



IFFCO-TOKIO GENERAL INSURANCE CO. LTD  
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## IFFCO-TOKIO CRITICAL ILLNESS BENEFIT POLICY (MICRO INSURANCE)

UIN: IFFHMIP23041V012223

### Policy Wording

This Policy is evidence of the contract between You and Us. The Proposal along with any written statement(s) or declaration(s) of Yours for purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium, We will insure Your/ Insured person(s) interest(s) under the Sections specified as operative in the Schedule during the Policy Period and accordingly, We will pay You/ Insured Person(s) in respect of events occurring during the Period of Insurance in the manner and to the extent set forth in the Policy including endorsements, provided that all the terms, conditions, provisions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You/ Insured person(s) have been met.

The Schedule shall form part of this Policy and the term Policy whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this Policy or of Schedule shall bear such meaning whenever it may appear.

Your Policy is based on information, which You have given Us pertaining to the risk insured under this policy and the truth of this information shall be condition precedent to Your or the Insured person's right to recover under this Policy.

### DEFINITIONS OF WORDS

- Accident** - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Act of Terrorism** - It means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious,



ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of terrorism by the duly empowered government or Military Authority. Provided that If the Insured is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be excess of any recovery due from such plan or scheme.

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

3. **Adventure Activities/ sports** - It means any activity which involved high level of inherent danger. These activities/ sports may involve speed, height, high level of physical exertion and/or require highly specialised gear. These may include action sports, speed contest or racing (other than on foot), big game hunting, mountaineering or rock-climbing necessitating the use of guides or ropes, winter sports, skiing, ice hockey, ballooning, skydiving, hang gliding, scuba diving or other under water activities, river rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), polo, paragliding, parasailing, bungee jumping, base jumping, hand gliding, ski jumping, adventure racing on water, snorkelling, kayaking, surfing and other snow and ice sports and activities of similar type.
4. **Business** - It means Your employment, profession, business or trade.
5. **Condition Precedent** – It means a policy term or condition upon which Our liability under the policy is conditional upon.
6. **Congenital Anomaly** - It means a condition which is present since birth, and which is abnormal with reference to form, structure or position.
  - a) Internal Congenital Anomaly Congenital anomaly which is not in the visible and accessible parts of the body.
  - b) External Congenital Anomaly Congenital anomaly which is in the visible and accessible parts of the body
7. **Date of Diagnosis** – It means the date on which Medical Practitioner confirms the initial diagnosis of the illness.
8. **Endorsement** - It means any alteration made to the Policy which has been agreed to by Us in writing.



9. **Family** - It means You, your spouse, Your dependent children, Parents, Parents-in-laws, Brothers and Sisters.

10. **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 (sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases etc.) accrued under the policy. The grace period for payment of the premium shall be:

- a) fifteen days for monthly instalment modes, (wherever applicable)
- b) thirty days for any other instalment modes (wherever applicable)
- c) thirty days for renewal.

Provided,

- a) the coverage shall be available during the grace period, wherever the premium payment is paid in instalments. (wherever applicable)
- b) Coverage is not available during the period for which no premium is received after the expiry of the Policy.

11. **Hospital/Nursing Home** - It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- a. Has qualified nursing staff under its employment round the clock;
- b. Has at least 10(ten)in-patient beds, in towns having a population of less than 10,00,000 (ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
- c. Has qualified medical practitioner(s) in charge round the clock;
- d. Has a fully equipped operation theatre of its own where surgical procedures are carried out;
- e. Maintains daily records of patients and makes these accessible to Insurance Company authorized personnel.

12. **Illness** - It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition** - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery

(b) **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:

- 1. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
- 2. it needs ongoing or long-term control or relief of symptoms



3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
  4. it continues indefinitely
  5. it recurs or is likely to recur.
13. **Injury** - Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
14. **Insured Event** - It means any event specifically mentioned as covered under this policy
15. **Insured Person** - It means the person proposed for insurance coverage with Us by You for whom the appropriate premium has been paid.
16. **Medical Practitioner** - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
17. **Nominee** - It means the person nominated by the insured to receive the insurance benefits under this policy payable on the death of the insured.
18. **Notification of Claim** - It means the process of intimating a claim to Us through any of the recognized modes of communication.
19. **Policy** - It means the Policy booklet, the Schedule and any applicable endorsement. The Policy contains details of the extent of cover available to You/ Insured person, what is excluded from the cover and the conditions, warranties, provisions on which the Policy is issued.
20. **Policy Period** - It means the period commencing from the effective date and hour as shown in the Schedule and terminating on the expiry date as shown in the Schedule.
21. **Portability** - means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing diseases, etc. from the existing insurer to acquiring insurer.
22. **Pre-Existing Disease** – It means any condition, ailment, injury or disease:  
a) 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



b) 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.

It means any condition, ailment, injury or disease

a)That is/are diagnosed by a physician within 36 months prior to the effective date of the policy issued by the insurer or its reinstatement or

b)For which medical advice or treatment was recommended by, or received from, a physician within 36months prior to the effective date of the policy issued by the insurer or its reinstatement.

23. **Proposal** - It means any signed Proposal by filling up the questionnaires and declarations, written statements and any information in addition thereto supplied to Us by You or on Your behalf.

24. **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 sum insured, cumulative bonus, specific waiting periods, waiting periods for pre-existing diseases etc.

25. **Schedule** - It means the latest Schedule issued by Us as part of Your Policy. It provides details of Sections of Your Policy which are in force, and the level of cover You have.

A revised Schedule will be sent at each renewal and whenever You request for a change in the cover.

26. **Senior Citizen** - It means any person who has completed sixty or more years of age as on the date of commencement or renewal of an insurance policy.

27. **Specialist** –Specialist means a qualified Medical Practitioner holding a valid and subsisting license, granted by the appropriate licensing authority, and acting within the scope of his license, expert in the field of medicine for which he carries the status of a Specialist.

28. **Sum Insured** - It means the monetary amounts shown against any Item or Section of the Policy.

29. **Surgery or Surgical Procedure** - It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.

30. **Third Party Administrators or TPA** - It means any person who is registered under the IRDAI (Third Party Administrators – Health Services) Regulations,2016 notified by the Authority, and is



engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services as defined in those Regulations.

31. **We/Our/Us** - It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.
32. **You/Your** - It means the Person named as Insured/ Policy holder in the Schedule to whom this Policy is issued.
33. **What is Covered** - It means the damages/perils/contingencies which are covered under the Policy and for which We have liability in the event of claim occurrence.
34. **What is Not Covered** - It means the damages/perils/contingencies which are not covered under the Policy and for which We have no liability in the event of claim occurrence.

## COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Sum Insured as mentioned in the schedule, in the event of You/Insured person being first diagnosed with the following critical illnesses, medical events or undergoing surgical procedures as specifically defined below, during the policy period provided that</p> <ol style="list-style-type: none"><li>1. the critical illness, medical event and surgical procedure first commenced at least 30 days after the commencement of the policy period (or first policy period in case of renewal without break) and,</li><li>2. You/Insured person survives for a minimum of 28 days from the date of diagnosis and shall only include:</li></ol> <p>A. The below mentioned Illnesses:</p> <ul style="list-style-type: none"><li>i) Cancer of specified severity</li><li>ii) Kidney failure requiring regular dialysis</li><li>iii) Multiple Sclerosis with persisting symptoms</li><li>iv) Benign Brain Tumor</li></ul>	<p>We will not pay for:</p> <ol style="list-style-type: none"><li>1. Any claim arising out of a pre-existing condition. Pre-existing or related conditions shall be covered after a waiting period of 36 (thirty-six) months. The said condition must be declared if known by the Insured person at the time of application and must not have been explicitly excluded in the policy.</li><li>2. Any claim if treatment is taken from a family member or a treatment taken is not scientifically recognized or self-medication.</li><li>3. Any claim if You/ Insured person does not submit a medical certificate from a Specialist Medical Practitioner evidencing diagnosis of illness or injury or occurrence of medical event or the undergoing of the medical surgical procedure.</li><li>4. Any claim if the diagnosis, treatment or procedure is carried out in any of the</li></ol>

<ul style="list-style-type: none"> <li>v) Motor Neuron Disease with Permanent Symptoms</li> <li>vi) End Stage Lung Failure</li> <li>vii) End Stage Liver Failure</li> <li>viii) Primary (Idiopathic) Pulmonary Hypertension</li> <li>ix) Parkinson's Disease Before The Age Of 50 Years</li> <li>x) Alzheimer's Disease Before The Age Of 50 Years</li> </ul> <p>B. The following surgical procedures:</p> <ul style="list-style-type: none"> <li>i) Major Organ (Heart/ Lung/ Liver/ Kidney /Pancreas) or Human Bone Marrow Transplant;</li> <li>ii) Open heart replacement or repair of heart valves</li> <li>iii) Open chest CABG</li> <li>iv) Surgery Of Aorta</li> </ul> <p>C. The following medical events:</p> <ul style="list-style-type: none"> <li>i) Stroke resulting in permanent symptoms</li> <li>ii) Permanent Paralysis of Limbs</li> <li>iii) Myocardial Infarction (First Heart Attack of specified severity)</li> <li>iv) Third Degree Burns</li> <li>v) Loss of Speech</li> <li>vi) Blindness</li> <li>vii) Loss of Limbs</li> <li>viii) Deafness</li> <li>ix) Coma of Specified Severity</li> <li>x) Major Head Trauma</li> <li>xi) Muscular Dystrophy</li> </ul>	<p>hospital(s) specified in the list attached as Annexure "List of Excluded Hospitals" to this Policy, except in case of unforeseen emergency measures to save the insured person's life or measures solely designed to relieve the acute pain. The list of such excluded hospital(s) is dynamic and hence may change from time to time. Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.</p> <p>5. Any external congenital anomaly or birth defects.</p> <p>6. Any critical illness which arises or is caused by any one of the following:</p> <ul style="list-style-type: none"> <li>a) The ingestion of drugs other than those prescribed by Registered Medical practitioner.</li> <li>b) Elective, Cosmetic or plastic surgery</li> <li>c) Pregnancy, childbirth and their consequences), any infertility or sub fertility or assisted conception treatment</li> <li>d) Birth control procedures and /or Hormone replacement therapy</li> </ul>
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## SPECIFIC CONDITIONS

1. The policy will provide one-time benefit for the critical illnesses defined above under 'What is Covered' in a single policy period.
2. The policy is available on individual basis.



3. For policies where all the members of the family are covered in a single policy, separate Sum Insured shall be applicable for each member.
4. In case of an admissible claim for any insured person, the policy will terminate for him/ her for the remaining policy period. The policy shall remain active for other members covered in the policy.
5. Any critical illness/medical event/surgical procedure attributable to an Act of Terrorism stands covered.
6. No medical check-up upto 50 years, subject to proposal form having no adverse medical declaration.
7. Wherever required, Insured person(s) has to undergo a Pre-policy check-up. If such a proposal is accepted and policy has been issued, We would reimburse 50% cost of the diagnostic test charges.

## **DEFINITIONS OF CRITICAL ILLNESSES**

### **1. Cancer of Specified Severity:**

- I. It means a malignant tumour characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
  - i. All tumours which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumours histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

### **2. Myocardial Infarction (First Heart Attack of specific severity)**



- I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:
    - i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
    - ii. New characteristic electrocardiogram changes
    - iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
  - II. The following are excluded:
    - i. Other acute Coronary Syndromes
    - ii. Any type of angina pectoris
    - iii. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.
3. **Open Chest CABG**
- I. The actual undergoing of heart surgery to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a cardiologist.
  - II. The following are excluded:
    - i. Angioplasty and/or any other intra-arterial procedures

4. **Open Heart Replacement Or Repair Of Heart Valves**

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

5. **Coma Of Specified Severity**

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



## 6. Kidney Failure Requiring Regular Dialysis

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

## 7. Stroke Resulting In Permanent Symptoms

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

## 8. Major Organ /Bone Marrow Transplant

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

## 9. Permanent Paralysis Of Limbs

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

## 10. Motor Neuron Disease With Permanent Symptoms

Motor neuron disease diagnosed by a specialist medical practitioner as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent



neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.

#### **11. Multiple Sclerosis With Persisting Symptoms**

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

#### **12. Benign Brain Tumor**

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

#### **13. Blindness**

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

#### **14. Deafness**

Total and irreversible loss of hearing in both ears as a result of illness or accident. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT)



specialist. Total means “the loss of hearing to the extent that the loss is greater than 90decibels across all frequencies of hearing” in both ears.

#### **15. End Stage Lung Failure**

1. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
  - i. FEV1 test results consistently less than 1 litre measured on 3 occasions 3 months apart; and
  - ii. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
  - iii. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less ( $\text{PaO}_2 < 55\text{mmHg}$ ); and iv. Dyspnea at rest

#### **16. End Stage Liver Failure**

- I. Permanent and irreversible failure of liver function that has resulted in all three of the following:
  - i. Permanent jaundice; and
  - ii. Ascites; and
  - iii. Hepatic encephalopathy.
- II. Liver failure secondary to drug or alcohol abuse is excluded.

#### **17. Loss Of Speech**

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

#### **18. Loss Of Limbs**

The physical separation of two or more limbs, at or above the wrist or ankle level limbs as a result of injury or disease. This will include medically necessary amputation necessitated by injury or disease. The separation has to be permanent without any chance of surgical correction. Loss of Limbs resulting directly or indirectly from self-inflicted injury, alcohol or drug abuse is excluded.

**Physical Separation -** It shall mean separation at or above the wrist and/or of the foot at or above the ankle respectively.

#### **19. Primary (Idiopathic) Pulmonary Hypertension**

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the



pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.

II. The NYHA Classification of Cardiac Impairment are as follows:

- i. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
- ii. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.

III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

## 20. Major Head Trauma

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

## 21. Third Degree Burns



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

## **22. Parkinson's Disease Before The Age Of 50 Years**

The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently atleast three of the activities of daily living as defined below:

- I. Transfer: Getting in and out of bed without requiring external physical assistance
- ii. Mobility: The ability to move from one room to another without requiring any external physical assistance
- iii. Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
- iv. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
- v. Eating: All tasks of getting food into the body once it has been prepared Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

## **23. Alzheimer's Disease Before The Age Of 50 Years**

Clinically established diagnosis of Alzheimer's Disease (presenile dementia) resulting in a permanent inability to perform independently three or more activities of daily living –bathing, dressing/undressing, getting to and using the toilet, transferring from bed to chair or chair to bed, continence, eating/drinking and taking medication – or resulting in need of supervision and permanent presence of care staff due to the disease. These conditions have to be medically documented for at least 3 months

## **24. Muscular Dystrophy**

Muscular Dystrophy is a disease of the muscle causing progressive and permanent weakening of certain muscle groups. The diagnosis of Muscular Dystrophy must be made by a consultant neurologist, and confirmed with the appropriate laboratory, biochemical, histological, and electromyographic evidence. The disease must result in the permanent inability of the Insured Person to perform (whether aided or unaided) at least three (3) of the six (6)"Activities of Daily Living". Activities of Daily Living are defined as:

- i. Washing: the ability to maintain an adequate level of cleanliness and personal hygiene
- ii. Dressing: the ability to put on and take off all necessary garments, artificial limbs or other surgical appliances that are medically necessary
- iii. Feeding: the ability to transfer food from a plate or bowl to the mouth once food has been prepared and made available
- iv. Toileting: the ability to manage bowel and bladder function, maintaining an adequate and socially acceptable level of hygiene



- v. Mobility: the ability to move indoors from room to room on level surfaces at the normal place of residence
- vi. Transferring: the ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa.

## 25. **Surgery of Aorta**

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

## **CLAIM SETTLEMENT PROCESS**

In the event of a claim arising out of an Insured Event covered under this policy, the same shall be intimated to Us within 30 (Thirty) days from date of first diagnosis of the illness and date of surgical procedure or date of occurrence of the medical event as the case may be, except under circumstances beyond your control in our opinion. The Insured shall arrange for submission of the necessary documents to Us within 45 days of first diagnosis of the illness and date of surgical procedure or date of occurrence of the medical event as the case may be. Submission of these documents to Our satisfaction is condition precedent to admission of any liability under the policy.

1. Duly completed claim forms;
2. Copy of Discharge Certificate/ Card from the hospital/ Medical Practitioner;
3. Certificate from the attending Specialist Medical Practitioner of the Insured Person evidencing diagnosis of illness or injury or occurrence of the medical event or the undergoing of the medical / surgical procedure in relation to the claim of the particular insured person, inter alia,
  - a. name of the Insured person;
  - b. name, date of occurrence and medical details of the Insured Event
  - c. Confirmation that the Insured Event does not relate to any Pre-Existing Illness or any illness or injury which existed within the first 30 (Thirty) days of commencement of Period of Insurance.
4. Copy of investigation test reports and hospital receipts;
5. Letter from treating consultant stating presenting complaints with duration and the past medical history.
6. Second Medical opinion, if required
7. Bills including relevant stickers for implants
8. First Information Report/ Final Policy Report, if applicable
9. Death Certificate/ Post mortem report, if applicable
10. KYC (know your customer) form, if claim is more than 1(One) lakh
11. Identity proof



12. Age proof
13. NEFT/Bank Details
14. List of disease specific documents to be submitted are as below -
  - a) **Cancer of Specified Severity:**
    - i. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports.
    - ii. X-Ray / CT scan / MRI scan / USG / Radioisotope / Bone scan Reports.
    - iii. Blood Test reports.
    - iv. Any other specific investigation done to support the diagnosis like the PAP Smear/ Mammography, etc.
  - b) **Myocardial Infarction (First Heart Attack of specific severity)**
    - i. Casualty Medical Officers/Emergency room papers with all details of Presenting Complaints and the Medical Examination by the attending physician.
    - ii. Subsequent Consultation Papers with the Treating Doctor and the treatment received.
    - iii. ECG On Admission and subsequent ECG's
    - iv. Stress test/ Tread Mill Test
    - v. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
    - vi. X-ray / 2D-Echocardiography Report
    - vii. Thallium Scan Report
  - c) **Open Chest CABG**
    - i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
    - ii. ECG at the time of detection of Coronary Artery Disease and Subsequent ECG's
    - iii. Stress test/ Tread Mill Test
    - iv. Letter from treating consultant suggesting Coronary Angiography and CABG
    - v. Coronary Angiography report / CT Angiography Report
    - vi. Cardiac Enzymes Tests: Troponin T/Troponin I, CPK / CPK-MB, SGOT / SGPT, LDH / Electrolytes
    - vii. X-ray / 2D-Echocardiography Report
    - viii. Thallium Scan Report
  - d) **Open Heart Replacement Or Repair Of Heart Valves**
    - i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
    - ii. X-ray and 2D-Echocardiography Report.
    - iii. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting valve replacement with the type of valve to be used.



**e) Coma Of Specified Severity**

- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- ii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iii. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit and duration of the same

**f) Kidney Failure Requiring Regular Dialysis**

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Blood Tests- Renal Function Tests specifically: Serum Creatinine, Blood Urea Nitrogen, Serum Electrolytes done in the recent past (Not more than Two Week period from the date of intimation of Loss)
- iii. Dialysis Papers/Receipts done in recent past.
- iv. Renal scan
- v. Letter from the nephrologists stating the diagnosis of End Stage Kidney Failure.

**g) Stroke Resulting In Permanent Symptoms**

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit.
- iii. MRI / CT scan/ 2D Echocardiography Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
- iv. Blood tests (Lipid profile/Random Blood Sugar / Prothrombin Time/APTT/ Bleeding Time/ Clotting Time/Homocystiene levels)

**h) Major Organ /Bone Marrow Transplant**

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. Scan / Histopathology / Cytology / FNAC / Biopsy report suggesting irreversible & non-compensatory changes of the particular organ.
- iii. Bone Marrow Biopsy Reports (Specifically In Case of Bone Marrow Transplant)
- iv. Letter from a specialist Doctor confirming the need of transplantation(Organs Specified are: Heart , lung, Liver, pancreas, kidney, bone marrow)

**i) Permanent Paralysis Of Limbs**



- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - ii. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status and duration of the Paralysis.
  - iii. Confirmation from the Central/State Government Hospital about the complete, irreversible and permanent loss
  - iv. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment of the Stroke
  - v. Electro-myogram Report
- j) **Motor Neuron Disease With Permanent Symptoms**
- i. Investigations Reports like Blood tests, EEG, Nerve Conduction test, etc
  - ii. MRI / CT scan Reports or any other Imaging technique Used during the diagnosis and treatment
  - iii. Electro-myogram Report
  - iv. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - v. Subsequent details of the Treatment, with the Consultation papers from the Treating Neurologist/ Physician stating the Neurological deficit and the degree/current status
- k) **Multiple Sclerosis With Persisting Symptoms**
- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - ii. MRI / CT Scan Report.
  - iii. Electro-myogram report
  - iv. Biopsy / Cytology Report
  - v. Specific Blood Tests: Creatinine Phosphokinase /Anti Nuclear Antibodies , C - reactive protein /Autoimmune work up
  - vi. Any other relevant Blood investigations.
  - vii. Confirmation from the attending specialist medical practitioner about diagnosis of Multiple Sclerosis and the duration of the same.
- l) **Benign Brain Tumor**
- i. Histopathology / Cytology / FNAC / Biopsy / Immuno-histochemistry reports
  - ii. X-Ray / CT Scan / MRI Scan
  - iii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - iv. Subsequent details of the treatment with the consultation papers from the inception of ailment



- v. Letter from the neuro-surgeon confirming the diagnosis
  - vi. Blood Tests
  - vii. Any other specific investigation done to support the diagnosis
- m) **Blindness**
- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - ii. Medical Report: Visual acuity test, field of vision test
  - iii. Ophthalmologist prescription certifying the diagnosis with exact cause.
- n) **Deafness**
- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - ii. Subsequent details of the treatment with the consultation papers from the treating specialist.
  - iii. Confirmation from the Central/State Government Hospital about the total and irreversible loss by an ENT specialist
  - iv. Audiometry Reports
- o) **End Stage Lung Failure**
- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
  - ii. Medical reports: Forced expiratory volume (FEV1 test), Arterial Blood gas analysis, x-ray, blood test wherever applicable.
  - iii. Chest physician's prescription certifying the disease.
- p) **End Stage Liver Failure**
- i. Sonography / Biopsy Reports
  - ii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - iii. Subsequent details of the treatment with the consultation papers from the treating specialist.
  - iv. Blood Tests
- q) **Loss Of Speech**
- i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - ii. Subsequent details of the treatment with the consultation papers from the treating specialist.



- iii. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same

r) **Loss Of Limbs**

- i. Confirmation from the Central/State Government Hospital about the total and irreversible loss and duration of the same

s) **Primary (Idiopathic) Pulmonary Hypertension**

- i. Consultation Paper stating the presenting complaints with duration, past medical history with duration, treatment and medication advised.
- ii. MRI / CT Scan Report.
- iii. Echocardiography report
- iv. Computed tomography (CT), magnetic resonance imaging (MRI), and lung scanning
- v. Pulmonary angiography

t) **Major Head Trauma**

- i. Letter from treating doctor stating the exact cause of injury leading to head injury, presenting complaints of the patient with the duration, impact of injury on patients normal daily life.
- ii. Medical report: MRI, CT brain

u) **Third Degree Burns**

- i. FIR
- ii. Panchnama
- iii. Inquest Panchnama
- iv. Police Final Report/Charge Sheet (Based on FIR)
- v. Letter from the treating doctor specifying the degree of burns along with body surface area involved
- vi. Post-Mortem Report
- vii. Xerox Policy Certificate

v) **Parkinson's Disease Before The Age Of 50 Years**

- i. PET Scan / CT Scan / MRI Scan / EEG
- ii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
- iii. Subsequent details of the treatment with the consultation papers from the treating specialist.
- iv. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit



- w) **Alzheimer's Disease Before The Age Of 50 Years**
  - i. PET Scan / CT Scan/ MRI Scan / EEG
  - ii. Neuropsychological Tests
  - iii. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - iv. Subsequent details of the treatment with the consultation papers from the treating specialist.
  - v. Confirmation from the attending specialist medical practitioner about the permanent neurological deficit
- x) **Muscular Dystrophy**
  - i. Investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be Multiple Sclerosis; and there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months
  - ii. Well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart.
- y) **Surgery Of Aorta**
  - i. Consultation papers stating the presenting complaints with duration, past medical history with duration, treatment and advised medication and treatment.
  - ii. Subsequent details of the treatment with the consultation papers from the treating specialist
  - iii. X-Ray and 2D-Echocardiography Report
  - iv. Letter from the Cardiologist/Cardiothoracic Surgeon suggesting Aorta Surgery.

## GENERAL EXCLUSIONS

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### (WHAT IS NOT COVERED BY THE WHOLE POLICY)

We will not be liable for

1. **Existing loss** - Any existing loss, injury or accident which occurred before the commencement of the policy.
2. **Willful Act or Gross Negligence** – Injury, disease or damage due to willful act including attempting suicide or intentional self-injury.



3. Any claim arising or resulting from You/ Insured person(s) committing any breach of law or ordinance or non-compliance of any statutory provision with or without criminal or malicious intent.
4. Any claim where the cause of illness /accident is intoxication or addiction or overdose of drugs (except as medically prescribed) or narcotics/ alcohol by the Insured.
5. Any claim if the Insured person is taking part in a naval, military, air force or law enforcement operation.
6. Any claim arising out of sporting risk in so far as they involve, the training or participation in competitions of professional or semi-professional sportsmen or women.
7. **Adventure Activities/ sports** – Any critical illness/medical event/surgical procedure arising out of any Adventure activities/ sports.
8. **War Risk** - Damage as a consequence of war, invasion, act of foreign enemy, hostilities (whether war be declared or not), civil war, rebellion, revolution, insurrection, military or usurped power, confiscation, nationalisation, civil commotion or loot or pillage in connection therewith.
9. **Nuclear Risk** - Any loss to property, consequential loss, legal liability or bodily injury, illness, disease directly or indirectly caused by or contributed to by or arising from
  - a) ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel.
  - b) the radioactive, toxic, explosive or hazardous properties of any nuclear assembly or nuclear component.
10. **Consequential Loss** – Any consequential or indirect loss or expenses arising out of or related to any insured event.

## GENERAL CONDITIONS

(These conditions apply to the whole Policy)

### 1. CANCELLATION –

The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall

a. refund proportionate premium for unexpired policy period, if the term of policy up to one year and there is no claim (s) made during the policy period.



b. refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

We may cancel the Policy at any time on grounds of mis-representation, 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 mis-representation, non-disclosure of material facts or fraud.

## **2. AUTOMATIC TERMINATION OF INSURANCE-**

The coverage for the Insured Person(s) shall automatically terminate in the case of his/ her (Insured Person) demise or exhaustion of 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.

Provided no claim has been made, and termination takes place on account of death the insured person, due to reasons apart from what stands covered under the policy, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

## **3. RENEWAL-**

The policy shall be renewable, except in case of established fraud or non-disclosure or misrepresentation by You/ the Insured person, provided the product is not withdrawn and also subject to the following conditions:

- i. The Company shall send renewal notices to the Policyholder, at least 30 days in advance from Policy due date
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period
- iv. 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.
- v. Sum Insured can be enhanced at the time of renewal for which fresh proposal form and medical reports will be required to be submitted. However the waiting periods will apply afresh for the enhanced sum insured. In case increase in Sum Insured is requested by You, We may underwrite to the extent of increased Sum Insured.



4. **DISCLOSURE TO INFORMATION NORM** - The Policy shall be void and all premium paid hereon shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
5. **NOTICE** – You/ Insured person will give every notice and communication in writing to Our office through which this insurance is affected.

6. **FREE LOOKUP PERIOD** –

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting/ migrating the policy.

You/the insured shall be allowed a 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 Us 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.

7. **CHANGE IN CIRCUMSTANCES** – You/ Insured person must inform Us, as soon as reasonably possible, of any change in information You have provided to Us about Yourself and the Insured person(s), their occupation, which may affect the insurance cover provided. You/ Insured person must also notify Us about any alteration made or change in information as described aforesaid whereby risk of damage or Accident is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.

8. **RECORDS TO BE MAINTAINED** –

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow Us or Our representative(s) to inspect such records. The Insured Person shall furnish such information as We may require under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all Claims under this Policy.

9. **CLAIM SERVICING**: Claims will be directly serviced by IFFCO TOKIO without any Third party administrator.

10. **CLAIM PROCEDURE AND REQUIREMENTS** - An event, which gives rise to a claim or might become a claim under the Policy, must be reported to Us as soon as possible.



A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation must be delivered to Us within 45 (forty five) days of occurrence of Insured event.

If any person is claiming against You or Insured person(s), every letter, claim writ, summon, process information or any verbal notice of claim shall be forwarded to Us without delay. You, Insured person or any person on Your/ Insured person's behalf must not attempt to negotiate any claim, nor admit or repudiate any claim without Our consent. You/ Insured person(s) shall give all possible assistance to enable Us to settle or resist any claim or to institute proceedings.

**11. We are entitled to:**

- i)Receive all necessary information, proof of occurrence of Insured event and assistance from You/ Insured person and from any other person seeking benefit under this Policy.
- ii)Inspect the medical hospitalization records, investigate the facts and examine the Insured person

12. You/ Insured person shall assist and not hinder or prevent Us or Our Representatives in pursuance of their duties for ascertaining the admissibility of the claim under the Policy.

13. In case of any inconsistency in the terms and conditions in the policy wordings vis-a-vis the information contained in the Policy Schedule, the information contained in the Policy schedule shall prevail.

**14. PORTABILITY –**

You/the Insured Person will have the option to port the Policy to same product of 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. If You/ Insured person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer, the proposed Insured Person will get all the accrued continuity benefits as under:

- i. The waiting periods specified in Section coverage of table “what is not covered” point 1shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.
- ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.

15. **FRAUD** - If a claim is fraudulent on account of fraudulent means or action used by You/ Insured person(s), all benefits and rights under this Policy shall be forfeited.

16. **Notice of Change:** WE will not be bound to take cognizance or be effected by any notice of trust, charge, lien, assignment or other dealings with or relating to this policy. Your receipt or receipt of insured person shall in all cases be an effective discharge to us.



17. **ARBITRATION** - If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if We have disputed or not accepted liability under or in respect of this policy. It is understood, however, that You shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.
18. **Policy disputes:** The parties to this policy expressly agree that the laws of the republic of India shall govern the validity, construction, interpretation and effect of this policy. Any dispute concerning the interpretation of the terms and 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. All matters arising hereunder shall be determined in accordance with the law and practice of such court within Indian Territory.
19. **DISCLAIMER CLAUSE** - If We shall disclaim Our liability in any claim, and such claim shall not have been made the subject matter of a suit in a court of law within 12 (twelve) months from the date of disclaimer, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
20. All claims shall be settled in India in Indian Rupees.
21. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject to the jurisdiction of the Courts in India.
22. **WITHDRAWAL & ALTERATION OF POLICY CONDITIONS** - The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to You at least three months prior to the date when such alteration or revision comes into effect by registered post at Your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.  
  
A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to You in advance as per the IRDA guidelines with details of options provided by us. If We do not receive Your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and You shall have to take a new policy available with us, subject to terms & conditions.
23. **PAYMENT OF PREMIUM** - The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on Our official form signed by Our duly authorized official. In similar way, no waiver of any terms, provision,



conditions and endorsements of this policy shall be valid unless made in writing and signed by Our authorized official.

24. No sum payable under this Policy shall carry any interest/penalty except as mentioned under General Condition of Protection of Policy holder's interest.

**25. No Constructive Notice:** Any knowledge or information of any circumstance(s) or condition in connection with you / insured person(s), in possession of any of our official shall not be the notice to or be held to bind or prejudicially affect us notwithstanding subsequent acceptance of the premium.

**26. PROTECTION OF POLICY HOLDER'S INTEREST-**

In the event of a claim, if the same is found admissible under the policy, We shall make an offer of settlement or convey the rejection of the claim within 30 (thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of Your/ Insured person's acceptance of Our offer. In case of delay in payment, We shall be liable to pay interest at a rate which is 2% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

**27. PROVISION FOR SENIOR CITIZENS:**

The insured will be informed in writing of any underwriting loading charged over and above the premium and the specific consent of the policyholder for such loading will be obtained before issuance of a policy.

Separate channel to address the related claims and grievances of senior citizen are mentioned below:

Claims: seniorcitizenclaims@iffcotokio.co.in

Grievance: seniorcitizengrievance@iffcotokio.co.in

Contact Number: 0124-2850100

Address: IFFCO-Tokio General Insurance Company Limited.  
IFFCO TOWER – II  
Plot No.3, Sector-29, Gurgaon  
Haryana-122001

**28. Get in touch with us**

In case of any query, the You may contact Us through:

Company Website: [www.iffcotokio.co.in](http://www.iffcotokio.co.in)

Toll free: 1800-103-5499

E-mail: [support@iffcotokio.co.in](mailto:support@iffcotokio.co.in)

Address : IFFCO-Tokio General Insurance Co Ltd  
IFFCO Tower, Plot no. 3  
Sector -29, Gurgaon – 122001

**29. GRIEVANCE OR COMPLAINT –**



## Redressal Of Grievance

In case of any grievance, You may contact Us through:

WebsitE: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Address: IFFCO-Tokio General Insurance Co Ltd

IFFCO Tower, Plot no. 3

Sector -29, Gurgaon – 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>

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 [chiefgrievanceofficer@iffcotokio.co.in](mailto:chiefgrievanceofficer@iffcotokio.co.in)

For updated details of grievance officer, kindly refer the link

<https://www.iffcotokio.co.in/contact-us/customer-services/grievance-redressal>

If insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

We shall comply with the award of the Insurance Ombudsman within 30 days of its receipt by Us.

We shall be liable for a penalty of Rs 5,000/- per day in case of non-compliance in addition to the penal interest liable to be paid by Us under The Insurance Ombudsman Rules, 2017.

**Grievance may also be lodged at Grievance Portal of IRDAI- 'Bima Bharosa' and tracked through your mobile number.**

- <https://bimabharosa.irdai.gov.in/Home/Home>

**For Updated List of Ombudsman Address, Please visit:**

- <https://www.cioins.co.in/Ombudsman>

30. INSURANCE OMBUDSMAN: We shall endeavor to promptly and effectively address Your grievances. In the event You are dissatisfied with the resolution of Your grievance or complaint, You may approach the Insurance Ombudsman located nearest to You. Details of the offices across the Country are mentioned below:



Office Details	Jurisdiction of Office Union Territory, District)
<p><b>AHMEDABAD - Shri Collu Vikas Rao</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@cioins.co.in">bimalokpal.ahmedabad@cioins.co.in</a></p> <p><b>BENGALURU – Mr Vipin Anand</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@cioins.co.in">bimalokpal.bengaluru@cioins.co.in</a></p>	<p>Gujarat, Dadra &amp; Nagar Haveli, Daman and Diu.</p> <p>Karnataka.</p>
<p><b>BHOPAL - Shri R. M. Singh</b> Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha", 60-B,Hoshangabad Road, Opp. Gayatri Mandir, Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 Email: <a href="mailto:bimalokpal.bhopal@cioins.co.in">bimalokpal.bhopal@cioins.co.in</a></p>	<p>Madhya Pradesh Chattisgarh.</p>
<p><b>BHUBANESHWAR - Shri Manoj Kumar Parida</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455. Email: <a href="mailto:bimalokpal.bhubaneswar@cioins.co.in">bimalokpal.bhubaneswar@cioins.co.in</a></p>	<p>Orissa.</p>
<p><b>CHANDIGARH – Mr Atul Jerath</b> Office of the Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172 - 4646394 / 2706468  Email: <a href="mailto:bimalokpal.chandigarh@cioins.co.in">bimalokpal.chandigarh@cioins.co.in</a></p>	<p>Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu &amp; Kashmir,Ladakh &amp; Chandigarh.</p>



Office Details	Jurisdiction of Office Union Territory, District)
<p><b>CHENNAI - Shri Somnath Ghosh</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: <a href="mailto:bimalokpal.chennai@cioins.co.in">bimalokpal.chennai@cioins.co.in</a></p> <p><b>DELHI – Ms. Sunita Sharma</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23237539 Email: <a href="mailto:bimalokpal.delhi@cioins.co.in">bimalokpal.delhi@cioins.co.in</a></p>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
<p><b>GUWAHATI - Shri Somnath Ghosh</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: <a href="mailto:bimalokpal.guwahati@cioins.co.in">bimalokpal.guwahati@cioins.co.in</a></p>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<p><b>HYDERABAD - Shri N Sankaran</b> Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 Email: <a href="mailto:bimalokpal.hyderabad@cioins.co.in">bimalokpal.hyderabad@cioins.co.in</a></p>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<p><b>JAIPUR – Shri Rajiv Dutt Sharma</b> Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363/2740798 Email: <a href="mailto:bimalokpal.jaipur@cioins.co.in">bimalokpal.jaipur@cioins.co.in</a></p>	Rajasthan
<p><b>KOCHI – Shri G. Radhakrishnan</b> Office of the Insurance Ombudsman,</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.



Office Details	Jurisdiction of Office Union Territory, District)
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<p><b>KOLKATA - Ms Kiran Sahdev</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341, Email: <a href="mailto:bimalokpal.kolkata@cioins.co.in">bimalokpal.kolkata@cioins.co.in</a></p>	<p>West Bengal, Sikkim, Andaman &amp; Nicobar Islands.</p>
<p><b>LUCKNOW - Shri. Atul Sahai</b> Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: <a href="mailto:bimalokpal.lucknow@cioins.co.in">bimalokpal.lucknow@cioins.co.in</a></p>	<p>Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahrach, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Mahrajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p><b>MUMBAI – Mr Vipin Anand</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: <a href="mailto:bimalokpal.mumbai@cioins.co.in">bimalokpal.mumbai@cioins.co.in</a></p>	<p>Goa, Mumbai Metropolitan Region (excluding Navi Mumbai &amp; Thane).</p>
<p><b>NOIDA - Shri Bimbadhar Pradhan</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar,</p>	<p>State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli,</p>



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<p><b>PATNA - Ms Susmita Mukherjee</b> Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: <a href="mailto:bimalokpal.patna@cioins.co.in">bimalokpal.patna@cioins.co.in</a></p>	<p>Bihar, Jharkhand.</p>
<p><b>PUNE – Shri Sunil Jain</b> Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: <a href="mailto:bimalokpal.pune@cioins.co.in">bimalokpal.pune@cioins.co.in</a></p>	<p>Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.</p>