



## **Siddhartha Premier Insurance Ltd.**

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### **DOMICILIARY AND HOSPITALIZATION MEDICAL INSURANCE POLICY**

**WHEREAS** the Insured designated in the Schedule hereto has applied to **PREMIER INSURANCE CO. (NEPAL) LTD.** (hereinafter called the "Company") for the Insurance hereinafter set forth in respect of the Persons named in the Schedule hereto (hereinafter called the "Insured Person/s") and has paid premium as hereinafter provided.

**NOW THIS POLICY WITNESSETH** that subject to the terms and conditions contained herein or endorsed hereon the Company undertakes that if at any time during the period stated in the schedule or during the continuance of this policy by renewal any Insured Person shall contract any disease or suffer from any illness (hereinafter called "**DISEASE**") or sustain a bodily injury by accident (hereinafter called "**INJURY**") and if such injury or disease shall require upon the advice of a duly qualified Medical Practitioner any such Insured Person to incur Medical Surgical Nursing Home Hospital and/or Sanatorium expense the Company will pay to the Insured the amount of such expenses which are actually and necessarily incurred in respect thereof by such person upto but not exceeding the amounts in the Table of Benefits specified in the Schedule.

#### **DEFINITIONS:**

*Hospital/Nursing Home* means institution in Nepal established for indoor care and treatment of sickness / injuries and which has been registered either as a Hospital / Nursing Home or Clinic with the local authorities and is under the supervision of registered / qualified Medical Practitioner (Doctor). The term Hospital shall not include an establishment, which is place of rest, place for aged, place for drug addicts or place of alcoholics, hotel or similar place.

*Domiciliary Benefit* means medical treatment for such illness/disease/injury actually taken whilst confined at home in Nepal.

#### **PROVIDED ALWAYS THAT**

1. The maximum amount of liability in respect of any one accident or illness for any one Insured Person in any one year of insurance is limited to the amount specified in the Schedule.
2. Recurrent attacks or symptoms arising out of the same condition shall be considered as one accident or one illness as the case may be.
3. Surgical operation shall mean a cutting operation (not any lancing operations or injections) or any operation involving the reducing of fractures and or treatment of dislocations performed by a qualified and registered medical practitioner and necessitating of an anesthetic in any Nursing Home and or Hospital.
4. No benefits shall become payable until the total amount shall have been ascertained and agreed.



5. The Insured Person shall take reasonable precautions to prevent accidental bodily injury or sickness. The Insured also shall comply with all statutory obligations relating to such Insured Person.
6. Benefits payable under this Policy will be paid only upon receipt of due written proof of such expenses having been incurred. Both the Insured Person and Insured shall furnish such medical and/or other evidence as may be reasonably required by the Company. Any such medical evidence is to be furnished at the expenses of the Insured.
7. Any sum or sums of money payable by the Company shall be paid to the Insured on behalf of the Insured Person in respect of whom the claims being made and the receipt of the Insured shall in all respects be an effective discharge to the Company.
8. Insured person (member) shall mean
  - a. the insured's employee(s) within the age of 65
  - b. the family member of such employee(s) shall mean  
  
the legally married spouse and/or legitimate or legally adopted unmarried and/or unemployed children over the age of three months and below the age of twenty one years and the cover on such children ceases on the attainment of age twenty one or on his/her getting married whichever shall first occur.
  - c. Parents within the age of 65 years.

#### EXCLUSIONS

#### **THIS POLICY DOES NOT COVER**

1. Any expenses whatsoever incurred by the Insured Person in connection with or in respect of any sickness/illness...7 days from the date of his/her inclusion in the Schedule of this Policy and or date of commencement of Insured.
2. Venereal disease, stricture, intentional self-inflicted injury or injury resulting from dissipation drunkenness, or intentional abuse of drugs.
3. Injury or disease directly or indirectly caused by or contributed to by war or invasion or whilst engaged or taking part in military, naval or air force service operation.
4. Any expenses for which the Insured Person has been or can be reimbursed from any form of Insurance or any other source except in respect of an excess of expenditure beyond the amount recovered from such insurance or other sources.
5. Any claim arising as a result of any accident or illness prior to becoming an Insured Person or any claim in respect of any Insured Person whose application shall contain any willful misstatement or on whose behalf any material information shall have been willfully withheld.
6. Expenses incurred in connection with any treatment not undertaken or under the direction of a Registered Allopathy Medical Practitioner.
7. Any illness/injury occurring when any person insured under this policy outside geographical limit of Nepal. As regards extension of cover outside Nepal, Company's Medical Advisor should give prior permission before treatment is carried out abroad.
8. Expenses for Tonics, vitamins unless forming part of treatment for injury or illness as certified by attending Doctor.





9. (a) Reimbursement of expenses for mental disorders, pre existing conditions, rest, convalescence or rejuvenation courses, confinements for the purpose of sliming or beautification and the practice or any hobby or sport known to be dangerous and treatment for recurring type of diseases like ulcer, diabetes, cancer including chemotherapy/radiotherapy, kidney failure including dialysis, which need treatment for long period
- (b) cost of Pace-makers, Stent etc. under cardiac treatments are not covered
- (c) Any bodily injury or illness sustained by the Insured Person 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) in any duly licensed standard type of aircraft anywhere in the world. Hunting, Steeple chasing, Racing of any kind (other than on foot) Rugby, Football, Polo and Mountaineering (necessitating the use of ropes or guides) or Winter sports, Under Water Pastimes, Water ski-ing or pot holing
9. Expenses incurred in connection with any treatment under Ayurvedic/Homeopathologist except jaundice.
10. Circumcision unless necessary for treatment of diseases not excluded hereunder/as may be necessitated due to accident, vaccination/ inoculation/ change of life/ cosmetic/ aesthetic treatment description, plastic surgery unless necessitated due to accident.
11. Expenses for any types of package test.
12. Expenses for Infertility treatment.
13. Any expenses related to **CORONAVIRUS**

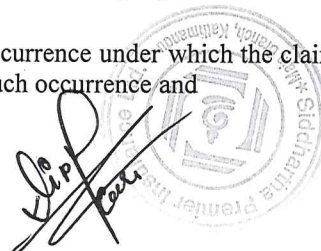
**This** Insurance Policy does not cover any claim in any way caused by or resulting from:

- a) Coronavirus disease (COVID-19);
  - b) Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2);
  - c) any mutation or variation of SARS-CoV-2;
- any fear or threat of a), b) or c) above.

### CONDITIONS

This Policy and the Schedule shall be read together and any word or expression to which a specific meaning has been attached in any part of this Policy or of the Schedule shall bear such meaning wherever it may appear:

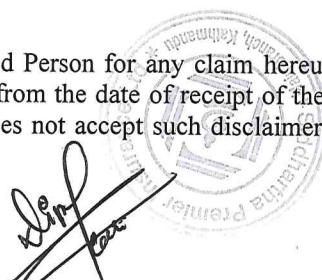
- 1 Every notice or communication to be given or made under this policy shall be delivered in writing to the Insurer.
- 2 The premium payable under this policy shall be paid in advance. No receipt for Premium shall be valid except on the official form of the Company signed by a duly authorized official of the Company. The due payment of premium and the observance and fulfillment of the terms, provisions, conditions and endorsements of this policy by the Insured Person in so far as they relate to anything to be done or complied with by the Insured Person shall be condition precedent to any liability of the Company to make any payment under this Policy. No waiver of any terms, provisions, conditions and endorsements of this Policy shall be valid, unless made in writing and signed by an authorized official of the Company.
- 3 No claim under this Policy shall be effective or binding upon the Company unless
  - (i) the Insured Person gives particulars of the occurrence under which the claim is made to the Insured within 45 days of the date of such occurrence and



- (ii) the Insured forwards to the Company particulars of such occurrence within 60 days from the date of such occurrence.
4. Notification of claims not received within 60 days from the date of occurrence may be considered by the Company provided that reasonable evidence is produced to the satisfaction of the Company as to the cause of delay.
5. The benefits payable under this policy may be extended to cover other persons if requested by the Insured as from the date agreed by the Company subject to all the terms provisos exclusions and conditions of this policy on receiving completed statements in writing and signed by the Insured Person
- a Provided always that the Insured shall pay to the Company a Short Scale premium in respect of each such person
- \* Not exceeding 3 months - 40% of annual premium
  - \* Above 3 months and not exceeding 6 months - 70% of annual premium
  - \* above 6 Months – 100% of annual premium will be charged.
- b In the event of a member leaving the service of the Insured he/she ceased to be a member and premium will be refunded as below;
- \* Not exceeding 3 months - 60% of annual premium
  - \* Above 3 months and not exceeding 6 months - 30% of annual premium
  - \* above 6 Months - No Refund will be allowed.

But no refund of premium will be allowed if any claim has been settled for such Person.

6. The Insured shall obtain and furnish the Company with the Doctor's prescription, all original bills, receipts and other documents upon which a claim is based and shall also give the Company any additional information and assistance as the Company may require in dealing with the claim.
7. Any medical practitioner authorized by the Company shall be allowed to examine the Insured Person in case of any alleged Injury or Disease requiring Hospitalisation or Domiciliary when and so often as the same may reasonably be required on behalf of the Company.
8. The Company shall not be liable to make any payment under this policy in respect of any claim if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his behalf.
9. If at the time when any claim arises under this Policy, there is in existence any other insurance whether it be effected by or on behalf of any Insured Person in respect of whom the claim may have arisen covering the same loss, liability, compensation, costs or expenses the Company shall not be liable to pay or contribute more than its reteable proportion of any loss, liability, compensation, costs or expenses.. The benefits under this Policy shall however be in excess of the benefits available under Medical Benefits extension under Personal Accident Policy.
10. The Company shall not be bound to renew this policy or to give notice that it is due for renewal and the Company may at any time cancel this Policy by sending the Insured 30 days notice by registered letter at the Insured's last known address and in such event the Company shall refund to the Insured a pro-rata premium for unexpired Period of Insurance. The Company shall, however, remain liable for any claim, which arose prior to the date of cancellation. The Insured may at any time cancel this Policy and in such event the Company shall allow refund of premium at Company's short period rate only provided no claim has occurred upto the date of cancellation.
11. If any difference shall arise as to the quantum to be paid under this policy (liability being otherwise admitted) such difference shall be resolved as per Insurance Act, 2049 and/or Arbitration Act, 2055.
12. If the Company shall disclaim liability to the Insured Person for any claim hereunder and if the Insured Person shall not within 12 calendar months from the date of receipt of the notice of such disclaimer notify the Company in writing that he does not accept such disclaimer and intends to



recover his claim from the Company, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.

for: Premier Insurance Co. (Nepal) Ltd.

Authorized Signature





**Attaching to and forming part of Policy NMO: NXL/23/24/GME-EB/F/00003**

**DOMICILLIARY MEDICAL TREATMENT BENEFIT:**

**Total Benefit: Rs. 150,000/-**

S.No.	Description	Benefit Amount in NRs.
I.	Fees of a duly qualified and registered Medical Practitioner registered with Nepal Medical Council	
	Consultation at Clinic limit per visit up to	700/-
	Maximum in one year of Insurance	5,000/-
II	Charges for X-rays, and /or electrical and/or Massage treatment & Pathology, Therapy, Medicine and Drugs prescribed by a doctor, Surgical expenses and any other expenses prescribed by the doctor .  Max Limit for Oral Dental treatment - Rs.1,200/- Per illness Max Limit for Eye treatment - Rs.1,200/-per illness Maximum limit per annum for both -Rs.5,000/- only.	35,000/-
	The total maximum Domestic treatment Benefit payable For any person in any one year of Insurance	40,000/-

**HOSPITALISATION MEDICAL BENEFIT:**

S.No.	Description of Benefits
1.	<b><u>Benefit:</u></b> 110,000/-
2	<b><u>Coverage:</u></b>  (a) Room, Board, Nursing expenses subject to maximum of NRs. 3,500/- per day (b) Surgeon, Anesthetist, medical Practitioner, consultant, Specialist Fees.  (c) Blood, Oxygen, Anesthesia, Operation Theatre, Surgical Appliance, Diagnostic material, Injection cost, Plaster /Bandage and lab test charge.  (d) Medicine, Drugs.  (e) Other investigation charges (X-ray, ECG / C.T. Scan, MRI) etc.  (f) The above benefit includes Maternity Benefit upto Rs. 12,000/-

Deductible Excess: 10% for each claim.



**DOMICILLIARY MEDICAL TREATMENT BENEFIT:**

**Total Benefit: Rs. 200,000/-**

S.No.	Description	Benefit Amount in NRs.
I.	Fees of a duly qualified and registered Medical Practitioner registered with Nepal Medical Council	
	Consultation at Clinic limit per visit up to	700/-
	Maximum in one year of Insurance	10,000/-
II	Charges for X-rays, and /or electrical and/or Massage treatment & Pathology, Therapy, Medicine and Drugs prescribed by a doctor, Surgical expenses and any other expenses prescribed by the doctor .  Max Limit for Oral Dental treatment - Rs.1,500/- Per illness Max Limit for Eye treatment - Rs.1,500/-per illness Maximum limit per annum for both -Rs.5,000/- only.	40,000/-
	The total maximum Domestic treatment Benefit payable For any person in any one year of Insurance	50,000/-

**HOSPITALISATION MEDICAL BENEFIT:**

S.No.	Description of Benefits
1.	<b><u>Benefit:</u></b> 150,000/-
2	<b><u>Coverage:</u></b>  (a) Room, Board, Nursing expenses subject to maximum of NRs. 5,000/- per day (b) Surgeon, Anesthetist, medical Practitioner, consultant, Specialist Fees.  (c) Blood, Oxygen, Anesthesia, Operation Theatre, Surgical Appliance, Diagnostic material, Injection cost, Plaster /Bandage and lab test charge.  (d) Medicine, Drugs.  (e) Other investigation charges (X-ray, ECG / C.T. Scan, MRI) etc.  (f) The above benefit includes Maternity Benefit upto Rs. 15,000/-

Deductible Excess: 10% for each claim.

