

To,  
Mr.BATUKBHAI SUNDERBHAI MAKW  
NADI KANTHE AT.PANSHINA , AT POST - PANSHINA,,Panshina,TAL LIMBDI,  
Surendra Nagar,  
Gujarat-363423,  
India.  
Contact details: **+91-9714211415**

Date: 24/02/2021

Subject: Policy Number: **0000000021711702**

Dear Customer,

Welcome to SBI General. Thank you for choosing SBI General's "Individual Personal Accident" policy. We are delighted to have you as our esteemed Customer.

With this, we enclose the following documents pertaining to your Policy:

- Policy Schedule
- Policy Clauses & Wordings.
- Premium Receipt.
- Grievance Redressal Letter

We have taken care that the documents reflect details of risk and cover as proposed by you. We request you to verify and confirm that the documents are in order. Please ensure safety of these documents as they form part of our contract with you. For all your future correspondence you may have with us, kindly quote your Customer ID and Policy No.

**Your Customer ID :** 0000000039253776

**Your Policy Number. :** 0000000021711702

The Postal Address of your SBI General Branch that will service you in future is:

**SBI General Insurance Company Limited**  
1st Floor, Shukan Business Center, Swastik Cross Roads, CG Road,  
Navrangpura Head Post Office, Ahmedabad,  
Gujarat-380009,  
India,

In case of any queries or suggestions, please do not hesitate to get in touch with us. You can contact us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in) or call our Customer Care Number **1800-22-1111** (MTNL/BSNL user) and **1800-102-1111** (for other users)

We look forward to a continuing and mutually beneficial relationship.

Yours sincerely,



Authorized Signatory

**SBI General Insurance Company Limited**  
**Registered and Corporate office:** "Natraj" 301, Junction of Western Express Highway & Andheri Kurla - Road, Andheri (East),  
Mumbai - 400 069  
IRDA/NL/SBIGI/P-P/V.I/46/13-14  
IRDA of India Regn. No. 144  
UIN: SBIPAIP12002V011112

INDIVIDUAL PERSONAL ACCIDENT POLICY

POLICY SCHEDULE

Policy No: 0000000021711702	Servicing Branch Office:Ahmadabad	Issue Date: 24/02/2021
-----------------------------	-----------------------------------	------------------------

Intermediary Details :

Intermediary Name & Code	Sbi Panshina 60222	0003359
Intermediary Contact Details:	Mobile No: 02753-256520	Landline No: +91-2753-256520

Proposer	Mr.BATUKBHAI SUNDERBHAI MAKW
Address	NADI KANTHE AT.PANSHINA , AT POST - PANSHINA,,Panshina,TAL LIMBDI, Surendra Nagar, Gujarat-363423, India.
Period of Insurance	From:19/02/2021 (14:25hrs)To:18/02/2022 (Midnight)
Date of inception first insurance policy	19/02/2021
Product type	Individual
Nominee of Primary Insured (Name, Age & Relationship)	SUNDERBHAI MAKW, 66, Father
Appointee (Name & Relationship), if any	N.A
Renewal Policy Number , if any	N.A

Details of insured persons:

Member ID	Name of the Insured person	Date of member entry	Date of Birth	Age	Relationship with Primary Insured	Occupation of Insured Member	Annual Income	Sum Insured Opted (in INR)	Cover Type	Weekly Benefit	Cumulative Bonus
000000003925376	BATUKBHAI SUNDERBHAI MAKW	24/02/2021	10/12/1975	45	Self	Agricultural Worker	300,000	1020000	Table D	Rs.5000 /- per week	0

Table A - Accidental death

Table B - Accidental death + Permanent Total Disability (PTD)

Table C - Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD)

Table D - Accidental death + Permanent Total Disability (PTD)+ Permanent Partial Disability (PPD)+ Temporary Total Disability (TTD)

Additional Covers

Member ID	Name of the Insured Member	Hospital Confinement allowance	Daily Allowance Limit	Ambulance Cover	Limit for Ambulance Cover
0000000039253776	BATUKBHAI SUNDERBHAI MAKW	No		No	0

Additional Conditions: Subject to the following attached Clauses

- For all members other than primary insured, nominee will be the primary insured only


**INDIVIDUAL PERSONAL ACCIDENT POLICY**

**PREMIUM DETAILS**

Particulars	Amount (INR)
Gross Premium	999.60
Taxes as applicable	179.92
Add Education Cess : 0.00% /Kerala Flood Cess @1%	0.00
Add Higher Education Cess : 0.00%	0.00
<b>Final Premium</b>	<b>1,180.00</b>

**Collection Details :-Receipt No:Receipt Date:24/02/2021Amount: Rs. 1,180.00**

**P.S. If premium paid through cheque, the policy is void ab-initio in case of dishonour of cheque.**

<b>Signed at:</b> Mumbai <b>Date:</b> 19/02/2021	<b>For SBI General Insurance Company Limited</b>
	 Authorized Signatory

**Consolidated Stamp Duty Rs.52/-paid towards Insurance Policy Stamps vide Order No.CSD/224/2021/305/21 Dated 24/02/2021 of General Stamp Office, Mumbai.**

**For claims,** Please contact us at Toll Free number

**MTNL/BSNL users** - 1800-22-1111, Other users - 1800-102-1111

For complete Coverage & Policy Wording, kindly visit our website - [www.sbigeneral.in](http://www.sbigeneral.in)

**For and on behalf of SBI General Insurance Co. Ltd**



**Authorized Signatory**

**Important Note:**

Insurance is a contract of Utmost Good Faith requiring the Insured not only to disclose all information related to his health and which has a bearing on the acceptance or rejection of the Proposal by the Insurer and also not to suppress any factual information in response to the questions in the proposal form. Please examine this Policy including its attached Schedules/Annexure if any. In the event of any discrepancy, contact the office of the Insurer immediately, it being noted that this Policy shall be otherwise considered as being entirely in order.

In case of payment by cheque, in the event of dishonor of cheque for any reason whatsoever, insurance provided under this document automatically stand cancelled from the inception of the Policy irrespective of whether a separate communication is sent or not.

Any claim arising or related to consequences of the Pre-existing diseases as defined under the Policy is excluded from the scope of Policy cover unless the insurer specifically accepts the pre-existing disease declared with or without additional premium and coverage terms specifically mentioned in the schedule.

The Policy shall become voidable at the option of Insurer, in the event of any untrue or incorrect statement, misrepresentation, non-description or non-disclosure in any material particulars declared by the Proposer in the Proposal form/personal statement, declaration and connected documents or any material information having been withheld by the Proposer or any one acting on his behalf.

The Policy is not transferable/assignable to any third parties by the Insured. However, if the Insured is permanently incapacitated or deceased, the nominee/legal heirs of the Insured may represent him/her in respect of claim under the Policy.

All terms, conditions and exclusions as per standard Policy wordings attached with this schedule.

**SBI General Insurance Company Limited**

**Registered and Corporate office:** "Natraj" 301, Junction of Western Express Highway & Andheri Kurla - Road, Andheri (East), Mumbai - 400 069

IRDA/NL/SBIGI/P-P/V.I/46/13-14 IRDA of India Regn. No. 144

UIN: SBIPAIP12002V011112

<b>Branch Office Address:</b> 1st Floor,Shukan Business Center,Swastik Cross Roads,CG Road,Navrangpura Head Post Office, Ahmedabad, Ahmedabad,India Gujarat-380009	<b>Reference No:</b>	000028633158	
	<b>OF Receipt No:</b>		
	<b>Date:</b>	24/02/2021	
	<b>Branch Code:</b>	00002	
	<b>Party/Depositor ID:</b>	0000000039253776	
<b>RECEIPT</b>			
Received with thanks from <b>Sbi Panshina 60222</b> an amount of Rs. <b>1180(Rupees One Thousand One Hundred and Eighty)</b> <b>by Agent Cash Deposit</b> <b>No: ACD00021524045</b> <b>Dated :</b> <b>Drawn on Bank :</b> <b>Branch:</b>			
<b>Party ID</b>	<b>Quote/Policy/Claim No.</b>	<b>Name of Party</b>	<b>Amount(Rs.)</b>
0000000039253776	0000000051897815	Sbi Panshina 60222	1,180.00
		<b>TOTAL</b>	1,180.00


Disclaimer

1. Receipt subject to realisation of instrument submitted
2. Kindly refer to the policy document for time of commencement of cover

For and on behalf of  
SBI General Insurance Co. Ltd.



Authorized Signatory

GST INVOICE										
<b>GST Invoice No:</b>	51883233					<b>GST Invoice Date:</b>		24/02/2021		
<b>GSTIN/Unique No: (SBI General)</b>	24AAMCS8857L1ZI					<b>SBI General State</b>		Gujarat		
<b>SBI General Branch Address:</b>	<b>SBI General Insurance Company Limited</b> 1st Floor, Shukan Business Center, Swastik Cross Roads, CG Road, Navrangpura Head Post Office, Ahmedabad, Ahmedabad, Gujarat, 380009, India,									
<b>Details of Policy Holder:</b>										
<b>Name:</b>	Mr. BATUKBHAI SUNDERBHAI MAKW									
<b>Address:</b>	NADI KANTHE AT. PANSHINA , AT POST - PANSHINA,,Panshina,TAL LIMBDI,Panshina,Surendra Nagar,Surendra Nagar,Gujarat-363423,India.									
<b>Policy Holder State</b>	Gujarat					<b>Place of Supply:</b>		Gujarat		
						<b>Whether Invoice under Reverse Charge:</b>		No		
<b>GST IN/Unique No:</b>						<b>Policy Number</b>		0000000021711702		
Insurance Product Name	HSN Code	Premium (without Taxes)	KFC		CGST		SGST/ UTGST		IGST	
			Rate	Amount	Rate	Amount	Rate	Amount	Rate	Amount
Individual Personal Accident	997133	999.6	1%	0	9%	89.96	9%	89.96	0%	0
<b>Total Invoice Value (In Figures)</b>			1,180.00			  <b>Authorized Signatory</b>				
<b>Taxes Applicable</b>			179.92							

INDIVIDUAL PERSONAL ACCIDENT

CUSTOMER INFORMATION SHEET

(Description is illustrative and not exhaustive)

S. NO	TITLE	DESCRIPTION	REFER TO POLICY CLAUSE NUMBER
1	Product Name	Individual Personal Accident Insurance	
2	What am I covered for	<p><b>Following are covered as basic cover up to the limit specified in the policy schedule</b></p> <p>1. Accidental Death (AD) or</p> <p>2. AD + Permanent Total Disablement (PTD) or</p> <p>3. AD+PTD+ Permanent Partial Disablement (PPD)</p> <p><b>Education Benefit</b> Rs.50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse. Only upon payment of benefit under Death and permanent total disability (in case of above mentioned cover of 2,3 and 4 only)</p> <p><b>Adaptation Allowance</b> @ 1% of the Sum Insured or Rs.25,000/. Only upon payment of benefit under permanent total disability</p> <p>or</p> <p>4. AD+PTD+PPD+ Temporary Total Disablement (TTD) or</p> <p><b>Following are covered as add on up to the limits specified in policy schedule, if you have paid the additional premium for these covers</b></p> <p>1. Hospital Confinement Allowance.</p> <p>2. Ambulance Cover.</p> <p><b>Note: Insurer's Liability in respect of all claims admitted during the period of insurance shall not exceed the Sum Insured for the Insured person as mentioned in the schedule.</b></p>	Part B
3	What are the major Exclusions in the policy	<p>1. Criminal Act</p> <p>2. Suicide &amp; Self Inflicted Injury</p> <p>3. Loss due to childbirth or from pregnancy,</p> <p>4. Persons enrolled in Armed Services, Military Establishment of any Country.</p> <p>5. Accidents under influence of Alcohol, Drugs, or other Intoxicants</p> <p>6. Injury because of participation in Riot, Felony, Crime or Civil Commotion</p> <p>7. Learning or operating any Aircraft.</p> <p>8. War, Civil War, Invasion, Insurrection, Revolution, Act of Foreign Enemy etc.,</p> <p>9. Nuclear Damage</p> <p>10. Injury because of participation Adventure &amp; Dangerous sports</p> <p>(Note: the above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing).</p>	General Exclusion
4	Waiting period	Not Applicable	
5	Payout basis	Payment of benefit up to specified limit on happening of accidental death and/or bodily injury.	
6	Cost sharing	In case of a claim, this policy requires you to share the following costs: <b>Temporary Total Disablement (TTD)</b> –Deductible of first one week	
7	Renewal Conditions	This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the policy on grounds of fraud misrepresentation, or suppression of any material fact	Terms and Conditions-10
8	Cumulative Bonus	If no claim has been made under the policy with us and the policy is renewed with us and without any break, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any policy year. In case of a claim, the Cumulative Bonus if any under the policy will get reduced by 5% at the time of renewal. This cumulative bonus is applicable only to Accidental Death, Permanent Partial Disability and Permanent Total disability benefits. The cumulative bonus will not be lost if the policy is renewed either within the expiry date of the policy or within 30 days from the date of expiry of the policy subject to expiring policy having been issued by us.	

9	Cancellation	<p>In case of any fraud, misrepresentation, or suppression of any material fact either at the time taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata' premium for unexpired period of Insurance. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation. The Insured may at any time cancel this policy by giving a written notice to the insurer and Insured is not required to cite any reason for the cancellation. For such cancellation, Insurer shall allow refund of premium at short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.</p> <table><tr><th>Period on Risk</th><th>% of Annual Premium Refundable</th></tr><tr><td>Not exceeding 1 month</td><td>75%</td></tr><tr><td>Exceeding 1 month but not exceeding 3 months</td><td>50%</td></tr><tr><td>Exceeding 3 month but not exceeding 6 months</td><td>25%</td></tr><tr><td>Exceeding 6 months</td><td>Nil</td></tr></table>	Period on Risk	% of Annual Premium Refundable	Not exceeding 1 month	75%	Exceeding 1 month but not exceeding 3 months	50%	Exceeding 3 month but not exceeding 6 months	25%	Exceeding 6 months	Nil	Condition no. 11
Period on Risk	% of Annual Premium Refundable												
Not exceeding 1 month	75%												
Exceeding 1 month but not exceeding 3 months	50%												
Exceeding 3 month but not exceeding 6 months	25%												
Exceeding 6 months	Nil												

(LEGAL DISCLAIMER) NOTE: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the Customer Information Sheet and the policy document the terms and conditions mentioned in the policy document shall prevail.

## INDIVIDUAL PERSONAL ACCIDENT INSURANCE

Whereas the Insured has made to SBI General Insurance Company Ltd (hereinafter called the "Company"), a proposal which is hereby agreed to be the basis of this Policy and has paid the premium specified in the Schedule, now the Company agrees, subject always to the following terms, conditions, exclusions, and limitations and the Schedule, to indemnify the Insured as is herein provided.

The benefits covered under this policy are mentioned in the Schedule attached to this policy. The policy wording documents all the benefits that are available to the insured but covers only the benefits opted and as mentioned in the schedule of the policy

### **Part A: Interpretations & Definitions**

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

#### **Definitions:**

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

1. **Accident** - means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age** - means completed years as at the commencement date of the policy as specified in the schedule.
3. **Arise out of the employment** - means a relation must be established between the accident and the employment.
4. **Condition Precedent** - shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
5. **Congenital Anomaly** - refers to a condition(s) which is presents since birth, and which is abnormal with reference to form, structure or position.
  - **Internal Congenital Anomaly** - Congenital anomaly which is not in the visible and accessible parts of the body
  - **External Congenital Anomaly** - Congenital anomaly which is in the visible and accessible parts of the body
6. **Cumulative Bonus** - shall mean any increase in the Sum Insured granted by the insurer without an associated increase in premium.
7. **Day** - means a period of 24 consecutive hours.
8. **Deductible** - means cost-sharing requirement under the policy that provides that the insurer will not be liable for one week, which will apply before the Temporary Total Disability Benefits are payable by the insurer. A deductible does not reduce the sum insured. Deductible is applicable per Temporary Total Disablement.
9. **Dependent Children** - A dependent child refers to a child (natural or legally adopted who is financially dependent on the primary insured or proposer and does not have his/her independent sources of income. The child be unmarried and be above 3 months to 23 years of age.
10. **Disclosure to information norm** - The Policy shall be void and all premium paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
11. **Family** - Family means the Primary Insured Person, legally wed spouse, dependent children, dependent parents and dependent parents in law.
12. **Hospitalisation** means admission in a Hospital for a minimum period of 24 In-patient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
13. **Hospital/Nursing Home** - 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 inpatient beds, in those towns having a population of less than 10,00,000 and at least 15 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 the Insurance Company's authorized personnel.
14. **Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function which manifests itself during the Policy Period and requires medical treatment.
  - **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.
  - **Chronic condition** - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:—it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and/ or tests—it needs ongoing or long-term control or relief of symptoms—it requires your rehabilitation or for you to be specially trained to cope with it—it continues indefinitely—it comes back or is likely to come back.



15. **Injury** - means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent and visible and evident means which is verified and certified by a Medical Practitioner.
16. **Inpatient care** - means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
17. **Insurer** - means Company/Us/Our/We SBI General Insurance Company Limited.
18. **Insured Person** - means the Insured and the persons named in the schedule of the policy.
19. **In course of employment** – means any act done in compliance to allotted job.
20. **Limb** -Limb means a hand at or above the wrist or a foot above the ankle.
21. **Loss of hearing** -Loss of hearing means entire and irrecoverable loss of hearing.
22. **Loss of Sight** – loss of sight means entire and irrecoverable loss of sight.
23. **Loss of Limb** -Loss of Limb means:
  - a. the physical separation of a Limb above the wrist or ankle respectively, or
  - b. the total loss of functional use of a Limb for at least 365 days from the date of onset of such disability provided that We must be satisfied at the expiry of the 365 days that there is no reasonable medical hope of improvement.
24. **Loss with regard to toe, finger, and thumb** - means actual complete severance from the foot or hand;
25. **Medical Advice** - Any consultation or advice from a Medical Practitioner including the issue of any prescription or repeat prescription.
26. **Medically necessary treatment** - is defined as any treatment, tests, medication, or stay in hospital or part of a stay in hospital which
  - is required for the medical management of the illness or injury suffered by the insured;
  - must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
  - must have been prescribed by a medical practitioner,
  - must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
27. **Medical Practitioner** - means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license. Immediate Family members are excluded from the Definition of Medical Practitioner.
28. **Notification of claim** - is the process of notifying a claim to the insurer or TPA by specifying the timelines as well as the address/ telephone number to which it should be notified.
29. **Permanent Total Disability (PTD)** - means when insured is permanently totally and absolutely unable to engage in any occupation or employment of any description whatsoever.
30. **Permanent Partial Disability (PPD)** - PPD means the Insured Person has suffered a Permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a Physician.
31. **Policy** - means statements made in the proposal form, this policy wording (including endorsements, if any) and the policy schedule.
32. **Policy Schedule** - means the Policy Schedule attached to and forming part of the Policy.
33. **Policy Period** - means the period between the Commencement Date and the Expiry Date as specified in the Schedule.
34. **Primary Insured** – means a person who proposes for insurance of a family.
35. **Qualified nurse** - is a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
36. **Renewal** - defines the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of all waiting periods.
37. **Sum Insured** - means the sum as specified in the Schedule against the table of benefit in this Policy against the name of Insured Person, which sum represents the Company's maximum liability for any or all claims under this Policy during the Policy period against the table of benefit. However, the benefit payable under Temporary Total disablement (TTD) shall be in addition to the benefit payable under any of the table of benefits.
38. **Spouse** - means your legal husband or wife.
39. **Temporary Total Disability (TTD)** - TTD means disability which wholly and continuously prevents Insured Person from performing each and every duty pertaining to his occupation.

## Part B: Coverage

The Accidental death benefit is a mandatory cover under the policy and the benefits under other covers are optional and as opted by the insured. The maximum liability of the Company is limited to its Sum Insured as reflected in the schedule of the policy and if a claim is made for more than one of the covered benefits resulting from any accident, only one benefit amount which is the largest among the admissible benefits, will be paid.

Regardless of one or more claim during the policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to sum insured for the Death as reflected in the schedule of the policy.

However, the benefit payable under Temporary Total Disablement (TTD) shall be in addition to the benefit payable under any of the table of benefits.

**Table A Benefit: Accidental Death**

If an **Insured Person** suffers an **Accident** during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then **We** will pay the percentage of the Sum Insured shown in the table below

Table A benefits	
	% of SI
Accidental Death	100

**Table B Benefit: Accidental death + Permanent Total Disability (PTD)**

If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an **Accident** during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his death/ permanent total disablement in any of the ways detailed in the table below, then **We** will pay the percentage of the Sum Insured shown in the table below.

Table B benefits	
	% of SI
a) Accidental Death	100
b) Loss of sight (both eyes)	100
c) Loss of two limbs	100
d) Loss of one limb and one eye	100
e) Permanent Total disablement	100

Apart from the above benefit, the following covers are provided as additional covers under this (PTD) benefit: (i.e. with b, c, d and e shown above)

- Education Benefit** - Death and permanent total disability claims entitle the insured's child and spouse to Education Benefit to maximum two individuals (children/spouse) on proof of enrolment at a Government approved education facility. Rs. 50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.
- Adaptation Allowance** - Permanent total disability claims also include payment towards cost of modifying Insured House or vehicle to combat Disability @ 1% or Rs 25,000/- whichever is less.

**Table C Benefit: Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD)**

If an Insured Person suffers an Accident during the Policy Period and this is the sole and direct cause of his death within 365 days from the date of the Accident, then We will pay the percentage of the Sum Insured shown in the table below

Sr	Disablement	% of Sum Insured
1	a) Accidental Death	100
	b) Loss of sight (both eyes)	100
	c) Loss of two limbs	100
	d) Loss of one limb and one eye	100
	e) Permanent Total disablement	100
2	a) Loss of sight of one eye	50
	b) Loss of one limb	50
3	i) Loss of hearing – both ears	50
	ii) Loss of hearing – one ear	15
4	Loss of Speech	50
5	i) Loss of toes-all	20
	ii) Great-both phalanges	5
	iii) Great-one phalanx	2
	iv) Other than great, if more than one toe lost- each	1

6	Loss of four fingers and thumb of one hand	40
7	Loss of four fingers	35
8	Loss of thumb	
	i) Both phalanges	25
	ii) One phalanx	10
9	Loss of index finger	
	i) Three phalanges	10
	ii) Two phalanges	8
	iii) One phalanx	4
10	Loss of middle finger	
	i) Three phalanges	6
	ii) Two phalanges	4
	iii) One phalanx	2
11	Loss of ring finger	
	i) Three phalanges	5
	ii) Two phalanges	4
	iii) One phalanx	2
12	Loss of little finger	
	i) Three phalanges	4
	ii) Two phalanges	3
	iii) One phalanx	2
13	Loss of Metacarpals	
	i) First or second (additional)	3
	ii) Third, fourth or fifth (additional)	2
14	Any other permanent partial disablement	% as assessed by Doctor

Apart from the above benefit, the following covers are provided as additional covers under this (PTD) benefit: (ie with 1(b), 1(c), 1(d), and 1(e) shown above)

- Education Benefit** - Death and permanent total disability claims entitle the insured's child and spouse to Education Benefit to maximum two individuals (children/spouse) on proof of enrolment at a Government approved education facility. Rs. 50,000/- or 1% of CSI (basic SI), whichever is lower for each child/spouse.
- Adaptation Allowance** - Permanent total disability claims also include payment towards cost of modifying Insured House or vehicle to combat Disability @ 1% of the Sum Insured or Rs 25,000/- whichever is less.

**Table D Benefit: Accidental death + Permanent Total Disability (PTD) + Permanent Partial Disability (PPD) + Temporary Total Disability (TTD)**

If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an **Accident** during the Policy Period and within 365 days from the date of the Accident this is the sole and direct cause of his permanent Total/partial disablement in any of the ways detailed in the table below, then **We** will pay the percentage of the Sum Insured shown in the table C benefit as shown above.

In addition to it, If the Insured Person is covered for this benefit as reflected in the schedule of the policy and suffers an **Accident** during the Policy Period which is the sole and direct cause of a temporary disability which completely prevents him from performing each and every duty pertaining to his employment or occupation, then **We** will pay a weekly benefit as shown in the table below provided that The temporary total disablement is certified by a Doctor.

Table D benefits- Table C + below mentioned benefit		
Disablement	% of SI	Deductible
Temporary Total disablement benefit at the rate per week	1% of S.I. or Rs. 10000 whichever is lower.	One week

- The benefit can be payable up to a maximum period of 104 weeks from the date of the **Accident** and in no case shall exceed the sum insured for Accidental Death benefit stated in the schedule of the policy. If the Insured Person is disabled for a part of a week, then only a proportionate part of the weekly benefit will be payable.
- This benefit, if opted, is payable over and above the Accidental Death Benefit

It is also agreed and understood that the Payment of weekly compensation will not be made until the total amount payable has been ascertained and agreed.

**Note:**

1. The Company shall not be liable under this Policy for Compensation under more than one of the Benefits A-C (Accidental Death, Permanent Total Disability, Permanent Partial Disability), in respect of the same period of disablement of the Insured person.
2. Regardless of one or more claims during the policy period, the maximum amount payable under the policy for all the benefits (A-C) put together shall be restricted to the sum insured for Accidental Death benefit provided under the policy.
3. If a claim has already been settled for any of the benefits other than the Accidental Death, the amount payable for the subsequent claims/s under such benefits shall be reduced by the amount/s already paid.

**General Exclusions:**

**The Company shall not be liable under this policy for -**

1. Accident resulting from Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury, mental or nervous disorder.
2. Accident arising out of and in the course of employment in any branch of the Military or Armed Forces of any country, whether in peace or War.
3. Accident while being under the influence or abuse of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a physician and taken as prescribed
4. Participation in an actual or attempted felony, riot, crime, misdemeanour, or civil commotion
5. Accident during air travel except as a fare paying passenger on a recognized airline or charter aircraft
6. Accident while operating or learning to operate any aircraft or ship, or performing duties as a member of the crew on any aircraft or ship.
7. Any accident/loss arising out of War, civil war, invasion, insurrection, revolution, act of foreign enemy, hostilities (whether War be declared or not), rebellion, mutiny, use of military power or usurpation of government or military power;
8. Any injury caused by, contributed to, by or arising from nuclear ionising radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission) or nuclear weapons material or nuclear equipment or any part of that equipment
9. The dispersal or application of pathogenic or poisonous biological or chemical materials; The release of pathogenic or poisonous biological or chemical materials, or Congenital anomalies or any complications or conditions arising there from
10. Participation in winter sports, skydiving/parachuting, hand gliding, bungee jumping, scuba diving, ballooning, mountain climbing (where ropes or guides are customarily used), all forms of skiing (including but not limited to snow or water), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skydiving or other underwater activity, rafting or canoeing involving whitewater rapids, yachting or boating outside coastal waters (2 miles), participation in any Professional Sports, any bodily contact sport or/and any other hazardous or potentially dangerous sport for which You are untrained.
11. Any loss resulting directly or indirectly, contributed or aggravated or prolonged by childbirth or from pregnancy,
12. Committing breach of law with criminal intent.
13. Loss caused directly or indirectly, wholly or partly by infections (except pyogenic infections which shall occur through an Accidental cut or wound) or any other kind of Disease;

**Terms and Conditions:**

- 1) **Free Look Period:** - The insured will be allowed a period of at least 15 days from the date of receipt of the policy 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-

- a. A refund of the premium paid less any expenses incurred by the insurer on medical examination of the insured persons and the stamp duty charges or;
  - b. where the risk has already commenced and the option of return of the policy is exercised by the policyholder, a deduction towards the proportionate risk premium for period on cover or;
  - c. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.
- 2) **Change in risk:** - The Insured Person shall at the time of payment of any premium for the renewal of the Policy give notice in format attached to the Company of change in occupation or any disease, physical defect or infirmity with which any of the Insured Person have become affected, since payment of last preceding premium..
  - 3) Upon happening of any event which may give rise to a claim under this policy, written notice with all particulars must be given by insured/nominee to the Company immediately. In case of death, written notice must be given immediately, unless reasonable cause is shown for such delay and in any case, within 30 days after death. In the event of loss of sight or amputation of limbs, written notice thereof must also be given immediately but not later than 30 days after such loss of sight or amputation.

Deviation from this will be accepted by the Company only upon being shown reasonable cause of the delay and to the satisfaction of the Company

- 4) ProofsatisfactorytotheCompanyshallbefurnishedofallmattersuponwhichclaimisbased. Any Medical or authorised representative of the Company shall be allowed to examine the Insured Person on the occasion of any alleged injury or disablement when and so often as the same may reasonably be required on behalf of the Company.

Such evidence as the Company may require from time to time shall be furnished including the post-mortem report, if conducted within 14 days after demand in writing.

Requirement of all or any of the following indicative documents will depend on the nature of claim:

- a. Claim form duly signed
  - b. Policy copy
  - c. Claim Intimation
  - d. FIR / MLC Copy / Spot Panchnama / Inquest Panchnama
  - e. Death Certificate
  - f. Post Mortem Report (If conducted)
  - g. Final Police Report
  - h. Affidavit from the legal heirs of the deceased (in case nomination has not been filed by deceased)
  - i. Investigation reports
  - j. Medical certificate
  - k. Disability Certificate
  - l. Photograph of the injured with reflecting disablement
  - m. Discharge card
  - n. Education ID card
  - o. Doctor certificate for person's residential accommodation and/or vehicle
  - p. Receipt of ambulance usage
- 5) All claims under this Policy that are payable to You / Your nominee, shall be paid in Indian currency.
- 6) The Company shall not be liable to make any payment under this policy in respect of any claim, if such a claim be in any manner fraudulent or supported by any fraudulent statement or documents, whether by the Insured or by any person on behalf of the Insured.
- 7) **Cumulative bonus:** If no claim has been made under the policy with us and the policy is renewed with us and without any break, we will allow a cumulative bonus to the renewal policy upon receipt of premium automatically by increasing the Sum Insured by 5%. The maximum cumulative bonus shall not exceed 50% of the Sum Insured in any policy year. In case of a claim, the Cumulative Bonus if any under the policy will get reduced by 5% at the time of renewal. This cumulative bonus is applicable only to Accidental Death, Permanent Partial Disability and Permanent Total disability benefits.
- The cumulative bonus will not be lost if the policy is renewed either within the expiry date of the policy or within 30 days from the date of expiry of the policy subject to expiring policy having been issued by us.
- 8) **Penal Interest Provision:** -- Upon acceptance of an offer of settlement by the insured, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the insured. In the cases of delay in the payment, the insurer shall be liable to pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by it.
- 9) **Nomination and Assignment:** - This Policy is not assignable and no person(s) other than Insured or Insured's nominee(s) as mentioned in the schedule or legal representatives, wherever is applicable, can claim or sue the Insurer under this policy.
- The payment by the Insurer to the Insured, his/her nominee or legal representative of any compensation or benefit under the policy shall in all cases be an effectual discharge to the Insurer.
- 10) **Renewal:** This Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to Insurer on or before the date of expiry of the Policy or of the subsequent renewal thereof. However Insurer shall not be bound to give notice that such renewal premium is due. Also Insurer may exercise Insurer's option not to renew the policy on grounds of fraud misrepresentation, or suppression of any material fact.
- 11) **Renewal Premium - guaranteed or not:** Renewal premium will be charged as per the age at the time of renewal as per the table provided under prospectus subject to Loading and Discount, however the same may be changed as mentioned under "Revision in Policy and rates".
- 12) **Revision in Policy and rates:** In case of revision of this Policy and rate we will communicate to Insured at least 3 months prior to the revision. Existing Policy will continue to remain in force till its expiry, and for existing Policyholders the revision will be applicable only from the date of renewal.
- 13) **Cancellation:** In case of any fraud, misrepresentation, or suppression of any material fact either at the time taking the Policy or any time during the currency of the earlier policies, Insurer may at any time cancel this policy by sending the Insured 15 days notice by registered letter, at the Insured's last known address and in such event Insurer shall refund to the Insured a pro-rata premium for unexpired period of Insurance. Insurer shall, however, remain liable for any claim which arose prior to the date of cancellation.

The Insured may at any time cancel this policy by giving a written notice to the insurer and Insured is not required to cite any reason for the cancellation. For such cancellation, Insurers shall allow refund of premium at short period rate only (table given here below) provided no claim has occurred up to the date of cancellation.

Period on Risk	% of Annual Premium Refundable
Not exceeding 1 month	75%
Exceeding 1 month but not exceeding 3 months	50%
Exceeding 3 month but not exceeding 6 months	25%
Exceeding 6 months	Nil

- 14) If any dispute or differences shall arise as to the quantum to be paid under the Policy (liability being otherwise admitted) such differences shall independently of all other questions be referred to the decision of a sole arbitrator to be appointed in writing by the parties or if they cannot agree upon a single arbitrator within 30 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 such two arbitrators and such 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 referred to arbitration as herein before, if the Company has disputed or not accepted liability under or in respect of this Policy.

- 15) **Withdrawal of Product:** In case of withdrawal of this product we will communicate to Insured at least 3 months prior to the withdrawal. Existing policy will continue to remain in force till its expiry, and at the time of renewal, Insured will have option to migrate to our Individual personal accident products available at that time.
- 16) **Termination of Policy:** This Policy terminates on earliest of the following events-
- Cancellation of policy by as per the cancellation provision.
  - On the policy expiry date.
  - Event giving rise for claim under death or permanent total disablement
- 17) It is also hereby further expressly agreed and declared that if the Company shall disclaim liability to the Insured for any claim hereunder and such claim shall not within 12 calendar months from the date of such disclaimer have been made the subject matter of a suit in a court of Law, the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable hereunder.
- 18) Any and all disputes or differences under or in relation to this Policy shall be determined by the Indian Courts and subject to Indian law.

#### Grievances Redressal procedure:

The Grievance Redressal cell of the Insurer looks into complaints from Insured. If the Insured has a grievance that the Insured wishes the Insurer to redress, the Insured may approach the person nominated as 'Grievance Redressal Officer' with the details of his grievance.

Name, address, e-mail id and contact number of the Grievance Redressal Officer (separately for senior citizen) will appear in the policy document as well as on Insurer's website.

Further, the Insured may approach the nearest insurance ombudsman for redressal of the grievance. List of ombudsman offices with contact details are attached for ready reference. For updated status, please refer to website [www.irdaindia.org](http://www.irdaindia.org).

The Grievance Redressal Cell of the Company looks into complaints from policyholders. If the Insured has a grievance that the Insured wishes the Company to redress, the Insured may approach the person nominated as 'Grievance Redressal Officer' with the details of their grievance.

#### Process of Service Registration

- Call us at our Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm).
- Fax us at 1800 22 7244 / 1800 102 7244
- Email us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)
- Visit us at any of our Branches

#### Process of Grievance Redressal

##### Step 1:

- Call us at our Toll Free - 1800 22 1111 / 1800 102 1111 Monday to Saturday (8 am - 8 pm).
- Fax us at 1800 22 7244 / 1800 102 7244.
- Email us at [customer.care@sbigeneral.in](mailto:customer.care@sbigeneral.in)
- Visit us at any of our Branches

If you are not happy with the resolution provided, please follow step 2. Step 2:

- Please email your concerns to Head - Customer Care at [head.customercare@sbgeneral.in](mailto:head.customercare@sbgeneral.in)

Step 3:

- If you are dissatisfied with the resolution provided in the Steps as indicated above on your Complaint, you may send your 'Appeal' addressed to the Chairman of the Grievance Redressal Committee. The Committee will look into the appeal and decide the same expeditiously on merits. You can write to Head – Compliance, Legal & CS on the id - [gro@sbgeneral.in](mailto:gro@sbgeneral.in)

Step 4:

- If your issue remains unresolved you may approach IRDA by calling on the Toll Free no. 155255 or you can register an online complaint on the website <http://igms.irda.gov.in>
- If after having followed the above steps you are not happy with the resolution and your issue remains unresolved, you may approach the Insurance Ombudsman for Redressal.

List of Ombudsman offices with contact details are attached for ready reference. For updated status, Please refer to website [www.irdaindia.gov.in](http://www.irdaindia.gov.in)

Office Details	Jurisdiction of Office (Union Territory, District)
<b>AHMEDABAD - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380001. Tel.: 079 - 25501201/02/05/06 Email: <a href="mailto:bimalokpal.ahmedabad@ecoi.co.in">bimalokpal.ahmedabad@ecoi.co.in</a>	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JPNagar, 1st Phase, Bengaluru – 560078. Tel.: 080 - 26652048 / 26652049 Email: <a href="mailto:bimalokpal.bengaluru@ecoi.co.in">bimalokpal.bengaluru@ecoi.co.in</a>	Karnataka.
<b>BHOPAL - Shri/Smt.....</b> Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: <a href="mailto:bimalokpal.bhopal@ecoi.co.in">bimalokpal.bhopal@ecoi.co.in</a>	Madhya Pradesh Chattisgarh.
<b>BHUBANESHWAR - Shri/Smt.....</b> Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: <a href="mailto:bimalokpal.bhubaneswar@ecoi.co.in">bimalokpal.bhubaneswar@ecoi.co.in</a>	Orissa.
<b>CHANDIGARH -</b> Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: <a href="mailto:bimalokpal.chandigarh@ecoi.co.in">bimalokpal.chandigarh@ecoi.co.in</a>	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.

<b>CHENNAI - Shri/Smt.....</b> Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: <a href="mailto:bimalokpal.chennai@ecoi.co.in">bimalokpal.chennai@ecoi.co.in</a>	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
<b>DELHI - Shri/Smt.....</b> Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 2323481/23213504 Email: <a href="mailto:bimalokpal.delhi@ecoi.co.in">bimalokpal.delhi@ecoi.co.in</a>	Delhi.
<b>GUWAHATI - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 Email: <a href="mailto:bimalokpal.guwahati@ecoi.co.in">bimalokpal.guwahati@ecoi.co.in</a>	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
<b>HYDERABAD - Shri/Smt.....</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 - 65504123 / 23312122 Fax: 040 - 23376599 Email: <a href="mailto:bimalokpal.hyderabad@ecoi.co.in">bimalokpal.hyderabad@ecoi.co.in</a>	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
<b>JAIPUR - Shri/Smt.....</b> Office of the Insurance Ombudsman, Jeevan Nidhi-II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: <a href="mailto:Bimalokpal.jaipur@ecoi.co.in">Bimalokpal.jaipur@ecoi.co.in</a>	Rajasthan.
<b>ERNAKULAM - Shri/Smt.....</b> Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M.G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: <a href="mailto:bimalokpal.ernakulam@ecoi.co.in">bimalokpal.ernakulam@ecoi.co.in</a>	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
<b>KOLKATA - Shri/Smt.....</b> Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <a href="mailto:bimalokpal.kolkata@ecoi.co.in">bimalokpal.kolkata@ecoi.co.in</a>	West Bengal, Sikkim, Andaman & Nicobar Islands.
<b>LUCKNOW - Shri/Smt.....</b> Office of the Insurance Ombudsman,	Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad,



6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: <a href="mailto:bimalokpal.lucknow@ecoi.co.in">bimalokpal.lucknow@ecoi.co.in</a>	Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareilly, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
<b>MUMBAI - Shri/Smt.....</b> Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: <a href="mailto:bimalokpal.mumbai@ecoi.co.in">bimalokpal.mumbai@ecoi.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA - Shri/Smt.....</b> Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@ecoi.co.in">bimalokpal.noida@ecoi.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshahr, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
<b>PATNA - Shri/Smt.....</b> Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@ecoi.co.in">bimalokpal.patna@ecoi.co.in</a>	Bihar, Jharkhand.
<b>PUNE - Shri/Smt.....</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.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@ecoi.co.in">bimalokpal.pune@ecoi.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

## ADDITIONAL COVERS – INDIVIDUAL PERSONAL ACCIDENT INSURANCE

### 1. HOSPITAL CONFINEMENT ALLOWANCE

In lieu of premium Rs. .... paid by insured, it is hereby agreed and declared that notwithstanding anything contrary stated in the policy the company will pay a Daily Benefit ..... for each Day You are admitted in a Hospital due to Injury or Accident that occurs within the Republic of India.

The Period of Confinement must be Medically Necessary and recommended by a Physician. The total benefits provided for any One Period of Confinement are subject to the In-Hospital maximum for 15 days for the entire policy period.

#### Definitions:

1. Daily Benefit - means the amount payable for each Day spent in the Hospital.
2. One Period of Confinement - means a Hospital confinement due to the same Injury or Accident unless separated by at least 45 Days.
3. Period of Confinement - means a period of consecutive Days of confinement as an Inpatient caused by an Accident, or Injury. However, successive confinements as an Inpatient caused by or attributable to the same Accident, or Injury, are considered to be part of the same Period of Confinement, unless the discharge date for the prior confinement is separated from the admission date for the next confinement by at least 45 Days

#### Exclusions:

In addition to the General Exclusions listed in this Policy this coverage section shall not cover:

- a. hospitalisation due to any Disease or Sickness; or pregnancy and resulting childbirth, miscarriage or Disease of the female organs of reproduction; or
- b. routine physical exams; or
- c. elective cosmetic or plastic surgery, except as a result of an Injury caused by a covered Accident while our policy is in force; or
- d. Any mental, nervous or emotional disorders or rest cures

### 2. AMBULANCE COVER:

In lieu of premium Rs. .... paid by insured, it is hereby agreed and declared that notwithstanding anything contrary stated in the policy the company will reimburse up to 10% AD sum insured subject to maximum of Rs. 100000/- per policy period towards expenses incurred for availing an Ambulance Service (including air ambulance) to transfer the Insured Person to a Hospital from the location of Accident or Injury or from one Hospital to other Hospital or from hospital to place of residence in case of death or PTD.

#### Provided

1. The person insured was admitted in the hospital and we have paid the claim towards any of Accidental Death or Permanent Total Disability or Permanent Partial Disability or Temporary Total Disability benefits.
2. The ambulance service will be for the transit within India only.

#### Definitions

- An ambulance here means any vehicle used for transportation of injured person to, from or between places of treatment for an injury. Ambulance expenses will also include out of hospital medical care during transportation of the patient which becomes part of ambulance charges.
- Expenses here mean reasonable fee charged by ambulance service provider or other vehicle used on hire or reward. The expenses will be the running cost (fuel and driver charges) in case the vehicle used is owned by insured or is private vehicle.