracic surgery excluding hernia	30%
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No benefit will be paid before any fracture is recognized medically and a **Medical Practitioner** has established the extent and nature of the fracture.

If an Injury results in more than one of the 'Description of Fractures' above, the total claim payable for all claims put together under this cover during a Policy Year shall not exceed the Broken Bones Limit as specified in the Policy Schedule.

The Company shall not be liable to make any payment in respect of dislocation of bones or joints or in respect of Hairline Fractures. The Company shall not be liable to make any payment in respect of any Fracture which results due to any illness or disease (including malignancy) or due to osteoporosis/ degeneration of bones.

3.2.5.3. COMA

If the **Insured Person** sustains an **Accidental injury** during the **Policy Period** which solely and directly results in **Hospitalisation** of the **Insured Person** during which the **Insured Person** enters a state of Coma, then the **Company** shall pay the benefit as specified in the **Policy Schedule**, provided

- i. The **Coma** is confirmed by a specialist **Medical Practitioner** in writing and entails the following:
 - a. No response to external stimuli continuously for at least 96 hours; and
 - b. Reliance on life support systems and measures to sustain life
- ii. Such state of Coma occurs within 30 days of **Accident**
- iii. The compensation under this benefit will be payable for every completed continuous week (7days) of Coma, for a maximum period of 104 weeks from the date the treating **Medical Practitioner** has certified in writing that **Insured Person** is in Coma.
- iv. Coma resulting directly from alcohol or drug abuse or any other illness other than Accidental bodily injury is excluded.

3.2.5.4. HEAD OR SPINE INJURY

The **Company** shall pay a fixed amount as specified in the **Policy Schedule**, if the **Insured Person** suffers an **Accident** during the **Policy Period** resulting in a head or spinal **Injury** which requires Neurosurgery, provided

- i. The surgery is carried out during the **Policy Period** and as **In-patient**
- ii. The surgery must be carried out within 30 days of date of **Accident**.
- iii. The surgery is required solely as a result of the **Accident** and shall necessarily be to either:
 - a. Increase the probability of survival
 - b. Directly prevent permanent disablement
 - c. Significantly reduce the extent of permanent disablement
- iv. Head/Spinal Injury must be confirmed by the treating **Medical Practitioner** and imaging investigations like X-ray, MRI, CT scan, ultrasound.
- v. The claim pay-out under this benefit shall be over and above the claim payable under Benefit-3.2.2.1 Accidental Hospitalisation.

For the purpose of this benefit, **Neurosurgery** (including Keyhole surgery): refers to the **In-patient** surgical treatment of **Injuries** of the brain (Cranial Surgery, Base Skull Surgery) and the spinal cord.

3.2.5.5. MISCARRIAGE

The **Company** shall pay a fixed amount as specified in the **Policy Schedule**, if the Pregnant **Insured Person** sustains an **Accidental injury** which solely and directly results in Miscarriage of the foetus within 15 days of such **Accident**, during the **Policy Period**, provided

- i. The benefit is available to female **Insured Person** between the age group 18 years to 40 years.
- ii. In the event of claim under this benefit, the pregnancy and subsequent miscarriage must be confirmed by Gynecologist in writing.
- iii. The foetus must be at least four weeks in gestation.
- iv. The **Accident** shall not be attributed due to **Insured Person's**

engagement in any activity which is against the medical advice of the Gynecologist.

- v. The miscarriage shall not be attributed to any natural causes and/or sickness relating to pregnancy and childbirth.
- vi. The **Company** shall not be liable for any payment in relation to Voluntary termination of pregnancy.

For the purpose of this benefit, **Miscarriage** shall mean the spontaneous or unplanned expulsion of a foetus from the womb within the first 20 weeks of gestation.

3.2.5.6. EMERGENCY EVACUATION (AIR AMBULANCE)

The **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule**, for the expenses incurred on availing Air Ambulance services during the **Policy Period**, provided:

- i. The coverage includes the cost of the transportation of the **Insured Person** from the place of first occurrence of the **Accident** to the nearest **Hospital** in case of an emergency Life Threatening Medical condition, or from one **Hospital** to another **Hospital** which is prepared to admit the **Insured Person** and provide the necessary medical services, only in case where the **Insured Person** requires immediate and rapid ambulance transportation which cannot be provided by a Road Ambulance.
- ii. Such Life-Threatening Medical Condition is certified by the **Medical Practitioner**
- iii. The transportation from one **Hospital** to another **Hospital** has been prescribed by a **Medical Practitioner** and is medically necessary.
- iv. This benefit can be availed once in a **Policy Year**.
- v. Such Air Ambulance should have been duly licensed for operation by the Competent Authorities of the Government of India or the Authority of the country in which the Accident has taken place.
- vi. The **Company** has accepted the claim under Benefit -3.1.1, 3.1.2, 3.1.3, 3.2.1 (if opted) or 3.2.2.1 (if opted).

3.2.6. HEALTH AND WELL BEING COVERS

3.2.6.1. CONVALESCENCE

The **Company** shall pay a lump sum amount as specified in the **Policy Schedule**, if during the **Policy Year**, the **Insured Person** suffers an **Accidental Injury** for which **Insured Person** is **hospitalised** for Inpatient Treatment for a minimum period of 7 continuous and consecutive days, provided

- i. This benefit is payable once in a Policy Year.
- ii. The Hospitalization is on the written advice of the Medical Practitioner.
- iii. The Benefit is subject to the exclusions mentioned under the Benefit 3.2.2.1 Accidental Hospitalization.

3.2.6.2. MODIFICATION OF HOME OR VEHICLE

The **Company** will indemnify the **Insured Person** towards the **Reasonable and Customary charges** incurred during the **Policy Period**, toward necessary modification of the **Insured Person's** regular place of residence and/or **Insured Person's** owned vehicle, to enable the **Insured Person's Daily activities of living**, consequent to an **Accident** during the **Policy Period** resulting in Permanent Total Disablement, Permanent Partial Disablement or Burns provided that:

- i. Such modification has been carried out in India and certified by the **Medical Practitioner** to be necessary.
- ii. The expenses incurred shall not exceed the reasonable level of charges for similar alterations
- iii. The modifications are carried out in the house where **Insured Person** resides after Injury, within India or vehicle which is the **Insured Person's** primary mode of transport
- iv. The modifications are exclusively for the benefit of the **Insured Person** only

- v. The **Company** has accepted the claim under Benefit Permanent Total Disablement, Permanent Partial Disablement or Burns (if opted)
- vi. The modifications are carried out within 3 (three) months from the **Insured Person's** intimation of claim under Permanent Total Disablement, Permanent Partial Disablement or Burns (if opted)
- vii. Expenses relating to repair of normal wear and tear or renovation or improvisation of existing set-up shall not be payable under this Benefit

No amount shall be payable for claim under this Benefit arising directly or indirectly due to any modifications or alterations not compliant with the applicable law.

3.2.6.3. REHABILITATION

In case of Permanent Total Disablement, Permanent Partial Disablement, Head or Spine Injury (if opted) or Burns (if opted), the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule**, towards **Medical Expenses** incurred by the **Insured Person** towards an in-patient Rehabilitation programme during the **Policy Period**.

In-patient rehabilitation programme refers to an intensive form of medical rehabilitation in which the **Insured Person** receives three or more hours per day of core therapies: physical therapy, occupational therapy and/or speech therapy; overseen by a **Medical Practitioner** specialized in rehabilitation with around the clock nursing care aimed at restoring bodily function following a major **Injury**.

The **Medical Expenses** as mentioned above shall mean the **Reasonable and Customary Charges** incurred during the in-patient rehabilitation programme which include the following:

- i. Room Rent
- ii. Nursing expense
- iii. Medical Practitioner(s) fees,
- iv. Therapy charges toward:
 - Physical therapy (including swallowing therapy, balance therapy and hydrotherapy)
 - Occupational therapy (or vocational rehabilitation) and
 - Speech therapy
- v. Expenses towards Medicines, drugs and Consumables forming part of the rehabilitation programme
- vi. Diagnostic procedures expenses

The benefit is subject to following:

- i. The rehabilitation should be carried out as in-patient in one of the following:
 - (a) Special ward dedicated to rehabilitation within a Hospital
 - (b) Specialist rehabilitation hospital or rehabilitation centre
- ii. The **Company** must have accepted the claim under Permanent Total Disablement, Permanent Partial Disablement, Head or Spine Injury or Burns
- iii. Such programme is medically necessary and is taken on the written advice of the treating **Medical Practitioner**.
- iv. Maximum rehabilitation programme length covered under the Policy is six weeks
- v. The rehabilitation programme has been undertaken with prior written approval of the Company
- vi. The benefit is available only for rehabilitation programmes taken within India
- vii. Expenses toward purchase of prosthetics, medical equipment or modifications made to vehicle and/or home are not covered under this benefit
- viii. Home services and OPD Services taken outside of the in-patient rehabilitation programme are not covered under this benefit
- ix. Addiction rehabilitation is not covered under this benefit
- x. Community rehabilitation programmes and Outreach

programmes are not covered under this Benefit

- xi. The claims under this benefit shall be payable on cashless basis from the Company's Network providers. 20% co-pay shall apply in case claim is made for services taken from non-network providers.

3.2.6.4. TRAUMA COUNSELLING

In case of Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or Burns (if opted), the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule**, for the expenses incurred towards Professional Counselling sessions for the psychological upliftment of the **Insured Person** (or family member in the event of Accident Death of the **Insured Person**), during the **Policy Period**, provided:

- i. The **Company** has accepted the claim under Benefit 3.1.1, 3.1.2, 3.1.3 or 3.2.3.1
- ii. The coverage needs to be availed within 6 months from the date of **Accident**.
- iii. The benefit can be availed by Insured's family members in the event of Accident Death of the **Insured Person**. In case of Permanent Total Disablement or Permanent Partial Disablement, the benefit is available for such **Insured Person**.
- iv. A maximum total of 6 sessions of Counselling with a registered Psychiatrist or Psychotherapist shall be covered in a **Policy Year**, upto the limit specified in the **Policy Schedule**.
- v. The benefit is available only for counselling taken within India
- vi. The claims under this benefit shall be payable on cashless basis from the Company's Network providers. 20% co-pay shall apply in case claim is made for services taken from non-network providers.

3.2.6.5. MEDICAL EQUIPMENT

The Company shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule** towards **Reasonable and Customary** expenses incurred towards rent or purchase of any of the below listed Medical equipment, during the **Policy Year**.

- Manual Wheelchairs and power mobility devices
- Artificial limbs
- Walker, Crutches, Canes
- Hospital beds
- CPM Machines
- Patient Lifts
- Traction equipment
- Commode Chairs/toilet seat frames/risers, Bath Bench or Shower Chairs
- Elbow Hand, Shoulder, Knee, Foot and Ankle Braces, Lumbo-sacral belt for Back

Provided that,

- i. The **Company** has accepted the claim under Benefit 3.1.2 Permanent Total Disablement or 3.1.3 Permanent Partial Disablement
- ii. The medical equipment are medically necessary following the occurrence of a Permanent Total Disablement or Permanent Partial Disablement and are supported by prescription from a **Medical Practitioner** indicating requirement of use.
- iii. Any medical equipment which was required by the **Insured Person** at the time of inception of the first Policy in connection to a Pre-Existing Disease or condition shall not be covered under the **Policy** or its subsequent renewals.
- iv. Each item under medical equipments can be claimable once in the lifetime of the **Insured Person**.
- v. In case of rented medical equipment, the Company shall not be liable for the amount payable towards the deposit money.
- vi. Payments made under this Benefit shall not be claimable under any other benefit.

- vii. The claims under this benefit shall be payable on cashless basis from the Company's Network providers. 20% co-pay shall apply in case claim is made for services taken from non-network providers.

3.2.6.6. RECONSTRUCTIVE SURGERY

In case of Permanent Total Disablement, Permanent Partial Disablement, Burns, partial or total Paralysis, the **Company** shall indemnify the **Insured Person** up to the limit specified in the **Policy Schedule** for **Reasonable and Customary** expenses incurred towards **In-patient Hospitalisation** for Reconstructive surgery to repair bodily injury from an **Accident**, during the **Policy Year**, provided

- i. The **Company** has accepted the claim under Benefit 3.1.2, 3.1.3 or 3.2.5.1,
- ii. The Reconstructive Surgery is carried out on the written advice of the **Medical Practitioner**
- iii. The Reconstructive Surgery is carried out within 30 days from the date of Accident.

For the purpose of this **Policy**, Reconstructive Surgery means **Medically Necessary** repair, replacement or reconstruction of Bone or soft tissue or nerves, carried out to restore the normal function of a body part.

The **Reasonable and Customary** expenses incurred towards **Hospitalisation** will include the following:

- i. Room Rent
- ii. Nursing expense
- iii. Intensive care Unit (ICU) charges,
- iv. Medical Practitioner(s) fees,
- v. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances expenses,
- vi. Medicines, drugs and Consumables expenses
- vii. Diagnostic procedures expenses
- viii. The cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure, unless specifically excluded.

Specific Exclusions applicable to Benefit 3.2.7.6 Reconstructive Surgery

- i. Reconstruction in connection with any Pre-Existing Disease
- ii. Reconstructive Surgery not in relation to an **Accident** occurred during the **Policy Period**.
- iii. Reconstructive Surgery in relation to any Infections (Deep tissue infections etc), unless the infection is caused by an **Accident**
- iv. Reconstruction to correct wear and tear of joints or muscles, congenital defects and developmental abnormalities.
- v. Reconstructive Surgery carried out for Cosmetic purpose.
- vi. Payments made under this Benefit shall not be claimable under any other benefit.
- vii. Surgery or Procedure for removal or reducing the appearance of injury scars is not covered under this benefit

3.2.7. TRAVEL COVERS (BUNDLE)

3.2.7.1. ENHANCED OVERSEAS TRAVEL COVER

The **Company** shall pay additional 50% of Base Sum Insured to the **Policyholder/Insured/Nominee/Legal Heir/Assignee** as specified in the **Policy Schedule**, in the event of Accidental Death or Permanent Total Disablement of the **Insured Person**, due to an **Accidental injury** whilst travelling outside the Republic of India during the **Policy Period**, provided that:

- i. The **Company** has accepted the claim either under Benefit 3.1.1 or 3.1.2.

3.2.7.2. COMPASSIONATE VISIT

If the **Insured Person**, during the **Policy Period**, suffers an **Accident** which results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement of the **Insured Person**, and no adult

Travelling **Companion** is present at the place of **Accident**, then the **Company** shall indemnify the **Policyholder/ Nominee/Legal Heir / Assignee** up to an amount specified in the **Policy Schedule**, towards the expenses of a **Companion's** round trip ticket to the place of **Accident**, provided

- i. The **Accident** has happened outside the geographical boundaries of the Insured's city of Residence.
- ii. The amount shall be payable towards expenses incurred by the **Companion** towards round trip economy class transportation by the most direct route via Common Carrier.
- iii. The **Company** has accepted the claim under any one of the following benefits-3.1.1,3.1.2 or 3.1.3.

3.2.7.3. TRIP CANCELLATION

If the **Insured Person**, whilst in India during the **Policy Period**, suffers an **Accident** which results in Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or **Hospitalisation** of the **Insured Person**, the **Company** shall indemnify the **Insured Person**, during the **Policy Period**, for the forfeited, non-refundable prepaid portion of payments towards named travel and accommodation booking of the **Insured Person**, made prior to the date of **Accident**, provided:

- i. The **Company** has accepted the claim under any one of the following benefits-3.1.1, 3.1.2, 3.1.3 or 3.2.2.1
- ii. The Insured's scheduled travel is within the **Policy Period**.
- iii. For the purpose of this Policy, "Trip" means a period of travel away from home to a Destination outside the Insured's City of residence; the purpose of the trip is business or pleasure; the trip has defined Departure and Return Dates specified before the date of Accident; the trip does not exceed 364 days; travel is primarily by Common Carrier provable by Main Travel Ticket(s) and only incidentally by private conveyance.

3.2.7.4. EVENT CANCELLATION

If the **Insured Person**, whilst in India or overseas, during the **Policy Period**, suffers an **Accident** which results in Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or **Hospitalisation** of the **Insured Person**, the **Company** shall indemnify the **Insured Person**, for the forfeited, non-refundable prepaid cost towards an event which is pre-booked prior to the date of **Accident** in the name of the **Insured Person**, provided

- i. The **Company** has accepted the claim under any one of the following benefits-3.1.1, 3.1.2, 3.1.3 or 3.2.2.1
- ii. No benefit shall be payable for participation in an Event as performer or organizer or crew
- iii. The maximum liability of the **Company** to pay the claim under this benefit shall be as per the limit specified in the Policy Schedule.
- iv. For the purpose of this Policy, "Event" means Entertainment Event bookings including but not limited to: Amusement Parks, Water Parks, Fairs and Festivals, Live entertainment (Theatre Plays and art performances, Concerts and Music events, Air shows, Sporting events

3.2.7.5. EXTENDED HOTEL STAY

If the **Insured Person**, whilst travelling in India or overseas during the **Policy Period**, suffers an **Accident** which results in Accidental Death, Permanent Total Disablement, Permanent Partial Disablement or **Hospitalisation** of the **Insured Person**, the **Company** shall indemnify the **Insured Person** for additional expenses incurred on extending the Hotel or booking an alternative accommodation for the **Insured Person** and/or one travelling companion, during the **Policy Period**, provided

- i. The Hotel/alternative accommodation booking is in the city outside the usual city of Insured's residence.
- ii. The **Company** has accepted the claim under any one of the following benefits-3.1.1, 3.1.2, 3.1.3 or 3.2.2.1
- iii. The Hotel/accommodation expenses shall be payable for

- maximum 5 consecutive days in respect of one double room or one twin bedroom in a three or four-star hotel or any other alternative equivalent accommodation (Service apartment, guest house, house on rent by online marketplace) within a radius of 10 km from the **Hospital** or place of **Accident**.
- iv. The **Company** shall be liable to pay the claim under this benefit only after obtaining written confirmation from the attending **Medical Practitioner** that **Insured Person** was not medically fit to travel back to his place of **Residence** during such extended stay.
 - v. The maximum liability of the **Company** to pay the claim under this benefit shall be as per the limit specified in the Policy Schedule.

3.2.8. FAMILY SHIELD

3.2.8.1. MULTI MEMBER DEATH OR DISABILITY

If an **Accident** during the **Policy Period** directly results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement of the **Insured Person** and the same **Accident** directly results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement of one or more members of his/her **Family**, then the **Company** shall pay the **Policyholder/ Nominee/ Legal Heir /Assignee** an additional 20% of **Base Sum Insured**, provided,

- i. The **Company** has accepted the claim under benefit-3.1.1, 3.1.2 or 3.1.3.
- ii. Accidental Death, Permanent Total Disablement or Permanent Partial Disablement of the **Family** member as falling within the definitions of this Policy is also certified by a **Medical Practitioner**

3.2.8.2. PARENTAL CARE

If an **Accident** during the **Policy Period** directly results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement (of specified severity) of the **Insured Person**, the **Company** shall pay additional 10% of **Base Sum Insured** subject to max of Rs. 5 lacs as specified in the **Policy Schedule**, to support the **Insured Person's** dependent Parents, provided:

- i. The **Company** has accepted the claim under Section-3.1 Base Covers
- ii. The benefit of 10% of Base Sum Insured (or Rs. 5 lakhs, whichever is lower) shall be available separately to each Dependent Parent (father or mother of the Insured Self or Insured Spouse), who has necessarily been declared at the time of buying the Policy and for whom premium has been paid, provided that the Insured Person shall have completed 30 years of age at the time of buying the Policy.
- iii. The Company's liability to pay the claim under this benefit shall not exceed the limit specified in the **Policy Schedule**.

3.2.8.3. EDUCATIONAL GRANT

If an **Accident** during the **Policy Period** directly results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement of the **Insured Person**, the **Company** shall pay Educational grant as specified in the **Policy Schedule**, to the dependent children of the **Insured Person** provided that:

- i. The **Company** has accepted the claim under Section-3.1 Base Covers
- ii. Such Dependent Child/ Children(s) is/are, at the time of claim, enrolled to and pursuing an educational course as a full-time student in an educational institution.
- iii. Age of the child or children as the case shall not be more than 25 completed years.
- iv. The limit specified in the **Policy Schedule** is the total amount payable for all Dependent Children collectively and not per insured child basis.
- v. The annual Educational grant as specified in the **Policy Schedule** shall be available separately to each Dependent

Child who has been declared at the time of buying the Policy and for whom premium has been paid.

- vi. The annual Educational grant under this benefit shall be payable for maximum 3 continuous and consecutive years.
- vii. In a given **Policy Year**, the Company's liability under this benefit shall not exceed the limit specified in the **Policy Schedule**.

3.2.8.4. LOAN PROTECTOR

If an **Accident** during the **Policy Period** directly results in Accidental Death, Permanent Total Disablement or Permanent Partial Disablement (of severity amounting to payment of at minimum 50%) of the **Insured Person**, the **Company** shall pay the **Insured Person's** balance outstanding principal loan amount as on date of Accident or Death whichever is later, towards one or more the following:

- Home Loan
- Vehicle Loan
- Education Loan (self or dependent child)
- Any other collateralized loan from entities regulated by the RBI and permitted to carry out lending business.

Provided that:

- i. The loan is taken within India from entities regulated by the RBI and permitted to carry out lending business.
- ii. The **Company** has accepted the claim under benefit-3.1
- iii. Outstanding principal loan amount would not include any arrears or penalties levied by the Bank or financial institution.
- iv. During the **Policy Period**, if the loan is transferred from one financer to another then the Insured Person must inform the **Company** in written with new Loan Sanction Letter, also in case of loan foreclose during the **Policy Period** no refund shall be provided.
- v. Amount due on credit cards shall not be payable under this benefit
- vi. The maximum liability of the **Company** to pay the claim under this benefit shall be limited to base Sum Insured or outstanding Principal Loan amount whichever is lower.

3.2.8.5. EMI PROTECTION

If an **Accident** during the **Policy Period** directly results in Temporary Total Disablement or Permanent Partial Disablement (of severity amounting to payment of less than 50%) of the **Insured Person**, the **Company** shall pay the **Insured Person's** outstanding Equated Monthly Instalments (EMI) amount as specified in the **Policy Schedule**, towards one or more of the following:

- Home Loan
- Vehicle Loan
- Education Loan
- Any other collateralized loan from entities regulated by the RBI and permitted to carry out lending business.

Provided that:

- i. The loan is taken within India from entities regulated by the RBI and permitted to carry out lending business.
- ii. The **Company** has accepted the claim under Section-3.2.1 Temporary Total Disablement or 3.1.3 Permanent Partial Disablement (of severity amounting to payment of less than 50%)
- iii. The coverage shall only be on respect of loans that were active at the time of the **Accident**, and to the extent of loan already disbursed as on the date of the **Accident**
- iv. No amount shall be payable under this Benefit for Temporary Total Disablement lasting for a period less than 4 completed weeks.
- v. The EMIs under this benefit shall be payable for a maximum 3 months or until the period of Temporary Total Disablement, whichever is lesser. In case of Permanent Partial Disablement the payment shall be for 3 months.

- vi. No amount shall be payable for loans on which the EMI payment status is delayed or defaulted as on the date of the Accident
- vii. Amount due on credit cards shall not be payable under this benefit
- viii. The monthly Limit specified in the Policy Schedule for this benefit is the total amount collectively payable per month towards EMIs for all outstanding loans of the above-mentioned categories put together.

3.2.8.6. CAREGIVER COVER

If an **Accident** during the **Policy Period** directly results in Permanent Total Disablement or Permanent Partial Disablement (of specified severity) of the **Insured Person**, the **Company** shall pay a fixed monthly amount as specified in the **Policy Schedule** towards expenses for hiring a Caregiver, provided

- i. The **Company** has accepted the claim under benefit-3.1.2 or 3.1.3.
- ii. The amount under this benefit shall be payable for maximum 3 months
- iii. Caregiver shall mean a paid helper who helps a person with activities of daily living.

3.2.8.7. RENEWAL PREMIUM

If an **Accident** during the **Policy Period** directly results in Permanent Total Disablement or Permanent Partial Disablement of the **Policyholder** who is also the **Insured Person**, the **Company** shall indemnify the **Policyholder** towards the next one-year Annual Renewal Premium of all the **Insured Persons** in the Policy, at the expiring terms.

Provided that:

- i. The **Company** has accepted the claim under benefit-3.1.2 or 3.1.3The benefit shall be payable once in the lifetime of the **Policy**.
- ii. The renewal shall be for the same terms and limits as the expiring Policy, except
 - a. Where a particular cover has lapsed due to claim in the expiring Policy, the Policy shall be renewed by deleting such covers and/or
 - b. Where the Policyholder is ineligible for renewal of the Policy due to claim in the Policy. In such case, the Policy shall be renewed for the remaining Insured Persons,
- iii. If the **Insured Person** towards whom claim is paid in the expiring Policy is not eligible for renewal, the Policy shall be renewed for the remaining Insured Persons

3.2.9. PERSONAL SHIELD (BUNDLE)

3.2.9.1. PERSONAL EFFECTS COVER

The **Company** shall reimburse the **Insured Person** up to an amount specified in the **Policy Schedule**, if any of the below listed Portable equipment belonging to **Insured Person** is lost as a result of theft immediately following, and at the location of **Insured Person's Accident** which has taken place during the **Policy Period**. The payment under this benefit is subject to **Deductible** (applicable on each and every claim) specified in the **Policy Schedule**.

List of Portable Equipment

- Laptop
- Mobile Phone
- Tablet
- Smart Watch
- Camera

For a claim to be admissible under this cover, it is a pre-condition that a claim must have been made and approved by the Company under Section 3.1 Base Covers or 3.2.1 Temporary Total Disablement or 3.2.2 Hospitalisation and related Covers The claim amount payable shall be the repair cost in case of physical damage or the replacement

cost in case of theft or irreparable physical damage. In any case, the claim amount for a particular equipment shall not exceed the original invoice value of that equipment.

The total amount paid for all claims under this benefit shall not exceed the limits specified in the Policy Schedule.

Specific Exclusions applicable to Personal effects cover:

The **Company** shall not be liable to make any payment under this benefit in respect of the following:

- i. Any loss not reported to the police within 24 hours of the occurrence of the incident and a written report being obtained for the same.
- ii. Loss of Equipment not present at the scene of Accident
- iii. Any Loss or misuse of Data
- iv. Any exclusion mentioned Section-5 of this **Policy**.

3.2.9.2. PAYMENT CARD PROTECTION

The **Company** shall reimburse the **Insured Person** up to an amount specified in the **Policy Schedule**, towards unauthorised transactions made by the use a Payment Card belonging to **Insured Person** if such card is lost as a result of theft immediately following, and at the location of the **Insured Person's Accident** which has taken place during the **Policy Period**.

Provided that:

- i. For a claim to be admissible under this cover, it is a pre-condition that a claim must have been made and approved by the Company under Section 3.1 Base Covers or 3.2.1 Temporary Total Disablement or 3.2.2 Hospitalisation and OPD Covers
- ii. Unauthorized transaction: means unauthorized and fraudulent use of the **Insured Person's** physical Credit cards or Debit Cards or Prepaid Cards issued by Banks operating in India by way of purchases or withdrawals made by physically swiping, tapping or inserting the card at a merchant POS or ATM, provided they are unrecoverable from any other sources.
- iii. The Credit cards or Debit Cards or Prepaid Cards should necessarily be issued in the name of the **Insured Person**
- iv. Cover shall be available only for unauthorized transactions occurring within 24 hours immediately following the **Accident**.
- v. The payment under this benefit is subject to **Deductible** (applicable on each and every claim) specified in the **Policy Schedule**.
- vi. Unauthorised use of payment card by **Family** member shall not be covered
- vii. No claims shall be payable on cards with overdue bills as on the date of **Accident**
- viii. The cover shall exclude any loss of card not reported to the police within 48 hours of the occurrence of the incident and a written report being obtained for the same.
- ix. Any consequential loss or loss arising due to loss of personal information other than that described above shall not be covered.

3.2.10. ASSISTANCE SERVICES:

The following services shall be available to the **Insured Persons** during the **Policy Period**:

- a. **Financial Guidance:** In case of Accidental Death of the **Policyholder** (who is also an **Insured Person**), the Company's Assistance Service Provider will offer one session with financial expert to provide the **Insured Person's** family member investment guidance or assistance in availing or paying off the loan.
- b. **Legal Assistance:** In case of Accidental Death of the **Policyholder** (who is also an **Insured Person**), the Company's Assistance Service Provider will offer one session to the Insured Person's family member with the lawyers to provide legal assistance related to transfer or change of documents.

In case of Permanent Total Disablement of an **Insured Person**,

- the Company's Assistance Service Provider will offer one session to the Insured Person's family member with the lawyers to provide legal assistance related to arranging Disability certificate in case of Permanent Total Disablement. This benefit shall not pay the charges for the Disability certificate itself.
- c. **Educational Counselling Service:** In case of Accidental Death of the **Policyholder** (who is also an **Insured Person**), the Assistance Service Provider shall arrange one session of Educational Counselling for the children between the age group 13 years to 25 years. The Company will offer counselling for maximum up to 2 children.
 - d. **Emergency Travel Assistance:** In case of Permanent Total Disablement, Permanent Partial Disablement or Burns, the Assistance Service Provider will provide an **Insured Person** all reasonable, possible and practical assistance in arranging emergency transportation assistance. The cost of the transportation itself shall be borne by the Insured Person and needs to be paid directly to the service provider/vendor.
 - e. **Second Opinion:** In case of Permanent Total Disablement, Permanent Partial Disablement, Burns or Coma, the Assistance Service Provider will arrange a second medical opinion from a **Medical Practitioner** within India which can be availed once during **Policy Year**.
 - f. **Chauffer Services:** In case the Insured Person requires chauffeur service for their vehicle to be driven around, following an accident, the Company shall provide assistance for arranging a driver/chauffeur to drive the Insured's vehicle. The remuneration of the chauffeur shall be borne by the Insured Person and needs to be paid directly to the chauffeur/vendor.

3.2.11. ADVENTURE SPORTS

In case the **Insured Person** sustains an **Accidental Injury** during the **Policy Period**, solely and directly as a result of **Insured's** participation in the below listed Adventure Sports in a non-professional capacity and under the supervision of a trained professional, the Company shall, notwithstanding Specific Exclusion 7, make available all the Benefits as opted under this Policy.

The total claim payable for 'Adventure Sports' in respect of each of the Base covers and all the Base covers put together shall be 25%/50%/100% (as opted by the Policyholder) of the Base Sum Insured, subject to maximum of Rs. 1 crore + the earned Cumulative Bonus. Limit for all other Benefits shall be as specified against that cover in the Policy Schedule.

List of covered Adventure Sports:

- i. **Sky Sports:** Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking, Parasailing, Hot Air Ballooning (Tethered), Paragliding, Sky diving,
- ii. **Mountain Sports:** Trekking, Rock Climbing, Rock Scrambling, Rappelling, Via Ferrata, Fell Running, Fell Walking, Gorge Walking, Canyoning, Indoor Rock Climbing, Mountain Biking, Mountaineering, Caving, potholing
- iii. **Water Sports:** Water Scooter rides, Speed Boat rides (not as an operator), Rafting, Body Boarding, Snorkelling, Scuba Diving, Wakeboarding, Surfing, River Canoeing/Kayaking

- iv. **Racing Sports:** Biking including Cycling and Motor Biking, Auto (car) racing, Motor rallying, Motorcycle racing, Air racing, Kart racing, Boat racing, Hovercraft racing, Lawn mower racing, Snowmobile racing, Truck racing, All Terrain Vehicle tours, Personal Light Electric Vehicle (Segway/PLEV) tours
- v. **Animal adventures:** Horse riding, Swimming with Dolphins, Diving with Whales, Shark Cage Diving, other organised animal, bird and reptile encounters (petting, feeding, bathing; excluding rescue and rehabilitation).

Specific Conditions Applicable to Benefit-3.2.11 Adventure Sports:

- i. Opting this Benefit does not increase the Sum Insured or the limits under any the Policy.
- ii. This cover shall be subject to all other terms, conditions and exclusions applicable to the of the Policy and the respective Benefits under which claim is made. However, the Specific exclusion number 7 shall be waived to the extent specified under this benefit.
- iii. The Company shall make payment under this benefit only on adherence to the below conditions:
 - a. **Safety gear:** The participants must wear prescribed Personal Protection Equipment including but not limited to helmet, gloves, harness and life jacket
 - b. **Provider license:** Only adventure sports participation through licensed providers (as per applicable legal jurisdiction) shall be covered under this Policy
 - c. **Adherence to Safety guidelines:** Conformation to safety guidelines is mandatory, including but not limited to appropriate certification, experience and qualification of the instructor, use of safety gear, guidelines on weather suitability, availability of emergency responders trained in First Aid and Cardiopulmonary resuscitation (CPR) techniques, use of equipment and/or vehicle that is quality tested and fit for use for the activity, track, geographical and weather conditions.

Specific Exclusions applicable to Benefit 3.2.11 Adventure Sports

- i. The **Company** shall not be liable to make any payment under this benefit in connection with or in respect of any expenses whatsoever incurred by the **Insured Person** for:
- ii. **Certain Medical Condition or Treatments:** Whilst being under any medication or treatment which slows down response and alertness or makes the Insured Person unfit for participating in such sports
- iii. **Against medical or expert advice:** Participation against Medical Advice or against the advice of the professional instructor or any representative of the Adventure Sport Centre or Organizer.
- iv. **Against Instruction:** Insured Person going against instructions, guidelines or rules of participation issued by the Adventure Sport Centre or Organizer
- v. **Professional participation:** Any participation in a semi professional or professional capacity
- vi. **Non listed Adventure Sports:** Participation in any other Adventure Sports not listed under this Benefit
- vii. **Pre-Existing Injury:** If the Insured is suffering from a Pre Existing Injury that limits their participation in the selected Adventure Sports
- viii. **Age Limits:** Insured aged above 55 year or if the Insured is less than 14 years of age.
- ix. **Weather Conditions:** If there is a public weather advice or prevailing weather conditions which are not suitable for undertaking participation in such activities.
- x. **Participation within 2 weeks of Hospitalisation:** Participation in any Adventure Sports within 2 weeks or before the end of recouping period as per the advice by the attending Physician, whichever is maximum.

- xii. **Swimming:** Participation in any water-based Adventure Sports without knowledge of swimming by the Insured.
- xiii. **Unguided Participation or Untrained Guides:** Participation in any Adventure Sports which is undertaken without direct supervision of a professionally trained guide for that specific Adventure Sports.
- xiv. **Uncertified Centres / Organizers:** Participation in any Adventure Sports which is undertaken at a Centre or under an Organizer who do not have required certifications as per the rules of the prevailing Jurisdiction.
- xv. **Night time Participation:** Participation in the Adventure Sports after sunset in that particular city.
- xvi. Any exclusion mentioned under Section-5 of this **Policy**.

3.2.12. CUMULATIVE BONUS

An additional 5% of the Base Sum Insured shall be provided as Cumulative Bonus in respect of each claim free Policy Year, provided the Policy is renewed without a break, subject to maximum of 50% of Base Sum Insured.

Note:

- a. The **Cumulative Bonus** is applicable only in respect of below listed Base covers. Addition of **Cumulative Bonus** will be done only if no claim made under these covers
 - Benefit-3.1.1 Accidental Death (AD)
 - Benefit-3.1.2 Permanent Total Disablement (PTD)
 - Benefit-3.1.3. Permanent Partial Disablement (PPD)
- b. The **Cumulative Bonus** shall be added and available individually to the **Insured Persons** under the Policy, provided no claim has been reported in the expiring **Policy Year**.
- c. In the event of a claim under Section 3.1, the Earned Cumulative Bonus shall be reduced by the extent utilized against the claim, and the balance Earned Cumulative Bonus shall be carried forward to the next year.
- d. **Cumulative Bonus** shall be available only if the **Policy** is renewed/ premium paid within the **Grace Period**. In case the Policy is not renewed within the **Grace Period**, the entire Cumulative Bonus shall be withdrawn.
- e. If a claim is made in the expiring **Policy Year** and is notified to the **Company** after the acceptance of Renewal premium any **Cumulative Bonus** awarded at renewal shall be withdrawn.

4. TREATMENT OF CUMULATIVE BONUS

Benefit 3.2.2.2 Cumulative Bonus for Accidental Hospitalisation and 3.2.9 Cumulative Bonus shall operate independently.

Both 3.2.2.2 Cumulative Bonus for Accidental Hospitalisation and 3.2.9 Cumulative Bonus shall be earned in a claim-free Policy Year.

In case of a claim, the reduction in 3.2.2.2 Cumulative Bonus for Accidental Hospitalisation and/or 3.2.9 Cumulative Bonus shall be to the extent claimed under the respective benefits.

5. SPECIFIC EXCLUSIONS (APPLICABLE TO ALL THE BENEFITS)

The **Company** shall not be liable to make any payments under this policy in respect of:

- 1) Any Pre-Existing injury or physical condition
- 2) Any claim for death or disablement (whether of a permanent nature or of a temporary nature), or Injury of the Insured Person, directly or indirectly due to War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.
- 3) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalisation of Insured Person
 - i. From intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;

- ii. Whilst under the influence of intoxicating liquor or drugs or other intoxicants except where the insured is not directly responsible for the injury/accident through under influence of intoxication;
- iii. Whilst engaging in aviation or ballooning, or whilst mounting into, or dismounting from or travelling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any Scheduled Airlines in the world.
[Standard type of aircraft means any aircraft duly licensed to carry passengers (for hire or otherwise) by appropriate authority irrespective of whether such an aircraft is privately owned or chartered or operated by a regular airline or whether such an aircraft has a single engine or multiengine;]
- iv. Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- 4) Any claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.
- 5) Persons serving in any branch of the Military, Navy or Air-force or any branch of Armed Forces or any paramilitary forces except during peace time.
- 6) Claims arising out of air travel except as a fare paying passenger on a recognized airline operating on regular scheduled air routes or air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports/routes.
- 7) Insured Person working in/with mines, tunneling or explosives or involving electrical installation with high tension supply or conveyance testing or oil rigs work or ship crew services or as jockeys or circus personnel or aerial photography or engaged in Hazardous Activities
- 8) Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalisation of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, unless agreed by the Company.
This exclusion shall be waived to the extent specified in Benefit 3.2.3.5 Adventure Sports, if opted.
- 9) Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - i. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - ii. Nuclear weapons material
 - iii. The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - iv. Nuclear, chemical and biological terrorism
- 10) Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.
- 11) Any loss Resulting from pregnancy or child-birth, unless agreed by the **Company**.
- 12) Expenses incurred in connection with Illness or Injury resulting due to participation in one's occupation.
- 13) Consequential Losses and Legal Liabilities: Any Consequential Loss or any Legal Liability arising due to the any of the reasons covered under Section 3: Scope of Cover is excluded under this Policy.
- 14) **Insured Person** is not covered while visiting countries or

areas which, prior to the time of travel, are against the recommendation or advice of the appropriate governmental authority of India or of the country of travel.

6. GENERAL TERMS AND CONDITIONS

6.1. DISCLOSURE OF INFORMATION

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

(Explanation: "Material facts" for the purpose of this policy shall mean all relevant information sought by the company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk)

6.2. CONDITION PRECEDENT TO ADMISSION OF LIABILITY

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

6.3. MATERIAL CHANGE

The **Insured Person** shall immediately notify the Company in writing of any change in his business or occupation or physical defect or infirmity with which he has become affected since the payment of last preceding premium.

6.4. AUTOMATIC TERMINATION OF INSURANCE

This **Policy** shall automatically terminate upon the **Insured Person's** death or payment of 100% **Sum Insured**. However, the cover shall continue for the remaining **Insured Persons** till the end of **Policy Period**. The other **Insured Persons** may also apply to renew the **Policy**. In case, the other **Insured Person** is minor, the **Policy** shall be renewed only through any one of his/her natural guardian or guardian appointed by court. All relevant particulars in respect of such person (including his/her relationship with the insured person) must be submitted to the **Company** along with the application.

6.5. 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.

6.6. NOTICE AND COMMUNICATION

- Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
- Such communication shall be sent to the address of the Company or through any other electronic modes specified in the Policy Schedule.
- The Company shall communicate to the Insured at the address or through any other electronic mode mentioned in the schedule.

6.7. GEOGRAPHICAL COVERAGE

The Geographical Coverage for each benefit is as per below mentioned table and claim under the Policy will be payable in accordance with the same.

Benefit No.	Cover Name	Geographical Coverage
3.1. Base Covers		
3.1.1.	Accidental Death (AD) includes <ul style="list-style-type: none"> • Disappearance • Common Carrier 	Worldwide
3.1.2.	Permanent Total Disablement (PTD)	Worldwide
3.1.3.	Permanent Partial Disablement (PPD)	Worldwide

3.1.4.	Repatriation of Mortal Remains and Funeral Expenses	Worldwide
3.2. Optional Covers		
3.2.1.	Temporary Total Disablement (TTD)	Worldwide
3.2.2.	Hospitalisation and Related Covers (Option to select Within India/ Worldwide)	-
3.2.2.1.	Accidental Hospitalisation: <ul style="list-style-type: none"> • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance • Pre-Hospitalisation & Post Hospitalisation 	Within India/ Worldwide (as opted)
3.2.2.2.	Cumulative Bonus for Accidental Hospitalisation*	Within India/ Worldwide (as opted)
3.2.2.3.	Unlimited Reinstatement of Accidental Hospitalisation Limit*	Within India/ Worldwide (as opted)
3.2.2.4.	Companion Cover	Within India/ Worldwide (as opted)
3.2.2.5.	Post Hospitalisation Physiotherapy	Within India/ Worldwide (as opted)
3.2.2.6.	Blood Transfusion expenses	Within India/ Worldwide (as opted)
3.2.2.7.	Transportation of Imported Medicines	Within India/ Worldwide (as opted)
3.2.2.8.	Domiciliary Care <ul style="list-style-type: none"> • ICU at Home • Doctor's Home Visits • Nursing Care at Home 	Within India
3.2.3.	Daily Hospital Cash:	Within India/ Worldwide (as opted)
3.2.4.	Accidental OPD: <ul style="list-style-type: none"> • OPD Consultations • Diagnostic tests • Prescription Drugs • Vaccinations for animal bite • OPD Dental treatment • Minor Surgical Procedures 	Within India/ Worldwide (as opted)
3.2.5.	Enhanced Covers	-
3.2.5.1.	Burns	Worldwide
3.2.5.2.	Broken Bones/Fracture	Worldwide
3.2.5.3.	Coma	Worldwide
3.2.5.4.	Head or Spine Injury	Worldwide
3.2.5.5.	Miscarriage	Worldwide
3.2.5.6.	Emergency Evacuation (Air Ambulance)	Worldwide
3.2.6.	Health and Well Being Cover	-
3.2.6.1.	Convalescence	Worldwide
3.2.6.2.	Modification of home or vehicle	Within India
3.2.6.3.	Rehabilitation	Within India
3.2.6.4.	Trauma Counselling	Within India

3.2.6.5.	Medical Equipment	Within India
3.2.6.6.	Reconstructive Surgery	Within India
3.2.7.	Travel Covers (Bundle)	-
3.2.7.1.	Enhanced Overseas Travel Cover	Overseas Travel Only
3.2.7.2.	Compassionate visit	Overseas and domestic travel
3.2.7.3.	Trip Cancellation	Overseas and domestic travel
3.2.7.4.	Event Cancellation	Overseas and domestic travel
3.2.7.5.	Extended Hotel Stay	Overseas and domestic travel
3.2.8.	Family Shield	-
3.2.8.1.	Multi Member Death or Disability	Worldwide
3.2.8.2.	Parental Care	Worldwide
3.2.8.3.	Educational Grant	Worldwide
3.2.8.4.	Loan Protector: One or more of: <ul style="list-style-type: none"> • Home Loan • Vehicle Loan • Education Loan (self or dependent child) • Any other collateralized loan from entities as permitted under the Policy 	Worldwide
3.2.8.5.	EMI Protection: One or more of: <ul style="list-style-type: none"> • Home Loan • Vehicle Loan • Education Loan (self or dependent child) • Any other collateralized loan from entities as permitted under the Policy 	Worldwide
3.2.8.6.	Caregiver Cover	Worldwide
3.2.8.7.	Renewal Premium	Worldwide
3.2.9.	Personal Shield (Bundle)	-
3.2.9.1.	Personal effects cover for <ul style="list-style-type: none"> • Laptop • Mobile Phone • Tablet • Smart Watch • Camera 	Worldwide
3.2.9.2.	Payment Card Protection	Worldwide
3.2.10.	Assistance Services: Arrangement of: <ul style="list-style-type: none"> • Financial Guidance • Legal Assistance • Educational Counselling Service (13yrs to 25yrs) • Second Opinion • Chauffer Services 	This is a Service, available in India
3.2.11.	Adventure Sports	Worldwide
3.2.12.	Cumulative Bonus	Worldwide

6.9. MULTIPLE POLICIES (APPLICABLE TO BENEFIT- 3.2.2.1 ACCIDENTAL HOSPITALISATION)

- 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.
- 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.
- 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.
- Where an **Insured Person** has policies from more than one insurer to cover the same risk on indemnity basis, the **Insured Person** shall only have indemnified the treatment costs in accordance with the terms and conditions of the chosen **Policy**.

6.10. FRAUD

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

Any amount already paid against claims which are found fraudulent later under this policy shall be repaid by all person(s) named in the policy schedule, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

- The suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true;
- The active concealment of a fact by the Insured Person having knowledge or belief of the fact;
- Any other act fitted to deceive; and
- Any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

6.11. CANCELLATION

- The **Insured** may cancel this Policy by giving 15days' written notice, and in such an event, the **Company** shall refund premium on short term rates for the unexpired Policy Year as per the rates detailed below.

PERIOD	Retention % Of 1 Year
Not exceeding 1 month	20%
Exceeding 1 month but not exceeding 2 months	30%
Exceeding 2 months but not exceeding 3 months	40%
Exceeding 3 months but not exceeding 4 months	50%
Exceeding 4 months but not exceeding 5 months	60%
Exceeding 5 months but not exceeding 6 months	70%
Exceeding 6 months but not exceeding 7 months	80%

6.8. MULTIPLE POLICIES (APPLICABLE TO COVERS WHICH OFFER FIXED BENEFITS)

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

Exceeding 7 months but not exceeding 8 months	90%
Exceeding 8 months	Full annual premium/ rate

For Long Term Policies, no refund shall be made for an expired Policy Year. Full refund shall be made for the Policy Year which has not commenced. For example, for a 5 year policy:

- **If the cancellation happens within the first year of the policy,** then the premium portion pertaining to 2nd year, 3rd year, 4th year and 5th year will be fully refunded. The premium portion pertaining to the year 1 will be refunded on a short period scale basis (as disclosed below).
- **If the cancellation happens in the second year of the policy,** then the premium portion pertaining to the 3rd year, 4th year and 5th year will be fully refunded. The premium portion pertaining to the year 1 will be fully retained. The premium portion pertaining to the year 2 will be refunded on a short period scale basis (as disclosed below).
- **If the cancellation happens in the third year of the policy,** then the premium portion pertaining to the year 1 and year 2 will be fully retained. The premium portion pertaining to the year 3 will be refunded on a short period scale basis (as disclosed below) and premium pertaining to year 4 and year 5 will be refunded fully.
- **If the cancellation happens in the fourth year of the policy,** then the premium portion pertaining to the year 1, year 2 and year 3 will be fully retained. The premium portion pertaining to the year 4 will be refunded on a short period scale basis (as disclosed below) and premium pertaining to year 5 will be refunded fully.
- **If the cancellation happens in the fifth year of the policy,** then the premium portion pertaining to the year 1, year 2, year 3 and year 4 will be fully retained. The premium portion pertaining to the year 5 will be refunded on a short period scale basis (as disclosed below)

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

No refund of premium shall be made on the on-going Policy Year where premium is paid in installments.

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

6.12. NOMINATION

The **Insured Person** 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/Policy Certificate/Endorsement (if any)) and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

6.13. RENEWAL OF THE POLICY

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

- i. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Request for renewal along with requisite premium shall be

received by the Company before the end of the policy period.

- iii. At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- iv. No loading shall apply on renewals based on individual claims experience.
- v. The cover for the Insured shall terminate immediately in the event of admissible claim and settlement of 100% Sum Insured under Coverage Death or 200% Sum Insured under Permanent Total Disablement and no Renewal of contract will be permissible.
- vi. The insured may also avail an optional cover or opt out of the optional cover at the time of renewal.

6.14. POSSIBILITY OF REVISION OF THE PREMIUM RATES

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

6.15. POLICY DISPUTES

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law.

6.16. ARBITRATION

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
- ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
- iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

6.17. PREMIUM PAYMENT IN INSTALMENTS

If the **Insured Person** has opted for Payment of Premium on an instalment basis i.e. Lumpsum, 3 EMIs (Equated Monthly instalments), 6 EMIs or 9 EMIs as mentioned in the Policy Schedule, the following Conditions shall apply.

- i. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
- ii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iii. No interest will be charged If the instalment premium is not paid on due date.
- iv. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- v. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vi. The Company has the right to recover and deduct all the pending instalments from the claim amount due under the

policy.

6.18. FREE LOOK PERIOD

The Free Look Period will be applicable on the new policy and not on renewals

- i. The Insured will be allowed a period of thirty days from date of receipt of the Policy document, whether received electronically or otherwise, to review the terms and conditions of the Policy, and to return the same if not acceptable.
- ii. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to
 - a) A refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or;
 - b) Where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or;
 - c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

6.19. OVERRIDING EFFECT OF POLICY SCHEDULE

In case of any inconsistency in the terms and conditions in this **Policy** vis-a-vis the information contained in the **Policy Schedule**, the information contained in the **Policy Schedule** shall prevail.

6.20. 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 www.irdai.gov.in (Circular-IRDA/HLT/REG/CIR/003/012020, Dated-01012020)

6.21. 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 www.irdai.gov.in (Circular- IRDA/HLT/REG/CIR/003/012020, dated 01012020).

6.22. 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.

6.23. NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in possession of the Company and not specifically informed by the Policyholder / Insured Person shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

6.24. ENDORSEMENTS (MID TERM ADDITION/DELETION OF INSURED PERSONS)

- i. Mid-Term Addition of Family: Mid-term addition of Family members shall be allowed in the event of following:
 - a) Newborn baby covered from 90 days
 - b) Spouse in the event of marriage.
- ii. Mid Term Deletion of Policyholder/Family: Midterm deletion of Policyholder or his/her Family members shall be allowed on pro-rata basis only in the event of Death of the Insured Person or his/her Family members subject to no claim has been made against the deleted person.

The Company may at any time terminate coverage to the Policyholder or his/her Family members on grounds as specified in Clause 6.1 Disclosure of Information, by giving 15 days' notice and by sending an endorsement to Policyholder's address shown in the Policy Schedule without refund of premium.

6.25. COMMUNICATION

Any communication meant for the Company must be in writing(by physical or digital mode) and be delivered to its address shown in the Policy Schedule. Any communication meant for the Policyholder will be sent by the Company to his last known address or the address as shown in the Policy Schedule.

All notifications and declarations for the Company must be in writing and sent to the address specified in the Policy Schedule. Agents are not authorized to receive notices and declarations on the Company's behalf.

Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

6.26. RESPONSIBILITY OF POLICYHOLDER/ INSURED PERSON

- i. Forthwith intimate / file / submit a Claim in accordance with Clause 6.1 of this Policy.
- ii. If so requested by the TPA/Company, the Insured Person will have to submit himself for a medical examination by the Company's nominated Medical Practitioner as often as it considers reasonable and necessary. The cost of such examination will be borne by the Company.
- iii. The Policyholder/ Insured Person is required to check the applicable list of Network Hospitalization the TPA/Company's website or call center before availing the Cashless services.
- iv. On occurrence of an event which will lead to a Claim under this Policy, the Policyholder/ Insured Person shall:
 - a. Allow the Medical Practitioner or any of the Company's representatives to inspect the medical and Hospitalization records, investigate the facts and examine the Insured Person.
 - b. Assist and not hinder or prevent the Company's representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.If the Policyholder / Insured Person does not comply with the provisions of these conditions all benefits under this Policy shall be forfeited at the Company's option.

6.27. MORATORIUM PERIOD

After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

7. OTHER TERMS AND CONDITIONS

7.1. CLAIM PROCEDURE

7.1.1. NOTIFICATION OF CLAIM

- i. Intimation about an event or occurrence that may give rise to a claim under this policy must be given within 30 days of its happening.
- ii. Claims for insurance benefits must be submitted to the Company not later than one (1) month after the completion of the treatment or after transportation of the mortal remains/burial in the event of Death.
- iii. If any treatment for which a claim may be made is to be taken and that treatment requires Hospitalisation in an Emergency, the Company shall be informed within 24 hours of the admission of the Insured Person in Hospital.

Note: The **Company** will examine and relax the time limit mentioned herein above depending upon the merits of the case.

7.1.2. DOCUMENTS TO BE SUBMITTED

Following are the basic documents required for All Claims:

- Duly completed and signed Claim Form, in original
- Photo Identity Proof of the Insured Person like Aadhar / PAN
- Copy of Medical/Medico Legal Certificate (wherever it is required as per the circumstance of the Accident) duly attested by the concerned Hospital
- Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable
- Cancelled cheque/NEFT details

Following are the documents required by each cover:

Benefit No.	Cover Name	List of Claim Documents	
3.1. Base Covers			
3.1.1.	Accidental Death (AD) including • Disappearance • Common Carrier Death	<ul style="list-style-type: none"> • Death certificate (In case of Death Claim) • Post mortem report if available and applicable • First Information Report/ Final Police Report, if applicable • Newspaper copy in case of disappearance • Identity proof of Nominee or Original Succession Certificate/ Original Legal Heir Certificate or any other proof to the satisfaction of the Company for the purpose of a valid discharge in case nomination is not filed by deceased. 	<ul style="list-style-type: none"> • Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable • Leave/Absence Certificate from Employer (If Employed) • Medical Practitioner's certificate confirming the injury and advising rest/unfit to work for specified number of days • Fitness Certificate issued by the treating doctor.
9.1.2.	Permanent Total Disablement (PTD)	<ul style="list-style-type: none"> • First Information Report/ Final Police Report, if applicable • Disability Certificate issued by treating Medical Practitioner 	9.2.2.1. Hospitalisation and related Covers
9.1.3.	Permanent Partial Disablement (PPD)	Same Documents as mentioned for Benefit - 3.1.2 Permanent Total Disablement (PTD)	9.2.2.1. Accidental Hospitalisation:
9.1.4.	Repatriation of Mortal Remains and Funeral Expenses	<ul style="list-style-type: none"> Same Documents as mentioned for Benefit- 3.1.1-Accidental Death • Original receipts of repatriation or Funeral or Burial expenses 	<ul style="list-style-type: none"> • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance • Pre-Hospitalisation & Post Hospitalisation
9.2. Optional Covers			
9.2.1.	Temporary Total Disablement (TTD)	<ul style="list-style-type: none"> • Original treating Medical Practitioner's certificate confirming the disability • Original Discharge summary from the Hospital (where applicable) 	<ul style="list-style-type: none"> • Indoor case papers • Discharge Summary from the Hospital • Medical & Investigation reports • Ambulance receipt and bill • Any other medical, investigation reports, as applicable • Any other document as required by the Company to assess the Claim
9.2.2.	Cumulative Bonus for Accidental Hospitalisation*	Not Applicable	9.2.2.2. Cumulative Bonus for Accidental Hospitalisation*
9.2.2.3.	Unlimited Reinstatement of Accidental Hospitalisation Limit*	Not Applicable	9.2.2.3. Companion Cover
9.2.2.4.	Post Hospitalisation Physiotherapy	Same Documents as mentioned for Benefit - 3.2.7 Travel Cover	9.2.2.4. Companion Cover
9.2.2.5.	Blood Transfusion Expenses	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.2.5. Post Hospitalisation Physiotherapy
9.2.2.6.	Transportation of Imported Medicines	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.2.6. Blood Transfusion Expenses
9.2.2.7.	Domiciliary Care	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.2.7. Transportation of Imported Medicines
9.2.2.8.	• ICU at Home • Doctor's Home Visits • Nursing Care at Home	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.2.8. Domiciliary Care
9.2.2.9.		Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	

3.2.3	Daily Hospital Cash:	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.6.	Travel Covers (Bundle)	<ul style="list-style-type: none"> Same Documents as mentioned for Benefit 3.1.1, 3.1.2, 3.1.3 as applicable. Original Passenger Ticket/Boarding pass for travel by a common carrier (if applicable) Original booking receipts wherever applicable Cancellation booking receipts (if applicable)
3.2.4.	Accidental OPD: <ul style="list-style-type: none"> OPD Consultations Diagnostic tests Prescription Drugs Vaccinations for animal bite OPD Dental treatment Minor Surgical Procedures 	<ul style="list-style-type: none"> Medical & Investigation reports Prescriptions, and consultation papers of the treatment Any other document as required by the Company to assess the Claim 	9.2.6.1.	Enhanced Overseas Travel Cover	
			9.2.6.2.	Compassionate visit	
			9.2.6.3.	Trip Cancellation	
			9.2.6.4.	Event Cancellation	
			9.2.6.5.	Extended Hotel Stay	
3.2.5.	Enhanced Covers	-	9.2.7.	Family Shield	-
9.2.4.1.	Burns	<ul style="list-style-type: none"> Original treating Medical Practitioner's certificate confirming the degree of burns Any other medical, investigation reports, inpatient or consultation treatment papers, as applicable 	9.2.7.1.	Multi Member Death or Disability	Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable.
9.2.4.2.	Broken Bones/ Fracture	<ul style="list-style-type: none"> Discharge Summary from the Hospital Medical & Investigation reports Self-attested Copy or X ray/CT/ MRI report showing the details of fracture 	9.2.7.2.	Parental Care	Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable.
9.2.4.3.	Coma	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.7.3.	Educational Grant	<ul style="list-style-type: none"> Proof to establish relationship – Passport/Education certificate establishing proof of relationship of child with parents/Birth Certificate. Photo Identity Proof of Child Age proof of Child Bonafide Certificate issued by the educational institution confirming that he/she is a fulltime student of the institution
9.2.4.4.	Head or Spine Injury	-	9.2.7.4.	Loan Protector: One or more of:	<ul style="list-style-type: none"> Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable. Loan Sanction Letter Current outstanding Loan certificate from financer, along with the documents submitted Loan disbursement letter along with the payment record till the date of Accident KYC Self-attested copy of KYC documents PAN Card details
9.2.4.5.	Miscarriage	Same Documents as mentioned for Benefits under 3.2.2	9.2.7.5.	EMI Protection: One or more of:	<ul style="list-style-type: none"> Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable. Loan Sanction Letter Current outstanding Loan certificate from financer, along with the documents submitted Loan disbursement letter along with the payment record till the date of Accident KYC Self-attested copy of KYC documents PAN Card details
9.2.4.6.	Emergency Evacuation (Air Ambulance)	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation	9.2.7.6.	Caregiver Cover	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.
9.2.5.	Health and Well Being Cover	-	9.2.7.7.	Renewal Premium	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.
9.2.5.1.	Convalescence	Same Documents as mentioned for Benefit - 3.2.2.1 Accidental Hospitalisation			
9.2.5.2.	Modification of home or vehicle	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.			
9.2.5.3.	Rehabilitation	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.			
9.2.5.4.	Trauma Counselling	Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable.			
9.2.5.5.	Medical Equipment	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.			
9.2.5.6.	Reconstructive Surgery	Same Documents as mentioned for Benefit 3.1.2 or 3.1.3 as applicable.			

9.2.8.	Personal Shield (Bundle)	-
9.2.8.1.	Personal effects cover for <ul style="list-style-type: none"> • Laptop • Mobile Phone • Tablet • Smart Watch • Camera 	Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3, 3.2.1 as applicable.
9.2.8.2.	Payment Card Protection	Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3, 3.2.1 as applicable.
9.2.9.	Assistance Services: Arrangement of: <ul style="list-style-type: none"> • Financial Guidance • Legal Assistance • Educational Counselling Service (13yrs to 25yrs) • Second Opinion • Chauffer Services 	Not Applicable
9.2.10.	Adventure Sports	<ul style="list-style-type: none"> • Same Documents as mentioned for Benefit 3.1.1, 3.1.2 or 3.1.3 as applicable. • Certificate of participation from Sports event organizer/service provider • Fitness certificate • Discharge Summary from the Hospital
9.2.11.	Cumulative Bonus	Not Applicable

Note: The Company may call for any other documents as required by the Company to assess the Claim.

7.1.3. PROPORTIONATE DEDUCTIONS (APPLICABLE TO BENEFIT-3.2.2.1 ACCIDENTAL HOSPITALISATION)

Subject to the other **Terms and Conditions** of this **Policy**, the **Associate Medical Expenses** (and the **Room Rent**) incurred by the **Insured Person** pertaining to a **Hospitalisation** shall be proportionately reduced in deriving at the payable amount of the corresponding **Claim**, in the event of (as the case maybe):

- The **Insured Person** chooses a higher room category than the category that is eligible as per the terms and conditions of the **Policy**. In this case, higher room category means a room category in which the room rent expenses charged by the **Hospital** is more expensive than the eligible room category as per the terms and conditions of the **Policy**.
- The **Insured Person** chooses a room category in which the room rent charges are more than the applicable **Base Sum Insured** sub-limit (in percentage or Rupee terms) on the room rent as per the **Policy** terms and conditions.

In the above, **Associate Medical Expense**, means all admissible invoice break ups (or bill heads) of the **Hospitalisation Medical Expenses** as mentioned in Benefit-3.2.2.1 (In-Patient Treatment) and 3.2.2.1.2 (Day Care Treatment) barring the below mentioned expense break ups:

- Cost of Pharmacy and Consumables
- Cost of Implants and Medical Devices
- Cost of Diagnostics

The proportional reduction will be done in a manner consistent with

the below table:

Sr. No.	Header	Explanation
I	Actual Room Rent	Room Rent (Including items to be subsumed under Room Rent as defined under Annexure A, List-II)
II	Eligible Room Rent Limit	Room Rent allowed as per policy is Single Private A.C Room (upto Deluxe Room)
A	Actual Medical Bills Incurred	As per submitted documents
(-)	Any expense not covered under Policy Benefits	-
B	= Covered Medical Expenses	-
(-)	Cost of Pharmacy and consumables, implants and medical devices and diagnostics	-
D	= Covered Medical Expenses which shall be subject to Proportionate Deduction	-
(*)	(Eligible Room Rent Limit)/(Actual Room Rent)	-
E	= Claim after Proportionate Deduction	If Actual Room Rent is within eligibility, then no deduction to be applied [E=D]
(+)	cost of Pharmacy and consumables, implants and medical devices and diagnostics	-
F	= Assessed Claim amount	-
(-)	Deduction for Copay	-
G	= Ground up claim amount	-
(-)	Deductions for Policy Deductibles and Limits*	-
H	= Payable claim amount	-

*The Final Claim amount would be deducted, in the following progressive order, from:

- Accidental Hospitalisation Limit**
- Cumulative Bonus for Accidental Hospitalisation
- Reinstated Accidental Hospitalisation Limit

Proportionate Deduction is subject to the following:

- Apart from the **Associate Medical Expenses**, no other expenses will be proportionately reduced
- If the given **Hospital** do not follow differential billing or if there are items in the claim for which the **Hospital** do not follow differential billing, the **Insurer** shall not be proportionately reducing the **Claims**. This shall be applied in case of admissions in Government Hospitals and the **Network Hospitals** of the **Insurer**.
- ICU** charges shall not be proportionately reduced in all cases

7.1.4. CLAIM SETTLEMENT (PROVISION FOR PENAL INTEREST)

- The Company shall settle or reject a Claim, as the case may be, within 30 days from the date of receipt of last necessary document.

- ii. In case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
- iii. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

(Explanation: "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the Financial Year in which claim has fallen due)

7.1.5. PAYMENT TERMS

- i. The payments under this **Policy** shall be made in INR. The rate of exchange as published by the Reserve Bank of India (RBI) as on the date of payment to the Hospital shall be used for conversion of amounts settled in other currency into INR for calculation of claim payments under this Policy. If the RBI rates are not published on the date of the Insured Person's discharge from the Hospital, the exchange rate next published by the RBI shall be considered for currency conversion.
- ii. **Claims** shall not be admissible under this **Policy** unless the **Company's Empaneled Service Provider/TPA/Company** has been provided with the complete documentation / information which the **Company** has requested to establish its liability for the **Claim**, its circumstances and its quantum unless the Policyholder / Insured Person have complied with the obligations under this Policy.
- iii. The **Company** will only be liable to pay for such Benefits for which the **Policyholder/ Insured Person** has specifically claimed in the **Claim Form**.

7.2. CLAIM RELATED INFORMATION

For any claim related query, intimation of claim and submission of claim related documents, insured person may contact the company through:

- i. Website: www.relianceada.com
- ii. Telephone: 022 4890 3009 (paid)
- Dedicated Senior Citizen helpline: 022-3383 4185 (paid line)

- iii. E-mail: rgicl.services@relianceada.com
- iv. Fax: +91 22 3303 4662
- v. Courier:
Reliance General Insurance Co. Limited
No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur, Hyderabad - 500 081.

7.3. GRIEVANCES

If the Policyholder has a grievance that the Policyholder wishes the Company to redress, the Policyholder may contact the Company with the details of his grievance through:

Website	https://reliancegeneral.co.in
e-mail	rgicl.services@relianceada.com
Telephone	022 4890 3009 (paid)
Post/Courier	Any branch office, the correspondence address, during normal business hours
Write to us at (Correspondence Only)	Reliance General Insurance, 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Grievance Redressal Officer

The Grievance Cell,

Reliance General Insurance Co. Limited

No. 1-89/3/B/40 to 42/ks/301, 3rd floor, Krishe Block, Krishe Sapphire, Madhapur Hyderabad – 500 081

Grievance Redressal officer email ID:

rgicl.headgrievances@relianceada.com

For updated details of grievance officer, kindly refer the link <https://reliancegeneral.co.in/Insurance/About-Us/Grievance-Redressal.aspx>

Grievance may also be lodged at IRDAI Integrated Grievance Management System -<https://bimabharosa.irdai.gov.in/>.

Insurance Ombudsman –The insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance. The contact details of the Insurance Ombudsman offices have been provided as Annexure-B.

OMBUDSMAN OFFICE

Office of the Ombudsman	Address	Contact Details	Areas of Jurisdiction
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad -380 001	Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu
BENGALURU	Office of Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560078	Tel No: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003.	Tel.: - 0755-2769201, 2769202 Fax : 0755-2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh & Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009.	Tel.: - 0674-2596455/2596461, Fax : 0674-2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa

CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017	Tel.: 0172 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana(excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018.	Tel.: 044 - 24333668 / 24335284 Fax: 044 – 24333664 Email: bimalokpal.chennai@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 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015.	Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Mahe-a part of Union Territory of Puducherry.
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 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and 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 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, Kolkatta - 700 072	Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001.	Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrail, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharaigang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharthanagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.	Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@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 Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna - 800 006.	Tel.: 0612-2680952 Email: bimalokpal.patna@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.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

The updated details of Insurance Ombudsman are available on IRDA website: www.irdai.gov.in, on the website of General Insurance Council: www.giccouncil.in, our website www.reliancegeneral.co.in

7.4. RECORDS TO BE MAINTAINED

The **Policyholder/ Insured Person** shall keep an accurate record containing all relevant medical records until final adjustment (if any) and resolution of all **Claims** under this **Policy** and shall allow the Company or its representative(s) to inspect such records. The Policyholder/ Insured Person shall furnish such information as the **Company** may require under this **Policy**.

7.5. LIMITATION PERIOD

In no case whatsoever the **Company** shall be liable for any **Claim** under this **Policy**, if the requirement of Clause 7.1 above are not complied with, unless the **Claim** is the subject of pending action;

it being expressly agreed and declared that if the **Company** shall disclaim liability for any **Claim** hereunder and such **Claim** shall not within 12 calendar months from the date of the disclaimer have been made the subject matter of a suit in court of law then the **Claim** shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable.

7.6. ALTERATIONS IN THE POLICY

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

7.7. JURISDICTION

The **Policy** is subject to the exclusive jurisdiction of the Courts of India.

8. COVERAGE SUMMARY

Benefit No.	Cover Name	Address	Basis of Payment	Short Description	Geographical Coverage
3.1. Base Covers					
3.1.1.	Accidental Death (AD) includes	<ul style="list-style-type: none"> • Base Sum Insured as selected for AD, • Disappearance • Common Carrier 	Benefit	Lumpsum payout on accidental death	Worldwide
3.1.2.	Permanent Total Disablement (PTD)	2x Base Sum Insured as selected	Benefit	Lumpsum payment: Percentage based on Disability scale	Worldwide
3.1.3.	Permanent Partial Disablement (PPD)	Base Sum Insured as selected	Benefit	Lumpsum payment: Percentage based on Disability scale	Worldwide
3.1.4.	Repatriation of Mortal Remains and Funeral Expenses	1% of Base Sum Insured, max up to 1,00,000	Benefit	Lumpsum payout for expenses for funeral or repatriation of Mortal remains	Worldwide

3.2. Optional Covers

3.2.1.	Temporary Total Disablement (TTD)	Weekly payout option of Rs 500 to Rs 1 lakh; max up to 2% of Base SI Payable up to 104 weeks; Time excess of xx Days (Franchise option available)	Benefit	Pays weekly allowance to compensate loss of pay due to disability caused by an Accident	Worldwide
3.2.2.	Hospitalization and related Covers (Option to select Within India/ Worldwide)				
3.2.2.1.	Accidental Hospitalization: • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance • Pre-Hospitalization & Post Hospitalization	1 lakh to 5 lakhs (in multiples of 1 lakh) and up to 20 lakhs (in multiples of 5 lakhs) Road Ambulance: Sublimit-Rs 25000 Pre and Post Hospitalization covered upto 30 and 90 days respectively	Indemnity	Indemnifies for Medical Expenses incurred during Hospitalization (In-patient and Day Care) due to an Accident. Also covers medical expenses incurred on, Pre & Post Hospitalization and Road Ambulance expenses.	Within India/ Worldwide (as opted)
3.2.2.2.	Cumulative Bonus for Accidental Hospitalization*	10% of Accidental Hospitalization Limit for each claim-free year, subject to maximum 100% of Accidental Hospitalization Limit	Indemnity	Provides bonus on the Accidental Hospitalization Limit	Within India/ Worldwide (as opted)
3.2.2.3.	Unlimited Reinstatement of Accidental Hospitalization Limit*	Upto 100% of Accidental Hospitalization Limit, unlimited times	Indemnity	Reinstates the Accidental Hospitalization Limit to its full value immediately after a claim.	Within India/ Worldwide (as opted)
3.2.2.4.	Companion Cover	Options: Rs. 15000/ 25000/ 50000/ 100000	Indemnity	Indemnifies the transportation costs incurred by a companion for accompanying the Insured in Hospital, if hospitalization is more than 7 days	Within India/ Worldwide (as opted)
3.2.2.5.	Post hospitalization Physiotherapy	Rs 500/ 1000/ 1500/ 2000/ 3000/ 5000 per visit, max 15 sessions of up to 1.5 hours each Within Accidental Hospitalization Limit	Indemnity	Indemnifies reasonable expenses incurred toward physiotherapy in the 60 days immediately after the Insured Person was discharged post Hospitalization. Network Only. 20% co-pay for non-network claims.	Within India/ Worldwide (as opted)
3.2.2.6.	Blood Transfusion expenses	Up to 1 lakh Within Accidental Hospitalization Limit	Indemnity	Indemnifies the costs incurred towards procedure of testing, compatibility check and transfusion of blood	Within India/ Worldwide (as opted)
3.2.2.7.	Transportation of Imported Medicines	Up to 20000 Within Accidental Hospitalization Limit	Indemnity	Indemnifies the costs incurred for freight charges during transportation of imported medicines if the Insured Person undergoes Hospitalization due to an Accident.	Within India/ Worldwide (as opted)

3.2.2.8.	Domiciliary Care	up to 2lakhs, • ICU at Home • Doctor's Home Visits • Nursing Care at Home	Indemnity	Indemnifies the Insured Person for availing the mentioned services. To be availed within 6 months of Accident.	Within India
		Sub-limit of Maximum 15 days for ICU at Home			
		Sub-limit of Rs. 50000 for:		Network Only.	
		Doctor's Home Visits + Nursing Care at Home			
		Within Accidental Hospitalization Limit			
3.2.3.	Daily Hospital Cash:	Options: 500, 1000, 2000, 3000, 4000, 5000 per day, max up to 60 days.	Benefit	Pays fixed daily amount, if Insured is Hospitalized due to an Accident Time Deductible: 72 hours	Within India/ Worldwide (as opted)
3.2.4.	Accidental OPD:	5000/ 10000/ 15000/ 20000/ 25000/ 50000/ 75000/ 1 lakh • OPD Consultations • Diagnostic tests • Prescription Drugs • Vaccinations for animal bite • OPD Dental treatment • Minor Surgical Procedures	Indemnity	Indemnifies for Accidental OPD Consultations, Diagnostic Tests, Pharmacy, Dental Treatment, Surgical Treatments Network only. 20% co-pay for non-network claims.	Within India/ Worldwide (as opted)
3.1.5.	Enhanced Covers				
3.2.5.1.	Burns	Options upto 50 lakh in multiples of 50 thousand. Payment as Percentage of Burns Limit based on grid	Benefit	Pays lumpsum benefit as per the grid due to second- or third-degree burn	Worldwide
3.2.5.2.	Broken Bones/ Fracture	Options upto 10 lakh in multiples of 50 thousand. Payment as Percentage of Broken Bones Limit based on grid.	Benefit	Pays lump sum benefit as per the grid due to Broken Bones/Fracture	Worldwide
3.2.5.3.	Coma	1% of SI, max 10000 per week. Payable up to 104 weeks	Benefit	Pays compensation for every completed week(7days) till the time Insured is in Coma state due to an Accident. Payable max for up to 104 weeks	Worldwide
3.2.5.4.	Head or Spine Injury	2% of S.I, max 1 lakh	Benefit	Pays lumpsum benefit in case the Insured suffers head injury, requiring neurosurgery	Worldwide
3.2.5.5.	Miscarriage	100000	Benefit	Pays lump sum if female Insured suffers from miscarriage due to an Accident	Worldwide
3.2.5.6.	Emergency Evacuation (Air Ambulance)	S.I< 25 lakhs: Rs. 1 lakh S.I< 1crores: Rs 5 Lakhs S.I >=1crores: Actuals	Indemnity	Indemnifies the cost incurred in evacuating the Insured from place of Accident and shifting to nearest hospital, or from one Hospital to another Hospital in the event of Accident	Worldwide

3.2.6.	Health and Well Being Cover				
3.2.6.1.	Convalescence	S.I< 25 lakhs: Rs. 25000 S.I< 1crores: Rs. 35000 S.I >=1crores: Rs. 45000	Benefit	Pays lump sum benefit if the Insured is hospitalized for more than 7 consecutive days due to an Accident	Worldwide
3.2.6.2.	Modification of home or vehicle	Up to 5 lakhs	Indemnity	Indemnifies for expenses incurred in modification of Home or Vehicle in India due to PTD, PPD, Burns (if opted).	Within India
3.2.6.3.	Rehabilitation	Up to Rs. 5 lakh	Indemnity	Indemnifies expenses incurred towards treatment of Insured in rehabilitation center in India due to PTD, PPD Head and Spine Injury, or Burns (if opted). Network only. 20% co-pay for non-network claims.	Within India
3.2.6.4.	Trauma Counselling	Rs 3000/ 5000/ 10000 per session (open to selection), maximum 6 sessions	Indemnity	Indemnifies expenses for the counselling sessions for psychological upliftment due to Trauma caused by AD (to family survivors; max 6 sessions put together), PTD, PPD, Burns(if opted) Network only. 20% co-pay for non-network claims.	Within India
3.2.6.5.	Medical Equipment	Up to 2.5 lakhs	Indemnity	Indemnify for expenses incurred on purchase of prosthetic devices (wheelchairs, crutches, artificial limbs etc.) due to PTD, PPD. Network only. 20% co-pay for non-network claims.	Within India
3.2.6.6.	Reconstructive Surgery	Up to 10 lakhs	Indemnity	Indemnifies expenses incurred on reconstructive surgery to restore natural function due to PTD or PPD or Burns (if opted) or Paralysis	Within India
3.2.7.	Travel Covers (Bundle)				
3.2.7.1.	Enhanced Overseas Travel Cover	Additional 50% of Base S.I.	Benefit	Pays 50 % additional of AD S.I in the event of Death or PTD due to an accident whilst travelling abroad or by a Common Carrier	Travel Overseas Only
3.2.7.2.	Compassionate visit	1 lakh	Indemnity	Indemnifies the transportation costs incurred by a companion in case of AD, PTD or PPD	Overseas and domestic travel
3.2.7.3.	Trip Cancellation	Up to 25,000	Indemnity	Indemnifies the travel and accommodation costs of Insured Person due to AD,PTD,PPD or Hospitalization due to injury	Overseas and domestic travel
3.2.7.4.	Event Cancellation	Up to 25,000	Indemnity	Indemnifies the pre-booked event ticket costs of Insured Person due to AD, PTD,PPD or Hospitalization due to injury	Overseas and domestic travel
3.2.7.5.	Extended Hotel Stay	Up to 25,000	Indemnity	Indemnifies the cost of hotel stay Extension in case the Insured Person suffers from AD, PTD, PPD or Accidental Hospitalization and is not able to travel back to city of residence in India	Overseas and domestic travel
3.2.8.	Family Shield				
3.2.8.1.	Multi Member Death or Disability	Additional 20% of Base S. I.	Benefit	Pays lump sum benefit if more than one Insured Person suffers from accidental bodily injuries in the same incident which leads to AD or PTD or PPD	Worldwide
3.2.8.2.	Parental Care	10% of Base SI, max 5 lakhs	Benefit	Pays lump sum benefit to support dependent parents, if Insured Person suffers from AD, PTD or PPD	Worldwide
3.2.8.3.	Educational Grant	15% of SI, max 7.5 lakhs	Benefit	Pays lump sum for Dependent Childs' education if Insured Person suffers from AD, PTD or PPD	Worldwide

3.2.8.4.	<p>Loan Protector: One or more of:</p> <ul style="list-style-type: none"> • Home Loan • Vehicle Loan • Education Loan (self or dependent child) • Any other collateralized loan from entities as permitted under the Policy 	Base Sum Insured or Outstanding Principal Loan amount whichever is lower.	Benefit	Pays outstanding principal loan amount for Loans taken Within India if the Insured Person suffers from AD, PTD or PPD (of specified severity)	Worldwide
3.2.8.5.	<p>EMI Protection: One or more of:</p> <ul style="list-style-type: none"> • Home Loan • Vehicle Loan • Education Loan (self or dependent child) • Any other collateralized loan from entities as permitted under the Policy 	<p>Outstanding Equated Monthly Instalments (EMI) amount or 2% of the Base Sum Insured per month, whichever is lower.</p> <p>Payable for a maximum of 3 months</p>	Benefit	Pays outstanding EMI amount for Loans taken Within India if the Insured Person suffers from TTD or PPD (of specified severity)	Worldwide
3.2.8.6.	Caregiver Cover	<p>0.5% of SI per month or 50,000 whichever is lower,</p> <p>Maximum for 3 months</p>	Benefit	Pays lump sum benefit for 3 months if the Insured Person suffers from PTD, PPD	Worldwide
3.2.8.7.	Renewal Premium	Actuals	Indemnity	Indemnifies the next one Annual Renewal Premium for entire Policy if Proposer (who is also an Insured) suffers from PTD or PPD	Worldwide
3.2.9.	Personal Shield (Bundle)				
3.2.9.1.	<p>Personal effects cover for</p> <ul style="list-style-type: none"> • Laptop • Mobile Phone • Tablet • Smart Watch • Camera 	Up to 50000 Deductible of Rs. 5000 shall apply on each claim	Indemnity	Indemnifies loss in case of physical damage or theft following an accident. Does not cover any consequential or data loss.	Worldwide
3.2.9.2.	Payment Card Protection	<p>Upto Rs. 20000</p> <p>Only the first three fraudulent transactions are covered.</p>	Indemnity	Indemnity against misuse of Payment Card stolen following an accident.	Worldwide
3.2.10.	<p>Assistance Services:</p> <p>Arrangement of:</p> <ul style="list-style-type: none"> • Financial Guidance • Legal Assistance • Educational Counselling Service (13yrs to 25yrs) • Second Opinion • Chauffer Services 	<p>One session each</p>	This is a Service benefit	This is service assistance benefit through network providers	This is a Service, available in India

3.2.11.	Adventure Sports	Base covers: 25%/ 50% / 100% of (Base Sum Insured, subject to maximum of 1 crore + Earned Cumulative Bonus). All other covers: As applicable above	Benefit	Waives exclusion of Adventure Sports for covers opted under the Policy.	Worldwide
3.2.12.	Cumulative Bonus	5% of Base Sum Insured for each claim-free year, subject to maximum 50% of Base Sum Insured	Indemnity	Provides bonus on the Base Sum Insured	Worldwide

Note:

1. The covers 3.1.1, 3.1.2 and 3.1.3 listed above are the base Policy benefits. It is compulsory to choose at least one of these benefits as part of the Policy. Benefit 3.1.4 is attached to benefit 3.1.1 and shall be available to the Insured Person upon choosing 3.1.1.
2. Accidental Hospitalization, Cumulative Bonus for Accidental Hospitalization and Unlimited Reinstatement of Accidental Hospitalization Limit shall be opted together. These covers shall not be available separately
3. The total liability of the Company to make payment toward claims arising from one or more of the insured events described in Section 3.1.1 Accidental Death (AD), 3.1.2. Permanent Total Disablement (PTD) and 3.1.3. Permanent Partial Disablement (PPD) is limited to the Base Sum Insured + Cumulative Bonus, except as agreed under 3.1.2. Permanent Total Disablement (PTD) where an additional 100% of the Sum Insured shall be paid under the claim.
4. In case claims for any one Accident fall under more than one of the following: 3.1.1 Accidental Death (AD), 3.1.2. Permanent Total Disablement (PTD), 3.1.3. Permanent Partial Disablement (PPD) and 3.2.1 Temporary Total Disablement (TTD); the higher of the claims shall be payable.
5. The insurance coverage for the Insured Person shall cease once the Company accepts a claim under Section 3.1.1 Accidental Death (AD) or 3.1.2. Permanent Total Disablement (PTD).Cover
6. 3.2.5.2 Broken Bones/Fracture shall note be available for entry age >=65 years