

COCOPROTECT

POLICY WORDINGS

This is *Your* Individual Personal Accident Insurance Policy, which has been issued by *Us*, relying on the Information disclosed by *You* in *Your* Proposal for this *Policy* or its preceding *Policy/Policies* of which this is a *Renewal*. The terms set out in this *Policy* and its Schedule will be the basis for any claim or benefit under this *Policy*.

Section 1 - General Definitions

In the document, following words are assigned specific meaning. Wherever the context permits, the singular will be deemed to include the plural, one gender shall be deemed to include the other genders and references to any statute shall be deemed to refer to any replacement or amendment of that statute.

- 1.1 Accident or Accidental** - means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- 1.2 Adventure Sports** – means those sports / activities which involves speed, height, a high level of physical exertion etc and holds high degree of risk. Such sports include - **winter sports***, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, ski diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), **Professional Sports#**, any bodily contact sport or any other hazardous or potentially dangerous sport ;
- (* **winter sports** mean snow skiing, Heli Skiing, Mountaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice).
(# **professional sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).
- 1.3 Age or Aged** – means completed age in years as at the Commencement Date.
- 1.4 Ambulance** – means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from *hospital* in emergencies.
- 1.5 Assistance Company** – means any organization or institution appointed by Us for providing services to You for an insured event.
- 1.6 Authority** - means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).

DHFL General Insurance Limited
(A Wholly Owned Subsidiary Of WGC)

- 1.7 Bank Rate** - means “Bank rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due”.
- 1.8 Cancellation (of policy)** - means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
- 1.9 Complaint or Grievance** - means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a *complainant* with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
- 1.10 Complainant** - means a policyholder or prospect or any beneficiary of an insurance policy who has filed a *complaint* or *grievance* against an insurer or a distribution channel.
- 1.11 Commencement Date** - means the start date of this Policy as specified in the Policy Schedule.
- 1.12 Condition Precedent** - means a policy term or condition upon which the Insurer’s liability under the policy is conditional upon.
- 1.13 Congenital Anomaly** - 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.
- 1.14 Co-payment** - means a cost sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
- 1.15 Cumulative Bonus** - means any increase or addition in the Sum Insured granted by the Insurer without an associated increase in premium.
- 1.16 Dependents** - means the persons named in the Policy Schedule who are Your:
- i. Spouse – The Primary Insured’s legally married spouse as long as he/she continues to be married to the Primary Insured.
- ii. Children – The Primary Insured’s children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households.
- 1.17 Dental Treatment** - means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and *Surgery*.

- 1.18 Diagnosis** - means conclusion drawn by a registered medical practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.
- 1.19 Disclosure of information norm** - means the policy shall be void and all premiums paid thereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 1.20 Educational Institution** - means any accredited institution that provides education or training, including but not limited to, any state university, private college or any technical / vocational school.
- 1.21 Elimination Period** - means the number of consecutive days of Temporary Total Disability, to be counted from the next day of *Accident*, that must elapse before weekly benefit amounts become payable. Weekly benefit amounts are not payable, nor do they accrue, during the Elimination Period.
- 1.22 Fracture** – means a break in continuity of the bone evidenced by an X-Ray/radiological procedure and certified by the attending Medical Practitioner.
- 1.23 Grace Period** - means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
- 1.24 Hospital** - 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 Clinical Establishment (Registration and Regulation) Act,2010 or under enactments specified under the Schedule of Section 56 (1) of the said Act Or complies with all minimum criteria as under:
- i. as qualified nursing staff under its employment round the clock;
 - ii. has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
 - iii. has qualified medical practitioner(s) in charge round the clock;
 - iv. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - v. maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.
- 1.25 Hospitalisation or Hospitalised** - means admission in a *Hospital* for a minimum of 24 consecutive "*In patient care*" hours except for specified procedures / treatments, where such admission could be for a period of less than 24 consecutive hours.
- 1.26 Hazardous** – means a situation that poses a level of threat to life & health.
- 1.27 Illness** - means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- a) **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** is defined as a disease, illness, or injury that has one or more of the following characteristics: -
- i) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests;
 - ii) it needs ongoing or long-term control or relief of symptoms;
 - iii) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it;
 - iv) it continues indefinitely;
 - v) it recurs or is likely to recur.
- 1.28 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.
- 1.29 In-patient Care** - means treatment for which the insured person has to stay in a *hospital* for more than 24 hours for a covered event.
- 1.30 Insured Person** - means persons named in the Policy Schedule.
- 1.31 Intensive Care Unit (ICU)** – means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
- 1.32 IRDAI** – means the Insurance Regulatory and Development Authority of India.
- 1.33 Medical Advice** - means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
- 1.34 Material Fact** - means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.
- 1.35 Medical Expenses** - means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of *illness* or *Accident* on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
- 1.36 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 its scope and jurisdiction of license.

- 1.37 Medically Necessary Treatment** - means any treatment, tests, medication, or stay in *hospital* or part of a stay in hospital which:
- i) is required for the medical management of the *Illness* or *injury* suffered by the Insured;
 - ii) must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity;
 - iii) must have been prescribed by a medical practitioner;
 - iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
- 1.38 Nominee/Assignee** – means the person named in the Policy Schedule who is nominated to receive the benefits under the policy in accordance with the terms and conditions of the Policy, if You are deceased.
- 1.39 Notification of Claim** - means the process of intimating a claim to the insurer through any of the recognized modes of communication.
- 1.40 Outpatient (OPD) Treatment** - means the one in which the Insured visits a clinic/ *hospital* or associated facility like a consultation room for *diagnosis* and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
- 1.41 Pathological Fracture** – means break in a bone due to weakening of the bone structure by an illness without any identifiable Injury.
- 1.42 Permanent** - means lasting 180 days and at the expiry of that period being beyond reasonable hope of improvement and certified to that effect by a competent and qualified Medical practitioner.
- 1.43 Permanent Partial Disability** - 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* from a Medical practitioner.
- 1.44 Permanent Total Disability** - means You are unable to engage in each and every occupation or employment You own for compensation or profit for which You are reasonably qualified by education, training or experience for the rest of your life. If at the time of the loss you are unemployed, totally disabled shall mean inability to perform all of the usual and customary duties and activities of a person of like *age* and sex.
- 1.45 Policy** - means this policy document read together with the attached Policy Schedule, your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
- 1.46 Policy holder** - means the person named in the Policy Schedule as the Policyholder.
- 1.47 Policy Period** - means the period commencing from Policy start date and time as specified in the Policy Schedule and terminating at midnight on the Policy end date as specified in the Policy Schedule of this Policy.

- 1.48 Policy Schedule** – means schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits and conditions to which the benefits under the Policy are subject to, including any annexures and/or endorsements.
- 1.49 Policy Year** – means a period of 12 consecutive months commencing from the policy period start date and such 12 consecutive months thereafter but not beyond the policy period.
- 1.50 Proposal Form** - means a form to be filled in by the prospect in written or electronic or any other format as approved by the *Authority*, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
- 1.51 Public Transport** - means any civilian land, sea or air conveyance operated under a licence issued by a government authority having jurisdiction for the transportation of passengers under a valid ticket.
- 1.52 Reasonable & Customary charges** - means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of *Illness/ Injury* involved.
- 1.53 Room Rent** - means the amount charged by a *Hospital* towards Room and Boarding expenses and shall include the associated medical expenses.
- 1.54 Sum Insured** - means the specified amount mentioned in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the *Policy Year*.
- 1.55 Temporary Total Disability** - means disability which wholly and continuously prevents such Insured Person from performing each and every duty pertaining to his occupation.
- 1.56 Unproven/Experimental treatment** - means the treatment, including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.
- 1.57 We/Our/Us / Insurer** - means the DHFL General Insurance Limited.
- 1.58 You/Your** - means the *Policyholder* or Primary Insured named in the *Policy Schedule*.

Section 2 - Coverage

Your coverage(s) / plan are mentioned in the Policy Schedule. Each coverage is subject to terms, conditions and exclusions of this Policy. We will pay as specified under each of the coverage. You will have to opt either Accidental Death or Accidental Permanent Total Disability coverage. Rest all coverages are optional.

2.1 ACCIDENTAL DEATH

If an Insured Person suffers an *Injury* due to an *Accident* during the Policy Period which is the sole and direct cause of his death within three hundred and sixty-five (365) days from the date of the *Accident*, then We will pay the Sum Insured and applicable cumulative bonus specified in the Policy Schedule.

In case, such Death occurs while the Insured Person is travelling in a public transport substantiated by proof of travel by way of ticket/boarding pass or any other documentary proof, We will pay 200% of Sum Insured as specified in the Policy Schedule.

a. Accidental Death	100% of Sum Insured
b. Accidental Death (Public Transport)	200% of Sum Insured

Disappearance

- i. If *Your* body has not been found within three hundred and sixty-five (365) days after the forced landing, stranding, sinking or wrecking of a conveyance in which You were travelling as a passenger or as a result of any Acts of God peril, it shall be presumed that You have suffered death resulting from the Accident covered by this policy.
- ii. If at any time, after the payment of the Accidental death benefit, it is discovered that You are still alive, all payments made under this benefit to *your* nominee shall be reimbursed in full to Us.

Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.2 ACCIDENTAL PERMANENT TOTAL DISABILITY

If the Insured Person suffers an *Injury* due to an *Accident* during the Policy Period which results into **Permanent Total Disability** within three hundred and sixty-five (365) days from the date of *Accident*, then We will pay the amount as per table of losses below and applicable cumulative bonus as specified in the policy schedule.

Table of Losses:

Description		Percentage of the Sum Insured payable as specified in the Policy Schedule
1	actual loss by physical separation of two hands, or	150%
	actual loss by physical separation of two entire feet, or	
	actual loss by physical separation of one entire hand and one entire foot, or	
	actual loss by physical separation of one entire hand or one entire foot and loss of sight of one eye.	
Total and irrecoverable loss of -		150%
2	Sight of both eyes, or	
	Use of two hands, or	
	Use of two feet, or	
	Use of one hand and one foot, or	
	Use of one hand or one foot and loss of sight of one eye.	
3	Hemiplegia or Paraplegia or Quadriplegia	150%

For the purpose of this benefit,

- i. Hand means at or above wrist.
- ii. Foot means at or above ankle.
- iii. Hemiplegia means total and irrecoverable loss of use of the arm, leg, and trunk on the same side of the body.
- iv. Paraplegia means total and irrecoverable loss of use of the whole of the lower half of the body (below waist) including both the legs.
- v. Quadriplegia means total and irrecoverable loss of use of all four limbs.
- vi. Total & irrecoverable loss of Use of limbs / organs - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a period of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry of One Hundred and Eighty Days (180) days there is no reasonable medical hope of improvement.
- vii. Physical Separation – means separation of body part from the body.

Conditions:

1. Provided that If the Insured Person dies due to an accidental injury before a claim has been admitted under this Benefit, then no amount will be payable under this benefit. However, it will be considered under Section 2.1 - Accidental Death Benefit above provided it is payable as per the coverage defined and intimation of death has been made to Us.
2. Once a claim has been accepted and paid under this Benefit then this Policy shall immediately and automatically cease with immediate effect in respect of that Insured Person.

2.3 ACCIDENTAL PERMANENT PARTIAL DISABILITY

If an Insured Person suffers an *Injury* due to an *Accident* during the Policy Period which results into Permanent Partial Disability within three hundred and sixty-five (365) days from the date of the *Accident*, then We will pay the amount as per table of losses below and applicable cumulative bonus as specified in the policy schedule.

Table of Losses

Description		Percentage of the Sum Insured payable as specified in the policy schedule.
1	Actual loss by physical separation of one entire hand	50%
2	Actual loss by physical separation of one entire foot	50%
3	Loss of Toes – all	20%
4	Loss of Toes great - both phalanges	5%
5	Loss of Toes great - one phalanx	2%
6	Loss of Toes other than great - each toe	2%
7	Loss of Four fingers and thumb of one hand	50%
8	Loss of Four fingers of one hand	40%
9	Loss of Thumb - both phalanges	25%
10	Loss of Thumb - one phalanx	10%
11	Loss of Index finger - three phalanges	15%
12	Loss of Index finger - two phalanges	10%
13	Loss of Index finger - one phalanx	5%
14	Loss of Middle finger or ring finger or little finger - three phalanges	10%
15	Loss of Middle finger or ring finger or little finger - two phalanges	7%
16	Loss of Middle finger or ring finger or little finger - one phalanx	3%
17	Loss of Metacarpals – each	3%
Total and irrecoverable loss of -		
18	Sight of one eye	50%
19	Use of a hand without physical separation	50%
20	Use of a foot without physical separation	50%
21	Speech	50%
22	Hearing - Both Ears	75%
23	Hearing - One Ear	30%
24	Sense of Taste	5%
25	Sense of smell	10%

26	Any Other permanent partial disablement	% as assessed by Independent Medical Practitioner
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For the purpose of this benefit,

- i. **Hand** - means at or above wrist
- ii. **Foot** - means at or above ankle
- iii. **Toe, Finger, Thumb** - means actual complete severance from the foot or hand
- iv. **Total & irrecoverable loss of Use of limbs / organs** - means complete and irreversible loss of functional, normal or characteristic use of the hand or foot or any other organ mentioned above in table of losses provided loss of use continues for a period of One Hundred and Eighty Days (180) days from the onset of loss of use and at the expiry of One Hundred and Eighty Days (180) days there is no reasonable medical hope of improvement.
- v. **Physical Separation** – means separation of body part from the body.

Condition:

1. When more than one form of disability results from one *Accident*, We will add the percentages of each disability together. However, We will not pay more than 100% of the Sum Insured stated in the Policy Schedule.
2. If claim is payable for loss or loss of use of a whole member of the body, a claim for parts of that member cannot be made.

Illustration –

Member means one entire hand and part means fingers/thumb of that hand. So, if a claim is admitted for loss by physical separation of one entire hand then loss for fingers/thumb of that hand will not be admitted.

3. We will pay upto 25% of sum insured for any other Accidental permanent partial disability, not mentioned in the above table, as per the assessment of the competent and qualified Independent Medical Practitioner.

2.4 ACCIDENTAL TEMPORARY TOTAL DISABILITY

If an Insured Person suffers an *Injury* due to an *Accident* during the Policy Period and due to such injury is not able to attend office/work for more than 7 consecutive days and not able to perform any duty pertaining to his employment or occupation, then We will pay weekly benefit of 1% of Sum Insured or 25,000/- whichever is less, provided that:

- i. We will not pay for the *elimination period* of seven (7) days.
- ii. The temporary total disablement is certified by a Medical Practitioner.
- iii. Such period of disability commences within thirty (30) days from the date of the *Accident* causing such Injury.
- iv. The compensation payable shall not exceed 100 weeks during the policy period.
- v. If the Insured Person is disabled for a part of the week, then only a proportionate part of the weekly benefit will be payable.
- vi. We will pay once at the end of the entire period of disability.

2.5 COMMON INJURIES

If the Insured Person suffers an *Injury* due to an *Accident* during the Policy Year which results into any of the losses listed below within ninety (90) days from the date of the *Accident*, then in addition to any amount payable under other Sections, We will pay the amount as stated in the table of losses below subject to the following -

- i. If more than one *Injury* results from one *Accident*, We will add the percentages of each disability together as mentioned in table of losses A/B/C. However, We will not pay more than 100% of the Sum Insured shown in the Policy Schedule.
- ii. Non Accidental & / or pathological fracture(s) will not be payable under this benefit.

Table of Losses - A

FRACTURES	
Losses	Percentage of the Sum Insured as specified in the policy schedule.
Skull	
Fracture of the skull needing surgical Intervention	100%
Fracture of the skull not needing surgical Intervention	35%
Lower Jaw / Upper Jaw / Cheekbone	
Open Fracture of more than one bone	75%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Shoulder Blade, Hand (excluding fingers and wrist)	
Open Fracture	30%
Closed Fracture	15%
Clavicle, Coccyx, Nose, Toe(s), Finger(s), Ankle, Heel	
Open Fracture of more than one bone	15%
Open Fracture of one bone	12%
Closed Fracture of more than one bone	4%
Closed Fracture one bone	2%
Elbows, Arm (including wrist but excluding Colle's fractures)	
Open Fracture of more than one bone	50%
Open Fracture of one bone	35%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Colle's fracture	
Open Fracture	50%
Closed Fracture	25%

Sternum, Rib(s)	
Open Fracture	30%
Closed Fracture	15%
Vertebral Column (excluding coccyx)	
All compression fractures	100%
All spinous, transverse process of pedicle fractures	100%
Fracture leading to permanent neurological damage	100%
All other vertebral fractures	50%
Hip or Pelvis (excluding thigh or coccyx)	
Open Fracture of more than one bone	100%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Thigh or Lower Leg INCLUDING Heel	
Open Fracture of more than one bone	75%
Open Fracture of one bone	50%
Closed Fracture of more than one bone	25%
Closed Fracture one bone	15%
Knee cap, Foot (excluding toes or heel)	
Open Fracture	30%
Closed Fracture	15%

- **Open Fracture** means a fracture where the broken bone (s) penetrate (s) the skin.
- **Closed Fracture** means a fracture where the broken bone (s) does not penetrate the skin.

Table of Losses - B

DISLOCATION	
Losses	Percentage of the Sum Insured payable as specified in the policy schedule.
Hip (including pelvic girdle)	50 %
Knee	50 %
Wrist or elbow	25 %
Ankle OR shoulder or collarbone	25 %
Fingers OR toes or jaw	10 %

- **Dislocation** means a completely separated joint

Table of Losses – C

BURNS	
<u>2nd or 3rd degree burns on</u>	Percentage of the Sum Insured payable as specified in the policy schedule.
at least 27% of body surface	100%
at least 18% of body surface	80%
at least 9% of body surface	40%
at least 4.5% of body surface	20%

- **2nd Degree Burns** means burns that extends to the underlying skin layer i.e. epidermis and part of the dermis layer of skin.
- **3rd Degree Burn** means burns that extends to all layers of the skin i.e. epidermis and dermis layer of skin.
- **Body Surface** means area of the external surface of the body.

2.6 CHILD TUITION BENEFIT

If We have accepted a claim under Section 2.1 – Accidental Death or Section 2.2 – Accidental Permanent Total Disability in respect of an Insured Person, then in addition to any amount payable under these Sections, We will pay onetime payment equal to the amount stated in the policy schedule for the said benefit to surviving *dependent* child(ren) of the Insured Person.

Insured Person's Child(ren) will be eligible for benefit under this coverage provided that the *dependent* child(ren) is a full-time student in any recognized educational institute at the time of such Accidental Death or Accidental Permanent Total Disability of an Insured Person.

We will pay this benefit to the bank account of *dependent* child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

2.7 REPATRIATION OF MORTAL REMAINS & FUNERAL EXPENSES

If We have accepted a claim under Section 2.1 – Accidental Death in respect of an Insured Person, then in addition to any amount payable under the said Section, We will pay onetime payment as stated in the policy schedule towards –

- Transportation of Insured Person's Mortal Remains to a *hospital*, cremation ground or burial ground or to the Insured Person's residence.
- Funeral/cremation expenses of the Insured Person.

2.8 PHYSIOTHERAPY

If the Insured Person suffers an *Injury* due to an *Accident* during the Policy Year and due to such Injury Insured Person is recommended by the treating Medical practitioner / Surgeon to attend Physiotherapy sessions, then in addition to any amount payable under other Sections, we will reimburse the medical charges incurred to attend such sessions upto sum insured stated in the Policy Schedule.

Physiotherapy sessions should start within 1 month from the date of Incident.

Physiotherapy - means any form of physical or mechanical therapy; diathermy; ultra-sonic therapy; heat treatment in any form; manipulation or massage administered by a Medical practitioner for treatment of injury.

2.9 EMERGENCY EVACUATION

If the Insured person suffers an *Injury* during the policy year resulting into necessary emergency evacuation/repatriation, then in addition to any amount payable under other Sections, We will reimburse the *Reasonable & Customary Charges* up to the maximum amount stated in the Policy Schedule for emergency evacuation and repatriation of Insured person under appropriate medical supervision—

1. From the place of *Accident* to the nearest *hospital* where appropriate medical treatment can be provided; or
2. From the local *hospital* where initial treatment is given to the specialised *hospital* if the medical condition of Insured Person warrants such transportation to obtain further medical treatment or
3. both (1) and (2) above.

An Emergency Evacuation / Repatriation must be approved by the Assistance Company or by treating Medical Practitioner who certifies that the severity or the nature of Insured Person's *Injury* warrants Emergency Evacuation/Repatriation.

All such transportation arrangements made for evacuating Insured Person must be by the most direct and economical route possible.

Definitions:

Transportation - means any land and/or air conveyance required to evacuate/ repatriate Insured Person during an Emergency. This includes air ambulances and land ambulances.

2.10 TRAUMA COUNSELLING

If we have accepted a claim of Insured Person under Section 2.1 – Accidental Death or Section 2.2 - Accidental Permanent Total Disability or Section 2.3 - Accidental Permanent Partial Disability of the Policy, and treating Medical Practitioner advises for counselling sessions for the psychological upliftment, changes in daily diet or nutrition intake / lifestyle changes, then in addition to any amount payable under other Sections, we will reimburse the counselling session cost upto the sum insured specified in the policy schedule.

Coverage is applicable to –

1. Spouse/children - in case of accidental death of Primary Insured Person;
2. Primary Insured Person - in case of accidental permanent partial disability / accidental permanent total disability sustained during the policy period.

Coverage can be availed within 6 months from the date of Incident.

2.11 LIFESTYLE SUPPORT

If an insured person sustains *Accidental Injury* due to an *Accident* during the policy period which results into either death or permanent total disability and the same is certified by the treating medical practitioner, we will pay the lumpsum amount as stated in the policy schedule in addition to any amount payable under other Sections, towards meeting regular household expenses for reducing the financial hardship caused by the *Accident*.

2.12 ORPHAN BENEFIT

If We have accepted a claim under Section 2.1 – Accidental Death in respect of Parents who are Insured Persons under this policy and have died as a result of the same *Accident* or in separate *Accidents* during the policy period, then in addition to the amount payable under Section 2.1 – Accidental Death, We will pay an amount equivalent to higher of the parents Sum Insured to the *Dependent Child(ren)* irrespective of whether the *Dependent Child(ren)* is covered under the policy or not.

This benefit shall be paid to the bank account of the *dependent* child(ren). In case the child is a minor, the benefit will be given to the joint account of the legal guardian and the minor child. Also, in case of cover being applicable to more than one child, the payable amount will be divided equally between the eligible children.

2.13 DAILY HOSPITAL CASH

We will pay in addition to any amount payable under other Sections, a fixed amount for each day in *hospital* as stated in the Policy Schedule if the insured person is treated in a hospital as an inpatient due to *Accidental* injuries suffered during the Policy Year.

Conditions -

- a. We will pay twice the amount for each day that the Insured Person spends in an intensive care unit, and
- b. Our maximum liability will be limited to 30 days in a policy year.

2.14 SKILL DEVELOPMENT

If We have accepted a claim under Section 2.1 – Accidental Death or Section 2.2 – Accidental Permanent Total Disability in respect of an Insured Person, then in addition to any amount payable under these Sections, We will reimburse upto the amount as stated in the Policy Schedule towards enrollment in any skill development course within 6 months from the date of Incident to

- i. Either Primary Insured Person or Spouse - in case of Accidental Permanent Total Disability of Primary Insured Person during the policy period. Or,
- ii. Spouse - in case of Accidental Death of Primary Insured Person during the policy period.

Provided enrolment is taken in any recognized educational / training / vocational institute as a full time/ part time student for getting future employment and enrollment in such institute should be after the occurrence of such Accidental Death or Accidental Permanent Total Disability of Primary Insured Person.

2.15 MOBILITY AIDS ALLOWANCE

If Insured Person has met with an *Accident* during the Policy Year and sustained grievous bodily injuries for which treating Medical Practitioner gives a written medical advice for procurement of prosthetic device or equipment, then in addition to any amount payable under other Sections, we will reimburse the charges incurred by the Insured person for procuring medically necessary prosthetic devices upto the amount stated in the policy schedule.

These devices are artificial devices replacing body parts, including artificial limbs, arms or eyes, orthopaedic braces (including but not limited to arm, back or neck braces) and durable medical equipment (including but not limited to crutches, wheelchairs, power mobility devices, and hospital beds) which fulfils the insured person's basic medical needs consequent to an *injury*.

Durable medical equipment excludes spectacles, contact lenses, hearing aids, blood pressure monitoring machine, diabetes monitoring machine.

2.16 ACCIDENTAL MEDICAL EXPENSES REIMBURSEMENT

If the Insured Person sustains *injury* due to an *Accident* during the Policy year, then in addition to any amount payable under other Sections, we will pay for the Medical Expenses incurred towards treatment of such injury both on outpatient and inpatient basis upto the sum insured stated in the policy schedule towards the said benefit, subject otherwise to all other terms, conditions and exclusions of the Policy.

Co-payment of 10% will be applicable on Out Patient Treatment.

Medical expenses shall include -

- Room rent, boarding, nursing expenses
- Intensive care unit
- Consultation fees
- Anesthesia, blood, oxygen, operation theatre charges, surgical appliances
- Medicines, drugs and consumables
- Diagnostic procedures
- The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure
- Physiotherapy expenses as recommended by the treating Doctor

Exclusions:

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

- i. treatment of any disease, sickness or *illness*;
- ii. services, supplies, or treatment, including any period of *Hospital* confinement, which were not recommended, approved, and certified as Medically Necessary by a Medical practitioner;
- iii. elective, cosmetic, or plastic surgery, except as a result of an *Injury* caused by a covered *Accident* while Our Policy is in force;
- iv. *dental* care, except as a result of *Injury* caused by a covered *Accident* to Sound Natural Teeth while this Policy is in force;
- v. expenses which are not exclusively medical in nature as listed in Section -7 –“non medical expenses list”;
- vi. medical expenses paid under any workers’ compensation or any other policy. Such paid amount will be deducted from the amount payable under this policy and balance amount will be payable upto the sum insured.
- vii. medical expenses incurred as a result of influence of usage / abuse of alcohol and/or drug, addiction or overdose;

- viii. maternity expenses, treatment arising from or traceable to pregnancy except miscarriage and pre-mature birth as a result of an *Accident*.
- ix. Any non – allopathic treatment like - Ayurvedic, Homeopath or naturopathy treatments.

2.17 ADVENTURE SPORTS

If an Insured Person suffers an *Accidental* injury whilst engaged in the adventurous sports/ activity in a non-professional capacity and under supervision of trained professional during the policy period resulting into Death or Permanent Total Disability or Permanent Partial Disability or Temporary Total Disability or Common Injuries or incurs Medical Expense (Outpatient & Inpatient Treatment) then we will pay provided coverages are shown on the policy schedule subject to terms and conditions of respective covers. Our liability will not exceed sum insured stated in the policy schedule for *Adventure Sports*.

Exclusion: 3.3.1 shall stand modified to the extent covered under this cover.

Section – 3 General Exclusion

We will not make any payment under this policy howsoever attributable to;

3.1 STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

- 3.1.1 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;
- 3.1.2 ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from burning nuclear fuel;
- 3.1.3 the radioactive, toxic, explosive or other dangerous properties of any explosive nuclear equipment or any part of that equipment;

3.2 EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- 3.2.1 suicide or attempted suicide, intentionally self-inflicted *Injury* or *Illness*, acts of self-destruction whether the Insured Person is medically sane or insane;
- 3.2.2 any psychiatric or mental disorders;
- 3.2.3 being under the influence of drugs, alcohol, or other intoxicants or hallucinogens;
- 3.2.4 participation in an actual or attempted felony, riot, crime, strike or civil commotion;
- 3.2.5 External congenital anomalies or any complications or conditions arising therefrom;
- 3.2.6 Any non-medical expenses (list enclosed as Annexure 1).

3.3 EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

- 3.3.1 participation in *Adventure Sport* (unless opted for) such as **winter sports***, skydiving/parachuting, hang gliding, bungee jumping, scuba diving, mountain climbing (where ropes or guides are customarily used), riding or driving in races or rallies using a motorized vehicle or bicycle, caving or pot-holing, hunting or equestrian activities, skin diving or other underwater activity, rafting or canoeing involving white water rapids, yachting or boating outside coastal waters (2 miles), participation in any **Professional Sports#**, any bodily contact sport or any other *hazardous* or potentially dangerous sport.

(* **winter sports** mean snow skiing, Heli Skiing, Mountainaineering & Ice Climbing, Auli skiing or sports held in the open air on snow or ice).

(# **professional sports** mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

- 3.3.2** operating or learning to operate any aircraft/ship, or performing duties as a member of the crew on any aircraft/ship unless otherwise expressly stated in the policy;
- 3.3.3** the Insured Person's serving in the armed forces, navy, air force or any police organisation of any country at war or at peace or service in any force of an international body or participation in any of the naval, military or air force operation during peace time unless otherwise expressly stated in the policy.
- 3.3.4** the persons working in underground mines, explosives, magazines, workers whilst involved in electrical installation with high tension supply, jockeys, circus personnel, Artistes engaged in hazardous performances, Aerial crop sprayer, Bookmaker (for gambling), Demolition contractor, Explosives users, Fisherman (seagoing), Jockey, Marine salvage, Miner and other occupations underground, nuclear installations, Off-shore oil or gas rig worker, Professional sports person, Roofing contractors and all construction and repair workers, Saw miller, Scaffolder, Scrap metal merchant, Security guard (armed) , Steeplejack ,Stevedore ,Structural steelworker, Tower crane operator unless otherwise expressly stated in the policy.

Section – 4 General Terms & Conditions

4.1 CONDITIONS PRECEDENT TO CONTRACT

- 4.1.1 Age** - A person shall be eligible to become an Insured Person if he/she is not younger than 91 days.
- 4.1.2 Condition precedent** - This Policy requires fulfilment of the terms and conditions of this Policy, payment of premium (including payment of instalment premium by the due dates as mentioned in the Policy Schedule) and *disclosure of information norm* at all times by You, insured persons or any one acting on *your* behalf. This is a precondition to any liability under the Policy.
- 4.1.3 Disclosure to Information Norm** - The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- 4.1.4 Electronic Transactions** - The Policyholder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions that We may prescribe from time to time which shall be within the terms and conditions of the contract, and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centres, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with Our terms and conditions for such facilities, as may be prescribed from time to time which shall be within the terms and conditions of the contract. However, the terms and condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDAI regulations for protection of policy holder's interests.
- 4.1.5 No Constructive Notice** - Any knowledge or information of any circumstance or condition in relation to the *Policyholder/ Insured Person* which is in *Our* possession and not specifically informed by the *Policyholder / Insured Person* shall not be held to bind or prejudicially affect *Us* notwithstanding subsequent acceptance of any premium.

4.2 CONDITIONS APPLICABLE DURING CONTRACT

- 4.2.1 Alterations to the Policy** - The proposal form, declaration, policy schedule and Policy constitutes the complete contract of insurance. For any change(s) / alteration/ modification in contract You are requested to intimate us. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us. This Policy cannot be changed by any one (including an insurance agent or broker) except Us.

4.2.2 Cancellation of Policy –

- ✚ **Cancellation by You** – You may cancel this Policy at any time by sending fifteen (15) days’ notice to Us, stating when *cancellation* is to take effect. In the event of such cancellation, We shall refund premium for the unexpired period of this Policy in accordance with the short-period rate table below. However, there will be no refund of premium if a claim has been paid or is payable under the policy.

Refund Percentage			
Month	1 Year Policy	2 Year Policy	3 Year Policy
1	72%	83%	86%
2	65%	79%	84%
3	57%	75%	81%
4	49%	71%	78%
5	41%	67%	76%
6	30%	63%	73%
7	20%	59%	71%
8	12%	56%	68%
9	4%	52%	65%
10	0%	48%	63%
11	0%	44%	60%
12	0%	40%	58%
13		36%	55%
14		32%	53%
15		28%	50%
16		25%	47%
17		21%	45%
18		15%	42%
19		10%	40%
20		7%	37%
21		2%	34%
22		0%	32%
23		0%	29%
24		0%	27%
25			24%
26			22%
27			19%
28			16%
29			14%
30			10%
31			7%
32			5%
33			1%
34			0%
35			0%
36			0%

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- ✚ **Cancellation by Us** - We may cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, non-cooperation by You or anyone acting on *Your* behalf. Such *cancellation* of the Policy, which will be on the grounds of misrepresentation, fraud, non-disclosure of material facts, will be from inception date or the renewal date (as the case may be) upon 15 days written notice delivered to or mailed to *Your* last address as shown in the records followed by an endorsement signifying this without refund of any premium. In case of cancellation of the policy by Us on account of non-cooperation, You shall be entitled to refund of pro-rata premium for the unexpired portion of the policy on the date of cancellation provided no claim has been paid or is payable under the policy.

4.2.3 Communication & Notices – Any notice, direction or instruction under this Policy shall be in writing and if it is to:

- i) You or any Insured Person, then it shall be sent to You at *Your* last updated address as shown in our records and You shall act for all Insured Persons for these purposes.
- ii) To Us, it shall be delivered to Our address specified in the policy Schedule.
- iii) No insurance agents, brokers or other person or entity is authorized to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- iv) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- v) You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- vi) You shall immediately notify Us in writing in regard to change in occupation / business at *your* own expense and you will be liable to pay pro-rata additional premium for the remaining period of the policy, if required as per our prevailing underwriting guidelines. In case of risk becoming unacceptable as per prevailing underwriting guidelines, We will cancel the coverage and shall return the premium on pro-rata basis for the remaining period.

Note: Please include Your Policy number for any communication with Us.

4.2.4 Free Look Period – The Insured Person will be allowed a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. In case of any objection and policy being not acceptable, insured has option to cancel the same provided no claim is made under the policy and the premium will be refunded within 15 days from the date of receipt of such request. Premium will be refunded after deducting the stamp duty charges and proportionate risk premium. All rights under this Policy will immediately stand extinguished once the policy is cancelled. Free look provision is not applicable and available at the time of renewal of the Policy.

- 4.2.5 Protection of Policyholders' Interest** - This policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof from time to time.
- 4.2.6 Records to be maintained** - You or the Insured Person, as the case may be shall keep an accurate record containing all medical records pertaining to the treatment taken for any liability under the policy and shall allow Us or our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us 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.
- 4.2.7 Geography** - This Policy applies to events or occurrences taking place anywhere in the world unless limited under this Policy in a particular benefit or definition.
- 4.2.8 Policy Disputes** - Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.
- 4.2.9 Revision & Modification of Product** - Any revision or modification will be done with the approval of the *Authority*. We shall notify *You* about revision / modification in the product including premium. Such information shall be given to *You* at least ninety (90) days prior to the effective date of modification or revision coming into effect.
- 4.2.10 Instalment Premium** - In case premium is payable in instalments as specified in the policy schedule, instalments shall be payable on or before the due date for continuity of coverage under the policy. You will have relaxation period of 15 days from the due date for payment of instalment. In case We do not receive the premium within the relaxation period, the policy will be terminated and all claims that fall beyond the instalment due date will not be covered under the policy. However, We will be liable to pay for the claims where the claim event occurred before the instalment due date subject to recovery of full annual premium from the claim amount.
- 4.2.11 Termination of Policy** - This Policy terminates on earliest of the following events-
- Cancellation* of policy as per the cancellation provision.
 - On the policy expiry date.
- 4.2.12 Withdrawal of Product** - The product may be withdrawn after due approval from Insurance Regulatory and Development Authority of India. We will inform the Policyholders in the event we may decide to withdraw the product. Such information will be given to the Policyholder at least ninety (90) days prior to the date when such withdrawal comes into effect.
In such case, We will provide one time option to all the policyholders whose policy is falling due for renewal within 90 days of withdrawal of the product to renew the existing policy or migrate to modified or other suitable Individual Personal Accident Policy with us subject to Portability norms in vogue. All those policyholders who choose to renew

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the existing policy will be migrated to modified or other suitable Individual Personal Accident Policy at the time of next renewal. However, if the Policyholder do not respond to Our intimation in case of such withdrawal, the Policy will be withdrawn on the renewal date. All those policyholders whose renewal fall after 90 days of withdrawal of product will require to migrate to modified or other suitable Individual Personal Accident Policy.

4.3 CONDITIONS FOR RENEWAL OF CONTRACT

4.3.1 Continuity - Insured Person would have an option to migrate to Our other individual personal accident insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children under the family plan when exiting on account of being not dependent on parents will also be given an option to migrate to our individual personal accident insurance plans subject to our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.3.2 Portability – Insured Persons covered under this COCOProtect Policy or any other similar policy from non-life insurance company shall have the right to migrate from such policy to a suitable individual personal accident insurance policy offered by Us provided that member shall apply to port the entire policy along with all the members of the family, if any, at least 45 days before the premium renewal date of his/ her existing personal accident policy. Insured Persons will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator.

4.3.3 Renewal Terms – The Policy can be renewed on or before the end of the Policy Period subject to realization of renewal premium. However, We shall not be bound to give notice that such renewal is due. Also, We may exercise option of not renewing the policy on grounds of fraud, misrepresentation, non-cooperation, moral hazard or suppression of any material fact either at the time of taking the Policy or any time during the currency of the policy.

A grace period of 30 days from the renewal due date is allowed where you can still pay your premium and continue your policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from renewal due date, if the premium is not paid, the policy will lapse i.e. be terminated.

Your renewal premium for this policy will not change unless we have revised the premium and obtained due approval from Authority. Premium otherwise will only change on account of age or if you opt for a change in the Sum Insured/ Plan / occupation / tenure of the Policy.

We will not apply any additional loading on your policy premium at renewal based on your claim experience.

You may increase / decrease the sum insured or change the plan or add or delete insured persons (except due to child birth / marriage or death) only at the time of renewal of the policy. However, such changes shall be subject to underwriting guidelines of the company.

4.3.4 Cumulative Bonus - This is applicable only for Benefits - Accidental Death (Section 2.1); Accidental Permanent Total Disability (Section 2.2); Accidental Permanent Partial Disability (Section 2.3).

- i. If no claim has been made under the above sections of the Policy and the Policy is renewed with Us without any break (including *grace period*), then We will increase *Your* Sum Insured by 10% on renewal of the policy with us.
- ii. The total of all increases is limited to 50% of the Sum Insured.
- iii. If a *cumulative bonus* has been applied and a Permanent Partial Disability claim is made, then We will automatically decrease the *cumulative bonus* by 10% of the Sum Insured in the following Policy Year provided policy is renewed with us.

4.4 CONDITIONS WHEN A CLAIM ARISES

4.4.1 Arbitration - If we admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereof. No reference to Arbitration shall be made unless We have admitted our liability for a claim in writing.

4.4.2 Disclaimer of Claim - If Company shall disclaim liability to the Insured for any claim and if the insured shall not, within twelve (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 under the policy.

4.4.3 Physical Examination - Any Medical Practitioner authorized by Us shall be allowed to examine the Insured Person in case of any alleged *injury* / disability. Non-co-operation by the Insured Person will result into rejection of claim. We will bear the cost towards performing such medical examination (at the specified location) of the insured person.

4.4.4 Complete Discharge - Payment made by *Us* to *You* /Assignee/*Nominee*/legal representative, as the case may be, in respect of any benefit under the *Policy* shall in all cases be complete and construed as an effectual discharge in favour of *Us*.

4.4.5 Claims Process & Management

In the event of any claim under the policy, completed claim form and required documents must be furnished to Us within the stipulated time. Failure to furnish the documents within the stipulated time shall not invalidate nor reduce any claim if You can satisfy Us that it was not reasonably possible for You to submit / give proof within such time.

4.4.5.1 Policyholder's / Insured Person's duties at the time of Claim - On occurrence of an Event which will eventually lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

- a) Forthwith intimate the Claim in accordance with Section No. 4.4.5.2 of this Policy.
- b) If so requested by Us, the Insured Person will have to submit himself / herself for a medical examination including any Pathological / Radiological examination by Independent Medical Practitioner appointed by Us as often as it considers reasonable and necessary. The cost of such examination will be borne by Us.
- c) Allow the Medical Practitioner or any of Our representatives to inspect the medical and Hospitalization records, investigate the facts.
- d) Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

4.4.5.2 Claim Intimation - Upon the occurrence of any event, that may give rise to a claim under this Policy, the Policyholder / Insured Person or Nominee, must notify Us immediately at the call center or in writing within seven (7) days of occurrence of such event.

The following details are to be provided to us at the time of intimation of Claim:

- a) Policy Number
- b) Name of the Policyholder
- c) Name of the Insured person in whose relation the Claim is being lodged
- d) Nature of Event
- e) Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- f) Date of Event
- g) Any other information, documentation as requested by us

4.4.5.3 Claims Documents - In case of any Claim for the covered Benefit, the list of documents as mentioned below shall be provided by the Policy Holder/Insured Person, immediately but not later than 30 days of date of accident, to avail the Claim.

In case of Permanent Total Disability, necessary document will have to be submitted to us by Insured Person within 30 days of expiry of 180 days of continuous disability as stated in the policy.

We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give notice or file claim within the prescribed time limit. However, no proof will be accepted if furnished later than one (1) year from the time the loss occurred. Requirement of all or any of the following documents will depend on the nature of claim.

Documents required for Claims processing:

- a. Duly filled and signed Claim Form
- b. Copy of FIR/ Panchnama /Police Inquest Report (if conducted) duly attested by the Police; Copy of Medico Legal Certificate duly attested by the concerned Hospital / Police, Final police report attested by Police
- c. Copy of Death Certificate (issued by the office of Registrar of Births and Deaths)
- d. Copy of Post Mortem report, if conducted, duly attested by Police, Copy of viscera report wherever applicable duly attested by the Police
- e. Copy of Hospital record, if applicable
- f. Original Passenger Ticket / Boarding Pass issued in the name of the Insured Person from the Public Transport (in case of death in a public transport). Wherever a named ticket is not available, onus of proof of travel will be upon the Insured Person.
- g. Identity proof of Nominee or Original Succession Certificate / Original Legal Heir Certificate or any other proof to Our satisfaction for the purpose of a valid discharge in case nomination is not filed by deceased.
- h. Disability certificate
- i. Leave/Absence Certificate from Employer (If Employed) Additional documents required under Copy of Birth Certificate and Copy of School ID Card
- j. Study Certificate from the school of the dependent child mentioning the parent's name
- k. Original bills, prescriptions, investigation reports, discharge card wherever applicable
- l. Salary Slip of last 3 months (for salaried persons)
- m. Photo Identity Proof - Voter ID, Passport, PAN Card, Driving License, Ration Card, Aadhar card, or any other proof accepted by the KYC norms as approved by Us and which is admissible in court of law
- n. Cancelled Cheque Copy

4.4.5.4 Scrutiny of Claim Documents

- a. We shall scrutinize the Claim and accompanying documents. Any deficiency in documents shall be intimated within five (5) days of its receipt.
- b. If the deficiency in the submitted Claim documents is not furnished or partially furnished within ten (10) working days of the first notification, we shall send a reminder for the same every ten (10) days thereafter.
- c. We will send a maximum of three (3) reminders following which, we will send a rejection letter after 15 days from last reminder.

4.4.5.5 Claim Investigation – We may investigate Claims at our own discretion to determine the validity of Claim. Such investigation may be concluded within Thirty (30) days from the date of receipt of last necessary document of Claim. Verification carried out, if any, will be done by individuals or entities authorized by us to carry out such verification/investigation(s) and the costs for such verification/ investigation shall be borne by Us.

4.4.5.6 Settlement & Repudiation of a Claim - We shall ordinarily settle a Claim including rejection within 30 days of the receipt of the last "necessary" documents as stated in Section 4.4.5.3. However, where the circumstances of a claim warrant an investigation it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document/information.

In such cases, Insurer shall settle the claim within 45 days from the date of receipt of last necessary document.

In case of delay in the payment beyond the stipulated timelines, we shall be liable to pay interest at the rate of two percent (2%) above the *Bank Rate* or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of last relevant and necessary document from the insured /claimant by us till the date of the actual payment.

4.4.5.7 Payment Terms

- i. All Claims will be payable in India and in Indian rupees. For all admissible claims where expenses are incurred in overseas country, the exchange rate on the date of payment shall be applied for reimbursement in Indian Rupees.
- ii. We will only make payment to the Policyholder under this Policy. The receipt of payment by the Policyholder shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of *Your* death, We will make payment to the Nominee / Assignee (as named in the Policy Schedule).
- iii. Our total liability in aggregate for all claims under the Policy for a specific Insured Person shall not exceed the respective Sum Insured of that Insured Person as mentioned in policy schedule.
- iv. In case of claims for accidental death of the Insured Person, where a Nominee(s)/Assignee has not been mentioned in the Proposal Form, the claim payment shall be made as per Indian succession law.
- v. If premium is payable in instalments and not paid on or before the due date, then We will not pay for any claim that occurs during the relaxation period unless the instalment premium is paid by You within the relaxation period. We shall have the rights to recover and deduct the pending instalment premium towards the insured person who has claimed prior to the instalment due date from the claim amount due under the Policy.

Section - 6 – Grievance Redressal Procedure

At DHFL General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if you aren't satisfied—please feel free to connect with us on the following channels.

- a. Call us on our Toll Free XXXX XX XXXX (From 8 am to 8 pm) for any queries that you may have!
- b. Email your queries to XXXXXXXX@dhflinsurance.com.
- c. For Senior Citizens, we have a special cell and our Senior Citizen customers can email us at xxxxxx@dhflinsurance.com for priority resolution
- d. Visit our website www.dhflinsurance.com to register & track your queries
- e. Please walk in to any of our branches or partner locations
- f. You can also dispatch your letters to us at:
 - i. Address Line 1, (placeholder text)
 - ii. Address Line 2, (placeholder text)
 - iii. Address Line 3, (placeholder text)
 - iv. City & District, (placeholder text)
 - v. State, (placeholder text)
 - vi. Pin Code, (placeholder text)

We request you to please mention your complete details : Full Name, Policy Number and Contact Details in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll make sure to acknowledge your service request within 3 working days—and try and resolve it to your satisfaction within 15 working days. That's a promise!

Escalation

Level 1 : While we attempt to give you best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If you felt that you weren't offered a perfect resolution, please feel free to share your feedback to our Customer Experience team at xxxxxx@dhflinsurance.com

Level 2 : If you still are not happy about the resolution provided then you may please write to our Head Customer Experience and Grievance Redressal Officer at xxxxxx@dhflinsurance.com

If your concern remains unresolved after having followed the above escalation procedure, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is—simply refer to the list below/overleaf.

OMBUDSMAN AND ADDRESSES: Refer the link <http://www.gbic.co.in/ombudsman.html>

S. No.	CONTACT DETAILS	JURISDICTION OF OFFICE
1	<p>AHMEDABAD</p> <p>Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@gbic.co.in</p>	State of Gujarat and Union Territories of Dadra & Nagar Haveli and Daman and Diu
2	<p>BENGALURU</p> <p>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: bimalokpal.bengaluru@gbic.co.in</p>	Karnataka
3	<p>BHOPAL</p> <p>Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@gbic.co.in</p>	States of Madhya Pradesh and Chattisgarh.
4	<p>BHUBANESHWAR</p> <p>Office of the Insurance Ombudsman, 62, Forest park, Bhubneswar – 751 009. Tel.: 0674 - 2596461 / 2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@gbic.co.in</p>	State of Orissa

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5	<p>CHANDIGARH Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 – 2708274 Email: bimalokpal.chandigarh@gbic.co.in</p>	States of Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.
6	<p>CHENNAI Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@gbic.co.in</p>	State of Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).
7	<p>DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 Email: bimalokpal.delhi@gbic.co.in</p>	State of Delhi
8	<p>GUWAHATI 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: bimalokpal.guwahati@gbic.co.in</p>	States of Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
9	<p>HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004.</p>	States of Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry

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	<p>Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@gbic.co.in</p>	
10	<p>JAIPUR Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@gbic.co.in</p>	State of Rajasthan
11	<p>ERNAKULAM 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: bimalokpal.ernakulam@gbic.co.in</p>	Kerala, Lakshadweep, Mahe-a part of Pondicherry
12	<p>KOLKATA 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: bimalokpal.kolkata@gbic.co.in</p>	States of West Bengal, Bihar, Sikkim and Union Territories of Andaman and Nicobar Islands
13	<p>LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 – 2231310 Email: bimalokpal.lucknow@gbic.co.in</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Chandauli, Ballia, Sidharathnagar.</p>

14	<p>MUMBAI</p> <p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@gbic.co.in</p>	<p>States of Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
15	<p>NOIDA</p> <p>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 / 2514251 / 2514253 Email: bimalokpal.noida@gbic.co.in</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>
16	<p>PATNA</p> <p>Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@gbic.co.in</p>	<p>States of Bihar and Jharkhand</p>
17	<p>PUNE</p> <p>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 - 32341320 Email: bimalokpal.pune@gbic.co.in</p>	<p>States of Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region</p>

IRDAI Regulation No 17: This *Policy* is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Section 7 – Non - Medical Expenses List

S. No.	Description	Payable / Non-Payable	Reason
1	Certificate charge	Not Payable	Administrative or Non-Medical Charges
2	Blood Reservation Charges	Not Payable	Administrative or Non-Medical Charges
3	Courier Charges, Fax and communication and Photocopies Charges	Not Payable	Administrative or Non-Medical Charges
4	Conveyance Charges	Not Payable	Administrative or Non-Medical Charges
5	Documentation Charges/diabetic Chart Charges /Daily Chart Charges / Administrative Expenses /TPA charges /File Opening Charges	Not Payable	Administrative or Non-Medical Charges
6	Discharge Procedure Charges	Not Payable	Administrative or Non-Medical Charges
7	Entrance Pass / Visitors Pass Charges	Not Payable	Administrative or Non-Medical Charges
8	Incidental Expenses / Misc. Charges (not Explained)	Not Payable	Administrative or Non-Medical Charges
9	Maintenance Charges	Not Payable	Administrative or Non-Medical Charges
10	Medical Records	Not Payable	Administrative or Non-Medical Charges
11	Patient Identification Band / Name Tag	Not Payable	Administrative or Non-Medical Charges
12	Medico Legal Case Charges (MLC Charges) Not Payable	Not Payable	Administrative or Non-Medical Charges
13	Mortuary Charges	Not Payable	Administrative or Non-Medical Charges
14	Weight Control Programs, Supplies & Services, Treatment for obesity, weight reduction or weight management	Not Payable	Exclusion in Policy
15	Hormone Replacement Therapy	Not Payable	Exclusion in Policy
16	Home Visit Charges	Not Payable	Exclusion in Policy
17	Private Nursing Charges	Not Payable	Exclusion in Policy
18	Infertility/ Sub fertility/ Assisted Conception Procedure	Not Payable	Exclusion in Policy
19	Obesity (including Morbid Obesity) Treatment	Not Payable	Exclusion in Policy

20	Psychiatric & Psychosomatic Disorders	Not Payable	Exclusion in Policy
21	Corrective Surgery for Refractive Error	Not Payable	Exclusion in Policy
22	Treatment of Sexually Transmitted Diseases	Not Payable	Exclusion in Policy
23	Donor Screening Charges	Not Payable	Exclusion in Policy
24	Service charges, Surcharges, Admission fees / Registration charges	Not Payable	Exclusion in Policy
25	Hospitalisation For Evaluation/ Diagnostic Purpose	Not Payable	Exclusion in Policy
26	Any Expenses directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS	Not Payable	Exclusion in Policy
27	Pulse-oximeter Device Charges, Spiro meter	Not Payable	Exclusion in Policy
28	Stem Cell Implantation/ Surgery Except Bone Marrow Transplantation	Not Payable	Exclusion in Policy
29	CPAP/ CAPD Equipment	Not Payable	External appliances, Prosthesis and/or devices
30	Commode	Not Payable	External appliances, Prosthesis and/or devices
31	Oxygen Cylinder (for Usage Outside the Hospital)	Not Payable	External appliances, Prosthesis and/or devices
32	Arm sling, Slings, Cervical Collar, Splint, Knee Braces (Long/ Short/ Hinged)	Not Payable	External appliances, Prosthesis and/or devices
33	Diabetic Foot Wear	Not Payable	External appliances, Prosthesis and/or devices
34	Knee Immobilizer/shoulder Immobilizer	Not Payable	External appliances, Prosthesis and/or devices
35	Lumbo Sacral Belt, Abdominal Binder, Leggings, Stockings	Not Payable	External appliances, Prosthesis and/or devices
36	Alpha bed/ water bed/ Airbed	Not Payable	External appliances, Prosthesis and/or devices
37	Ambulance Collar	Not Payable	External appliances, Prosthesis and/or devices
38	Ambulance Equipment	Not Payable	External appliances, Prosthesis and/or devices

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39	Spectacles, contact lenses, hearing aids, crutches, wheelchairs, artificial limbs, dentures, artificial teeth and all other external appliances	Not Payable	External appliances, Prosthesis and/or devices
40	Betadine, Hydrogen Peroxide, spirit, Dettol, Savlon, Disinfectants, Micro shield, Mouth Paint, Listerine, Antiseptic Mouthwash, Lozenges Etc. Antiseptic and cleaning agents	Not Payable	Non-prescribed drugs and medical supplies
41	HVAC (technology of indoor or automotive environmental comfort)	Not Payable Separately	Part of Room Charge
42	House Keeping Charges, Clean Sheet	Not Payable Separately	Part of Room Charge
43	Blanket/warmer Blanket	Not Payable Separately	Part of Room Charge
44	Attendant Charges	Not Payable Separately	Part of Room Charge
45	Television & Air Conditioner Charges	Not Payable Separately	Part of Room Charge
46	Admission Kit Not Payable	Not Payable Separately	Part of Room Charge
47	Water & Electricity charge	Not Payable Separately	Part of Room Charge
48	Blood Grouping and Cross Matching Of Donors Samples	Not Payable Separately	Part of Cost of Blood
49	Band Aids, Bandages	Not Payable Separately	Part of Dressing Charges
50	Micro-pore/ Surgical Tape	Not Payable Separately	Part of Dressing Charges
51	Cotton, Cotton Bandage, Ear Buds, Gauze, Alcohol Swabs, Scrub Solution/Sterillium, Apron, Tourniquet	Not Payable Separately	Part of Dressing Charges
52	Dynaplast, Hansaplast, Adhesive Bandages, Crepe Bandage	Not Payable unless necessary medically	Part of Dressing Charges
53	Hypo allergic adhesive tapes like Durapore, Curapore	Not Payable unless necessary medically	Part of Dressing Charges
54	Infusion Pump – Cost	Not Payable	Part of Hospital Services
55	Spacer, SpO2 Probe, Nebulizer Kit, Steam Inhaler	Not Payable	Part of Hospital Services

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56	Urine Container, Ounce Glass, Urometer, Urine Jug, Thermometer, Bed Pan, Kidney Tray	Not Payable Separately	Part of Hospital Services
57	Ward and Theatre Booking Charges	Not Payable Separately	Part of Hospital Services
58	Trolley Cover	Not Payable Separately	Part of Hospital Services
59	Nutrition planning charges	Not Payable Separately	Part of Hospital Services
60	Surgical Blades, harmonic Scalpel, shaver	Not Payable Separately	Part of Hospital Services
61	Sputum Cup	Not Payable Separately	Part of Lab Investigation
62	Pre-Operative Preparation Charges	Not Payable	Part of Nursing Charge
63	IM/ IV Injection Charges	Not Payable Separately	Part of Nursing Charge
64	Hair removing cream charges used before surgery or clinical procedure	Not Payable Separately	Part of Nursing Charge
65	Disposable Caps, Cold Pack/hot Pack	Not Payable Separately	Part of Nursing Charge
66	Arthroscopy & Endoscopy Instruments	Not Payable Separately	Part of operation theatre charges
67	Microscope Cover, Camera Cover	Not Payable Separately	Part of operation theatre charges
68	Surgical Drill	Not Payable Separately	Part of operation theatre charges
69	Eye Kit, Eye Drape	Not Payable Separately	Part of operation theatre charges
70	Boyles Apparatus	Not Payable Separately	Part of operation theatre charges
71	DVD, CD Charges (Except Sought by Insurer/TPA)	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
72	Belts/ Braces	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
73	Separate Baby Bed Charges (unless specified/indicated)	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
74	Baby Food, Baby bottles, Baby Clothes, Diaper, Oil etc.	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
75	Hand Wash, Moisturiser, Talcum Powder, Beauty Services, Barber Charges, Comb	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
76	Towel, Shoe Cover, Foot Cover, Slippers, Carry Bags	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items

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77	Cradle Charges	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
78	Eau-De-Cologne / Room Fresheners	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
79	Email / Internet / Telephone Charges	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
80	Separate Food Charges	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
81	Separate Laundry Charges	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
82	Mineral Water	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
83	Oil Charges, Tissue Paper, Tooth Paste, Tooth Brush	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
84	Guest Services	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
85	Bed Under Pad Charges	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
86	Eyelet Collar, Eye Pad, Eye Shield	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
87	Lactogen/ Infant Food / Sugar free tablets	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
88	Aesthetic Treatment / Surgery	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
89	Unsterilized Gloves	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
90	Medicine Box	Not Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
91	Face Mask, Sanitary Pad, Diaper	Not Payable unless necessary medically	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
92	Disposable Razor Charges (For Site Preparations)	Payable	Toiletries/ Cosmetics/ Personal Comfort or Convenience Items
93	Luxury Tax	Not Payable	Administrative or Non-Medical Charges
94	Bipap Machine	Not Payable	Exclusion in Policy
95	ECG Electrodes	Payable	Payable as justified
96	HIV Kit	Payable	Part of Pre-Operative Screening
97	Accu Check / One Touch Strips (Glucometry / Strips)	Not Payable	Part of investigation charges
98	Nebulization Mask	Not Payable	Part of procedure