

RELIANCE PERSONAL ACCIDENT 360SHIELD - PROSPECTUS

SECTION 1: ELIGIBILITY CRITERIA

- i. Policy can be availed by persons between the age of 18 years and 80 years, as Proposer. Dependent children (i.e., naturally or legally adopted and financially dependent on the Proposer) can be covered from 30 days to 25 years of age.
- ii. Policy can be availed for self and the following family members
 - a. Legally wedded spouse
 - b. Parents and Parents-in-law
 - c. Brothers, Sisters, Grand Parents, Grand Children, Daughter in law and Son-in-law
 - d. Dependent Children, Nephew, Niece, (i.e., natural or legally adopted) between the age of 30 days to 25 years.
- iii. Age means "Age as on last birthday" as on the date of first Policy issuance or at renewal. If any age changes during proposal stage, then "age" at submission of proposal from would be considered for premium calculation.
- iv. This Policy can be issued to an individual and/or a family. Family will be covered on Individual Sum Insured basis.
- v. A maximum of 8 member can be covered in a single individual policy on individual sum insured basis. The family includes, Self, Spouse, Son, Daughter, Father, Mother, Father-in-law, Mother-in-law, Brothers, Sisters, Grand Parents, Grand Children, Daughter in law and Son-in-law.
- vi. There is no maximum cover ceasing age on continuous renewals.

SECTION 2: SUM INSURED

The minimum Sum Insured under the product is ₹ 5 lakh.

SECTION 3: POLICY PERIOD

The Policy can be purchased for 1 year, 2 years or 3 years.

SECTION 4: COVERAGES**4.1. Base Covers**

The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

4.1.1. 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.

4.1.2. 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

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

days) from the date of Accident.

4.1.3. 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

4.1.4. Repatriation of Mortal Remains and Funeral Expenses**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

- The Company has accepted the claim under Benefit 4.1.1. Accidental Death
- The death of the Insured Person has occurred outside the city of his residence.

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 the Company has accepted the claim under Benefit 4.1.1. Accidental Death

4.2. Optional Cover

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.

4.2.1. Temporary Total Disablement (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

4.2.2. Hospitalization and related Covers**4.2.2.1 Accidental Hospitalization**

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

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

- Room Rent
- Nursing expense
- Intensive care Unit (ICU) charges,
- Medical Practitioner(s) fees,
- Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances expenses,
- Medicines, drugs and Consumables expenses



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

4.2.2.1.1 Inpatient Treatment

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

4.2.2.1.2 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.

4.2.2.1.3 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.

4.2.2.1.4 Pre-hospitalization

The Company shall indemnify the Insured Person for the Medical Expenses incurred in the 30 days immediately before the Insured Person was Hospitalized.

4.2.2.1.5 Post-hospitalization

The Company shall indemnify the Insured Person for the Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalization.

4.2.2.2 Cumulative Bonus for Accidental Hospitalization

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

4.2.2.3 Unlimited Reinstatement of Accidental Hospitalization Limit

The Company shall reinstate the Accidental Hospitalization Limit unlimited times, during the Policy Year, after occurrence and payment of claim under Benefit 1 Accidental Hospitalization

4.2.2.4 Companion Cover

In case that the Insured Person is Hospitalized 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.

4.2.2.5 Post-Hospitalization 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 Hospitalization, towards professional physiotherapy sessions prescribed by the treating Medical Practitioner.

4.2.2.6 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.

4.2.2.7 Transportation of Imported Medicines

In case that the Insured Person is Hospitalized 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

4.2.2.8 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, after the Insured Person is discharged post Hospitalization for such Injury, 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)
- 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 ₹ 50000 shall apply to claims for Doctor's Home Visit and Nursing Care at Home put together.

4.2.3. Daily Hospital Cash

If the Company has accepted a claim under Benefit-4.2.2.1.1 In-Patient Treatment, then the Company shall pay the Insured Person an amount equal to the Daily Cash amount specified in the Policy Schedule per day of Hospitalization

4.2.4. 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

- a. **OPD consultations:** Expenses toward consultation from a Medical Practitioner on Outpatient basis for the Accidental injury.
- b. **Diagnostic Tests:** Cost for Diagnostic Tests prescribed by the consulting Medical Practitioner.
- c. **Prescription drugs expenses:** Cost of prescription drugs prescribed by the consulting Medical Practitioner for the Accidental injury.
- d. **Vaccinations for Animal Bites:** Cost of vaccination necessary following Injury due to animal bite
- e. **OPD for Dental Treatment and related Diagnostic Tests and prescription drugs required due to Accidental injury affecting sound natural tooth or implants.**
- f. **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).

4.2.5. Enhanced Covers

4.2.5.1 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.

4.2.5.2 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.

4.2.5.3 Coma

If the Insured Person sustains an Accidental injury during the Policy Period which solely and directly results in Hospitalization 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.

4.2.5.4 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.

4.2.5.5 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.

4.2.5.6 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.

4.2.6. Health and Well Being Cover

4.2.6.1. 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 Hospitalized for a minimum period of 7 continuous and consecutive days

4.2.6.2. 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

4.2.6.3. 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:

- a. Room Rent
- b. Nursing expense
- c. Medical Practitioner(s) fees,
- d. Therapy charges toward:
 - Physical therapy (including swallowing therapy, balance therapy and hydrotherapy)
 - Occupational therapy (or vocational rehabilitation) and
 - Speech therapy
- e. Expenses towards Medicines, drugs and Consumables forming part of the rehabilitation programme
- f. Diagnostic procedures expenses

4.2.6.4. 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.

4.2.6.5. 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

4.2.6.6. 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 Hospitalization for Reconstructive surgery to repair bodily Injury from an Accident, during the Policy Year.

4.2.7. Travel Covers (Bundle)

4.2.7.1. 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.

4.2.7.2. 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.

4.2.7.3. 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 Hospitalization 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.

4.2.7.4. 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 Hospitalization 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.

4.2.7.5. 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 Hospitalization 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.

4.2.8. Family Shield

4.2.8.1. 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.

4.2.8.2. 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 5lacs as specified in the Policy Schedule, to support the Insured Person's dependent Parents.

4.2.8.3. 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.

4.2.8.4. 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.

4.2.8.5. 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 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.

4.2.8.6. 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.

4.2.8.7. 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.

4.2.9. Personal Shield (Bundle)

4.2.9.1. 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/Certificate of Insurance.

List of Portable Equipment

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

4.2.9.2. 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.

4.2.10. 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.

- 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.

4.2.11. 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, notwithstanding Exclusion viii, the Company shall make available all the Benefits as opted under this Policy.

- Sky Sports: Bungee Jumping, Bridge Swinging, Zip Lining, Zip Trekking, Parasailing, Hot Air Ballooning (Tethered), Paragliding, Sky diving,
- 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
- Water Sports: Water Scooter rides, Speed Boat rides (not as an operator), Rafting, Body Boarding, Snorkelling, Scuba Diving, Wakeboarding, Surfing, River Canoeing/Kayaking
- 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
- 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).

4.2.12. 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-4.1.1 Accidental Death (AD)
 - Benefit-4.1.2 Permanent Total Disablement (PTD)
 - Benefit-4.1.3 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 4.1, 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.

SECTION 5: WAITING PERIOD

There is no Waiting Period under this Policy.

SECTION 6: EXCLUSION

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

- i. Any Pre-Existing injury or physical condition
- ii. Any claim for death or disablement (whether of a permanent nature or of a temporary nature), hospitalisation 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.
- iii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), hospitalization of Insured Person
 - From intentional self-injury unless in self-defense or to save life, suicide or attempted suicide;
 - 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;
 - 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;]
 - Arising or resulting from the Insured Person committing any breach of law with criminal intent.
- iv. Any claim related to Viral or Bacterial Infections (Except pyogenic infection which occurs through an Accidental cut or wound), Hernia.
- v. Insured Person 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.
- vi. 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.
- vii. 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
- viii. Any claim for death, disablement (whether of a permanent nature or of a temporary nature), Hospitalization of Insured Person, from participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving, unless agreed by the Company.
- ix. Any claim resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
 - Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or from any nuclear waste from combustion (including any self-sustaining process of nuclear fission) of nuclear fuel.
 - Nuclear weapons material

- The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
 - Nuclear, chemical and biological terrorism
- x. 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.
- xi. Any loss Resulting from pregnancy or child-birth, unless agreed by the Company.
- xii. Expenses incurred in connection with Illness or Injury resulting due to participation in one's occupation.
- xiii. Consequential Losses and Legal Liabilities: Any Consequential Loss or any Legal Liability arising due to the any of the reasons covered under Section 4 is excluded under this Policy
- xiv. 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.

SECTION 7: CLAIMS INTIMATION, ASSESSMENT AND MANAGEMENT

The fulfillment of the terms and conditions of this Policy (including the realization of premium by their respective due dates) in so far as they relate to anything to be done or complied with by the Policyholder or any Insured Person, including complying with the following steps, shall be the condition precedent to the admissibility of the Claim.

Upon the discovery or happening of any illness / Injury that may give rise to a Claim under this Policy, then as a condition precedent to the admissibility of the Claim, the Policyholder/ Insured Person shall undertake the following:

7.1. Claims Intimation

- 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.
- 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.

- 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.

The following details are to be provided to the TPA/Company at the time of intimation of Claim:

- Policy Number
- Name of the Policyholder
- Name of the Insured Person in whose relation the Claim is being lodged.
- Date and Time of Accident
- Nature of Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of Admission to Hospital or proposed date of admission to Hospital for Planned Hospitalization
- Any other information as requested by the Company

7.2. Claim Documents

The Policyholder / Insured Person shall submit to the TPA/Company/ Network Hospital (as applicable) the following documents for or in support of the Claim:

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 for claim under each cover:

Benefit No.	Cover Name	List of Claim Documents
4.1.	Base Covers	
4.1.1.	Accidental Death (AD) including <ul style="list-style-type: none"> • 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.
4.1.2.	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
4.1.3.	Permanent Partial Disablement (PPD)	Same Documents as mentioned for Benefit - 4.1.2 Permanent Total Disablement (PTD)
4.1.4.	Repatriation of Mortal Remains and Funeral Expenses	Same Documents as mentioned for Benefit- 4.1.1-Accidental Death <ul style="list-style-type: none"> • Original receipts of repatriation or Funeral or Burial expenses
4.2.	Optional Covers	

4.2.1.	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) 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.
4.2.2.	Hospitalization and related Covers	
4.2.2.1.	Accidental Hospitalization: <ul style="list-style-type: none"> Inpatient Treatment Day Care Procedure Domestic Road Ambulance Pre-Hospitalization & Post Hospitalization 	<ul style="list-style-type: none"> Medical Practitioner's prescription advising drugs / diagnostic tests / consultation Original bills, receipts and discharge card from the Hospital / Medical Practitioner Original bills from pharmacy / chemists Original pathological / diagnostic test reports and payment receipts 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
4.2.2.2.	Cumulative Bonus for Accidental Hospitalization*	Not Applicable
4.2.2.3.	Unlimited Reinstatement of Accidental Hospitalization Limit*	Not Applicable
4.2.2.4.	Companion Cover	Same Documents as mentioned for Benefit - 4.2.7 Travel Cover
4.2.2.5.	Post hospitalization Physiotherapy	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.2.6.	Blood Transfusion expenses	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.2.7.	Transportation of Imported Medicines	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.2.8.	Domiciliary Care <ul style="list-style-type: none"> ICU at Home Doctor's Home Visits Nursing Care at Home 	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.3.	Daily Hospital Cash	<ul style="list-style-type: none"> Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.4.	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
4.2.5.	Enhanced Covers	
4.2.5.1.	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
4.2.5.2.	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
4.2.5.3.	Coma	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.5.4.	Head or Spine Injury	
4.2.5.5.	Miscarriage	Same Documents as mentioned for Benefits under 4.2.2

4.2.5.6.	Emergency Evacuation (Air Ambulance)	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.6.	Health and Well Being Cover	
4.2.6.1.	Convalescence	Same Documents as mentioned for Benefit - 4.2.2.1 Accidental Hospitalization
4.2.6.2.	Modification of home or vehicle	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.6.3.	Rehabilitation	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.6.4.	Trauma Counselling	Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 as applicable.
4.2.6.5.	Medical Equipment	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.6.6.	Reconstructive Surgery	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.7.	Travel Covers (Bundle)	
4.2.7.1.	Enhanced Overseas Travel Cover	<ul style="list-style-type: none"> • Same Documents as mentioned for Benefit 4.1.1, 4.1.2, 4.1.3 as applicable.
4.2.7.2.	Compassionate visit	<ul style="list-style-type: none"> • Original Passenger Ticket/Boarding pass for travel by a common carrier (if applicable)
4.2.7.3.	Trip Cancellation	<ul style="list-style-type: none"> • Original booking receipts wherever applicable
4.2.7.4.	Event Cancellation	<ul style="list-style-type: none"> • Cancellation booking receipts (if applicable)
4.2.7.5.	Extended Hotel Stay	
4.2.8.	Family Shield	
4.2.8.1.	Multi Member Death or Disability	Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 as applicable.
4.2.8.2.	Parental Care	Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 as applicable.
4.2.8.3.	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 • Bona fide Certificate issued by the educational institution confirming that he/she is a fulltime student of the institution
4.2.8.4.	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 	<ul style="list-style-type: none"> • Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 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
4.2.8.5.	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 	<ul style="list-style-type: none"> • Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 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
4.2.8.6.	Caregiver Cover	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.8.7.	Renewal Premium	Same Documents as mentioned for Benefit 4.1.2 or 4.1.3 as applicable.
4.2.9.	Personal Shield (Bundle)	

4.2.9.1.	Personal effects cover for <ul style="list-style-type: none"> • Laptop • Mobile Phone • Tablet • Smart Watch • Camera 	Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3, 4.2.1 as applicable.
4.2.9.2.	Payment Card Protection	Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3, 4.2.1 as applicable.
4.2.10.	Assistance Services: Arrangement of: <ul style="list-style-type: none"> • Financial Guidance • Legal Assistance • Educational Counselling Service (13yrs to 25yrs) • Second Opinion • Chauffer Services 	Not Applicable
4.2.11.	Adventure Sports	<ul style="list-style-type: none"> • Same Documents as mentioned for Benefit 4.1.1, 4.1.2 or 4.1.3 as applicable. • Certificate of participation from Sports event organizer/service provider • Fitness certificate • Discharge Summary from the Hospital
4.2.12.	Cumulative Bonus	Not Applicable

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

When original bills, receipts, prescriptions, reports and other documents are given to any other insurer or to the reimbursement provider, verified photocopies attested by such other insurer/reimbursement provider along with an original certificate of the extent of payment received from them needs to be submitted.

Note:

- Claim once paid under one Benefit cannot be paid again under any other Benefit.
- All invoices / bills should be in Insured Person's name.

7.3. Proportionate Deductions (Applicable to Accidental Hospitalization)

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 Hospitalization 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 Hospitalization Medical Expenses as mentioned in Benefit-4.2.2.1.1 (In-Patient Treatment) and 4.2.2.1.2 (Day Care Treatment) of the Policy wordings, 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)
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:

- a. Accidental Hospitalization limit
- b. Reinstated Sum Insured

Proportionate Deduction is subject to the following:

- i. Apart from the Associate Medical Expenses, no other expenses will be proportionately reduced
- ii. 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.
- iii. ICU charges shall not be proportionately reduced in all cases.

7.4. Claim Settlement (provision for Penal Interest)

- i. 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 the case of delay in the payment of a claim, the Company shall be liable to pay interest to the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.

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)

7.5. Payment of Claim

All claims under the policy shall be payable in Indian currency only.

8. 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
4.1. Base Covers		
4.1.1.	Accidental Death (AD) including <ul style="list-style-type: none"> • Disappearance • Common Carrier Death 	Worldwide
4.1.2.	Permanent Total Disablement (PTD)	Worldwide
4.1.3.	Permanent Partial Disablement (PPD)	Worldwide
4.1.4.	Repatriation of Mortal Remains and Funeral Expenses	Worldwide
4.2. Optional Covers		
4.2.1.	Temporary Total Disablement (TTD)	Worldwide
4.2.2.	Hospitalization and related Covers (Option to select Within India/ Worldwide)	
4.2.2.1.	Accidental Hospitalization: <ul style="list-style-type: none"> • Inpatient Treatment • Day Care Procedure • Domestic Road Ambulance • Pre-Hospitalization & Post Hospitalization 	Within India/ Worldwide (as opted)
4.2.2.2.	Cumulative Bonus for Accidental Hospitalization*	Within India/ Worldwide (as opted)
4.2.2.3.	Unlimited Reinstatement of Accidental Hospitalization Limit*	Within India/ Worldwide (as opted)
4.2.2.4.	Companion Cover	Within India/ Worldwide (as opted)
4.2.2.5.	Post hospitalization Physiotherapy	Within India/ Worldwide (as opted)
4.2.2.6.	Blood Transfusion expenses	Within India/ Worldwide (as opted)
4.2.2.7.	Transportation of Imported Medicines	Within India/ Worldwide (as opted)
4.2.2.8.	Domiciliary Care <ul style="list-style-type: none"> • ICU at Home • Doctor's Home Visits • Nursing Care at Home 	Within India
4.2.3.	Daily Hospital Cash	Within India/ Worldwide (as opted)
4.2.4.	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)

4.2.5.	Enhanced Covers	
4.2.5.1.	Burns	Worldwide
4.2.5.2.	Broken Bones/Fracture	Worldwide
4.2.5.3.	Coma	Worldwide
4.2.5.4.	Head or Spine Injury	Worldwide
4.2.5.5.	Miscarriage	Worldwide
4.2.5.6.	Emergency Evacuation (Air Ambulance)	Worldwide
4.2.6.	Health and Well Being Cover	
4.2.6.1.	Convalescence	Worldwide
4.2.6.2.	Modification of home or vehicle	Within India
4.2.6.3.	Rehabilitation	Within India
4.2.6.4.	Trauma Counselling	Within India
4.2.6.5.	Medical Equipment	Within India
4.2.6.6.	Reconstructive Surgery	Within India
4.2.7.	Travel Covers (Bundle)	
4.2.7.1.	Enhanced Overseas Travel Cover	Overseas Travel only
4.2.7.2.	Compassionate visit	Overseas and Domestic Travel
4.2.7.3.	Trip Cancellation	Overseas and Domestic Travel
4.2.7.4.	Event Cancellation	Overseas and Domestic Travel
4.2.7.5.	Extended Hotel Stay	Overseas and Domestic Travel
4.2.8.	Family Shield	
4.2.8.1.	Multi Member Death or Disability	Worldwide
4.2.8.2.	Parental Care	Worldwide
4.2.8.3.	Educational Grant	Worldwide
4.2.8.4.	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
4.2.8.5.	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
4.2.8.6.	Caregiver Cover	Worldwide
4.2.8.7.	Renewal Premium	Worldwide
4.2.9.	Personal Shield (Bundle)	
4.2.9.1.	Personal effects cover for <ul style="list-style-type: none"> • Laptop • Mobile Phone • Tablet • Smart Watch • Camera 	Worldwide
4.2.9.2.	Payment Card Protection	Worldwide
4.2.10.	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
4.2.11.	Adventure Sports	Worldwide
4.2.12.	Cumulative Bonus	Worldwide

SECTION 9: FREE LOOK PERIOD

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The Insured Person shall be allowed free look period of thirty days from date of receipt of the policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to

- i. 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
- ii. Where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

SECTION 10: 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 the 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 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.

SECTION 11: 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.

SECTION 12: 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.

SECTION 13: CANCELLATION

The Policy holder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as detailed below, subject to a minimum cancellation fees of ₹100/-

Retention % to be applied on Policy Premium

PERIOD	Retention % Of 1 Year
Not exceeding 1 month	20%
Exceeding 1 months 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%
Exceeding 7 months but not exceeding 8 months	90%
Exceeding 8 months	Full annual premium/rate

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.

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.

SECTION 14: PREMIUM PAYMENT 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/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- 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.

SECTION 15: POSSIBILITY OF REVISION OF THE POLICY INCLUDING THE PREMIUM RATES

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

Benefit No.	Cover Name	Sum Insured	Basis of Payment	Short Description	Geographical Coverage
4.1. Base Covers					
4.1.1.	Accidental Death (AD) including <ul style="list-style-type: none"> • Disappearance • Common Carrier Death 	<ul style="list-style-type: none"> • Base Sum Insured as selected for AD, • 1x for Disappearance • 2x for AD Common Carrier 	Benefit	Lumpsum payout on accidental death	Worldwide

4.1.2.	Permanent Total Disablement (PTD)	2x Base Sum Insured as selected	Benefit	Lumpsum payment: Percentage based on Disability scale	Worldwide
4.1.3.	Permanent Partial Disablement (PPD)	Base Sum Insured as selected	Benefit	Lumpsum payment: Percentage based on Disability scale	Worldwide
4.1.4.	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

4.2. Optional Covers

4.2.1.	Temporary Total Disablement (TTD)	Weekly payout option of ₹ 1000 to ₹ 1 lakh, in multiples of 1000; 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
4.2.2.	Hospitalization and related Covers (Option to select Within India/ Worldwide)				
4.2.2.1.	Accidental Hospitalization: <ul style="list-style-type: none">• 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) Pre and Post Hospitalization covered upto 30 and 90 days respectively. Road Ambulance: Sublimit - ₹ 25000	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)
4.2.2.2.	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)
4.2.2.3.	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)
4.2.2.4.	Companion Cover	Options: ₹ 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)
4.2.2.5.	Post hospitalization Physiotherapy	₹ 500/ 1000/ 1500/ 2000/ 3000/ 5000 per visit, max 15 sessions of up to 1.5 hours each	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)
4.2.2.6.	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)

4.2.2.7.	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)
4.2.2.8.	Domiciliary Care <ul style="list-style-type: none">• ICU at Home• Doctor's Home Visits• Nursing Care at Home	up to 2 lakhs, <u>Sub-limit of Maximum 15 days for ICU at Home</u> <u>Sub-limit of ₹ 50000 for: Doctor's Home Visits + Nursing Care at Home</u> Within Accidental Hospitalization Limit	Indemnity	Indemnifies the Insured Person for availing the mentioned services. To be availed within 6 months of Accident. Network Only.	Within India
4.2.3.	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)
4.2.4.	Accidental OPD: <ul style="list-style-type: none">• OPD Consultations• Diagnostic tests• Prescription Drugs• Vaccinations for animal bite• OPD Dental treatment• Minor Surgical Procedures	5000/ 10000/ 15000/ 20000/ 25000/ 50000/ 75000/ 1 lakh Deductible of 500 on each and every claim	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)
4.2.5.	Enhanced Covers				
4.2.5.1.	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
4.2.5.2.	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
4.2.5.3.	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
4.2.5.4.	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
4.2.5.5.	Miscarriage	100000	Benefit	Pays lump sum if female Insured suffers from miscarriage due to an Accident	Worldwide

4.2.5.6.	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
4.2.6.	Health and Well Being Cover				
4.2.6.1.	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
4.2.6.2.	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
4.2.6.3.	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
4.2.6.4.	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
4.2.6.5.	Medical Equipment	Up to 2.5lakhs	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
4.2.6.6.	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
4.2.7.	Travel Covers (Bundle)				
4.2.7.1.	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	Overseas Travel only

4.2.7.2.	Compassionate visit	1 lakh	Indemnity	Indemnifies the transportation costs incurred by a companion in case of AD, PTD or PPD	Overseas and domestic travel
4.2.7.3.	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
4.2.7.4.	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
4.2.7.5.	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
4.2.8.	Family Shield				
4.2.8.1.	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
4.2.8.2.	Parental Care	10% of Base SI, max 5lakhs	Benefit	Pays lump sum benefit to support dependent parents, if Insured Person suffers from AD, PTD or PPD	Worldwide
4.2.8.3.	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
4.2.8.4.	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	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
4.2.8.5.	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	Outstanding Equated Monthly Instalments (EMI) amount or 2% of the Base Sum Insured per month, whichever is lower. Payable for a maximum of 3 months	Benefit	Pays outstanding EMI amount for Loans taken Within India if the Insured Person suffers from TTD or PPD (of specified severity)	Worldwide

4.2.8.6.	Caregiver Cover	0.5% of SI per month or 50,000 whichever is lower, Maximum for 3 months	Benefit	Pays lump sum benefit for 3 months if the Insured Person suffers from PTD, PPD	Worldwide
4.2.8.7.	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
4.2.9.	Personal Shield (Bundle)				
4.2.9.1.	Personal effects cover for <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
4.2.9.2.	Payment Card Protection	Upto Rs. 20000 Only the first three fraudulent transactions are covered.	Indemnity	Indemnity against misuse of Payment Card stolen following an accident.	Worldwide
4.2.10.	Assistance Services: Arrangement of: <ul style="list-style-type: none">• Financial Guidance• Legal Assistance• Educational Counselling Service (13yrs to 25yrs)• Second Opinion• Chauffer Services	One session each	This is a Service benefit	This is service assistance benefit through network providers	This is a Service, available in India
4.2.11.	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
4.2.12.	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

SECTION 17: REDRESSAL OF GRIEVANCE

In case of any grievance the Insured Person may contact the Company through

- Website: www.relianceada.com
- Dedicated Senior Citizen helpline: 022-33834185 (paid line)
- E-mail: rgicl.grievances@relianceada.com
- Fax: +91 22 3303 4662
- Courier: Any branch office, the correspondence address, during normal business hours.
- Write to us at: Reliance General Insurance, (Correspondence Only) Correspondence Unit, 301-302, Corporate House RNT Marg, Opp. Jhabua Tower, Indore, Madhya Pradesh, India – 452001

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. Near Durgam Cheruvu Metro Station.

Contact No.: 022-41112600

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.

SECTION 18: PREMIUM RATE & ILLUSTRATION

For premium rates & applicable discounts and loadings please refer to the premium chart attached.

SECTION 19: CONTACT US

For any product or service related information or assistance, here's how you can reach us.

SMS To reach us **SMS 'protect' to 55454**

Contact details for Policy Servicing

Name - Reliance General Insurance Company Limited
Correspondence Address –
Reliance General Insurance
Winway Building, 2nd & 3rd Floor, 11/12 Block No. 4, Old No. 67,
South Tukoganj, Indore (M.P) - 452001.
Email ID- rgicl.services@relianceada.com
Contact No.- 022-41112600
Website- www.reliancegeneral.co.in

Contact details for Claim Servicing

Name- Reliance General Insurance Company Limited
Correspondence Address -
RCare Health: Claims and care management
Reliance General Insurance Co. Limited, No. 1-89/3/B/40 to 42/
ks/301, 3rd floor, Krishe Block, Krishe Sapphire Building, Madhapur,
Hyderabad - 500081. Near Durgam Cheruvu Metro Station.
Contact No - 022 - 41112600
Website- www.reliancegeneral.co.in

SECTION 20: DISCLAIMER

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of our insurance advisor if you require any further information or clarification.

SECTION 20: STATUTORY WARNING

Section 41 of Insurance Act 1938 (Prohibition of Rebates)

- i. No person shall allow or offer to allow either directly or indirectly as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to life or property in India any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy nor shall any person taking out or renewing or continuing a policy accept any rebate except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- ii. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.