

Sarv Suraksha Plus (Group)

Policy Wording

Operating Clause

We will provide Insurance coverage to the Insured Person(s) under this Policy up to Sum Insured and/orSub-limits subject to Terms, Conditions, Exclusions, waiting period, Co-payment and Deductible (including Time Deductible) mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

The Coverage under this **Policy** is subject to statements of Policy Holder and/or Insured Persons in the Proposal form/enrollment form, declaration and/or medical reports, and the terms and conditions of this **Policy**.

Certain words used in the Coverage description have specific meanings which are mentioned in Definitions and which impacts the Coverage. All such words, where ever mentioned in this document are mentioned in Bold to enable **You** to identify that particular word has a specific meaning for which **You** need to refer Section – C, Definitions.

A. Base Sections

1. Major Medical illness

I. Coverage

We will pay Sum Insured, if Insured Person suffers from Major Medical Illnessunder any of the opted plansfrom Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

1. Only one Claim is payable during lifetime of the Coverage in respect of Major Medical Illness plans opted from Table 1 subject to maximum 100% of BaseSum Insured mentioned on the Policy Schedule/Certificate of Insurance and Coverage for all other Major Medical Illnessand Optional cover opted under this section shall cease to exist once a claim is admissible under this Cover

Table 1 - Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered



Myocardial Infarction (First Heart Attack of specified severity)	Covered						
Open Heart Replacement or Repair of Heart Valves	Covered						
Major Organ/Bone Marrow Transplantation	Covered						
Multiple Sclerosis with persisting symptoms	Covered						
Permanent Paralysis of Limbs	Covered						
Stroke resulting in permanent symptoms	Covered						
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematous with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered



Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered
Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
HIV due to blood transfusion and occupationally acquired HIV	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

II. Optional Covers under Major Medical Illness

In consideration of payment of additional **Premium**, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate** of **Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

ii. Angioplasty

On opting this Cover, the Coverage under this section will be extended to cover **Angioplasty** whose diagnosis first commence/occurs after 180 days from first commencement of the Coverage under this Cover and up to the **Sum Insured** mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance. Subject to all other terms and conditions of this Cover remaining unaltered

On the admissibility of Claim under **Angioplasty**, coverage for **Angioplasty** shall cease to exist and any claim amount admissible/paid during the year will reduce the Sum Insured payable for the Cover in respect of subsequent claims in respect of this Section. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of other **Major Medical Illnesses**.



iii. Molecular Gene Expression profiling test

We will pay the expenses incurred towards Molecular Gene Expression Profiling Test for Treatment Guidance on diagnosis of **Cancer of specified severity** for which Claim is admissible under the Policy. The benefit under this cover can be availed only once during life time of Coverage under this Section.

iv. Second Medical Opinion

a. Second Medical Opinion - India

We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner anywhere in Indiain respect of Major Medical Illness under any of the opted plans from Table 1 for which is Claim is admissible under the Policy.

b. Second Medical Opinion - Global

We will pay Medical consultation expenses incurred towards Second Medical Opinion availed from Medical Practitioner anywhere in the world in respect of Major Medical Illness under any of the opted plans from Table 1 for which Claim is admissible under the Policy.

III. Waiting Period and Exclusions

i. Waiting Period

A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section.In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnessesunder this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Preexisting diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.



- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured:
- xi. Whilst engaging in Adventure Sports.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

2. Personal Accident

A. Coverage

I. Accidental Death

i. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

a) Disappearance

We will pay the **Sum Insured** in the event if Insured Person's body cannot be located within 365 Days;

- a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
- b. after and as a result of any Catastrophic Event during Period of Insurance

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

b)Comatose

If Insured Person sustains Injury during Period of Insurance which directly and independently of all other causes results in the Insured Personbeing in Hospitalin aComatose State within one month of the date of Injury for continuous period of more than three months, We will paySum Insuredas mentioned in the Schedule of Coverage on Policy Schedule.



Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover

ii. Specific Conditions applicable to Cover I - Accidental Death

The Coverage under this Policyterminates on admissibility of Claim equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **BaseSum Insured** in respect of the Cover

ii. Optional Cover applicable to Cover I - Accidental Death

In consideration of payment of additional Premium, We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

i. Burns

If Insured Person sustains Injury during Period of Insurance, which solely and directly results into burns, We will pay in accordance with benefit table below subject to maximum of Sum Insuredas mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance;

	Description	% of Base Sum Insured payable
	a. Head	
i.	Third degree burns of 8% or more of the total head surface area	100%
ii.	Second degree burns of 8% or more of the total head surface	50%
iii.	Third degree burns of 5% or more, but less than 8% of the total head surface area	80%
iv.	Second degree burns of 5% or more, but less than 8% of the total head surface area	40%
V.	Third degree burns of 2% or more, but less than 5% of thetotal head surface area	60%
vi.	Second degree burns of 2% or more, but less than 5% of the total head surface area	30%
	b. Rest of the Body	
i.	Third degree burns of 20% or more of the total body surface area	100%
ii.	Second degree burns of 20% or more of the total body surface area	50%
iii.	Third degree burns of 15% or more, but less than 20% of the total body surface area	80%
iv.	Second degree burns of 15% or more, but less than 20% of the total body surface area	40%
V.	Third degree burns of 10% or more, but less than 15% of the total body surface area	60%



vi.	Second degree burns of 10% or more, but less than 15% of the total body surface	30%
	area	
vii.	Third degree burns of 5% or more, but less than 10% of the total body surface area	20%
viii.	Second degree burns of 5% or more, but less than 10% of the total body surface area	10%

Specific conditions applicable to Burns

- i. If the **Injury** results in more than one of the Descriptions above, then the **Company** shall be liable for the largest **SumInsured** (as per defined Description) only.
- ii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims under the Cover.
- iii. This Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **BaseSum Insured** in respect of the Cover.

ii. Transportation of Mortal Remains

In the event of Claim becoming admissible under Cover I, Accidental Death, we will pay the Sum Insured as mentioned in the **Schedule of Coverage** on **Policy Schedule/Certificate of Insurance**towards transportation of Moral Remains of the Insured Person from the place of Death to his/her Home country or City.

iii. Renewal Premium Benefit

In the event, Claim for Primary **Insured Person**becomes admissible for Accidental Death under Cover 2, We will pay the amount equivalent to the Renewal premium of the Coverage for all other **Insured Person** covered in the same Certificate/Policy as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

The Benefit will be payable irrespective of whether Policy is renewed or not.

II. Permanent Disablement

A. Coverage

If Insured Person sustains Injury during Period of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of **Sum Insured** as mentioned in the **Schedule of Coverage** on **Policy Schedule**/Certificate of Insurance provided such disablement is certified by the **Medical Practitioner**

i. Benefit Table A



S. No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
3	Permanent Total Loss of two <i>Limbs</i> (physical severance of Limbs)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance of Limbs)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
11	Permanent Total Loss of one <i>Limb</i> (physical severance of Limbs)	50%
12	Permanent Total Loss of Sight of one eye	50%

ii. Benefit Table B

		% of Base Sum
S.No	The Disablement	Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and	
3	permanent loss of use of such <i>Limb</i>)	100%
4	Permanent Total Loss of Sight in both eyes	100%
	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i> (physical severance or	
5	the total and permanent loss of use of such <i>Limb</i>)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
	Permanent Total Loss of the central nervous system or the thorax and all	
	abdominal organs resulting in the complete inability to engage in any job and the	
9	inability to carry out <i>Daily Activities</i> essential to life without full time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and	
11	permanent loss of use of such <i>Limb</i>)	50%
12	Permanent Total Loss of Sight of one eye	50%

iii. Benefit Table C



S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and	
3	permanent loss of use)	100%
4	Permanent Total <i>Loss of Sight</i> in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the total and permanent loss of use)	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance	100%
10	Permanent Total <i>Loss of Hearing</i> in both ears	75%
11	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and permanent loss of use)	50%
12	Permanent Total <i>Loss of Sight</i> of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%



iv. Benefit Table D

S.No	The Disablement	% of Base Sum Insured Payable
1	Permanent Total Disablement	100%
2	Permanent and incurable insanity	100%
	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and	10070
3	permanent loss of use)	100%
4	Permanent Total Loss of Sight in both eyes	100%
5	Permanent Total Loss of Sight of one eye and one Limb	100%
6	Permanent Total Loss of Speech	100%
7	Complete removal of the lower jaw	100%
8	Permanent Total Loss of Mastication	100%
	Permanent Total Loss of the central nervous system or the thorax and all	10070
	abdominal organs resulting in the complete inability to engage in any job	
	and the inability to carry out <i>Daily Activities</i> essential to life without full	
9	time assistance	100%
10	Permanent Total Loss of Hearing in both ears	75%
	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and	
11	permanent loss of use)	50%
12	Permanent Total Loss of Sight of one eye	50%
13	Permanent Total Loss of Hearing in one ear	15%
14	Permanent Total Loss of the lens in one eye	25%
	,	
15	Permanent Total Loss of use of four fingers and thumb of either hand	40%
16	Permanent Total Loss of use of four fingers of either hand	20%
17	Permanent Total Loss of use of one thumb of either hand:	
a)	Both joints	20%
b)	One joint	10%
18	Permanent Total Loss of one finger of either hand:	
a)	Three joints	5%
b)	Two joints	4%
c)	One joint	2%
19	Permanent Total Loss of use of toes:	
a)	All – one foot	15%
b)	Big – both joints	5%
c)	Big – one joint	2%
d)	Other than Big – each toe	2%
20	Established non-union of fractured leg or kneecap	10%
21	Shortening of leg by at least 5 cms.	8%
22	Ankylosis of the elbow, hip or knee	20%
	Permanent disablement not otherwise provided for under Items 2-22	
23	inclusive up to a maximum of	75%



v. Benefit Table E

S.No	The Disablement	% of Base Sum Insured Payable
1	Loss of sight on both eyes	125%
2	Loss of both hands	125%
3	Loss of both feet	125%
4	Loss of one hand and one foot	125%
5	Loss of one eye one hand	125%
6	Loss of one eye one foot	125%
7	Other total permanent disablement	125%
8	An arm at the shoulder joint	70%
9	An arm above the elbow joint	65%
10	An arm beneath the elbow joint	60%
11	A hand at the wrist	55%
12	A thumb	20%
13	An index finger	10%
14	Any other finger	5%
15	A leg above mid-thigh	70%
16	A leg upto mid-thigh	60%
17	A leg upto beneath the knee	50%
18	A leg upto mid-calf	45%
19	A foot at the ankle	40%
20	A large toe	5%
21	Any other toe	2%
22	Any eye	50%
23	Hearing loss on one ear	30%
24	Hearing loss on both ears	75%
25	Sense of smell	10%
26	Sense of taste	5%
27	Permanent disablement not otherwise provided for under Items 2-26 inclusive up to a maximum of	75%

- B. Terms and Conditions applicable to Cover III Permanent Disablement
- i. Ankylosis of the fingers (other than thumb and forefinger) and of the toes (other than the big toe) shall be limited to fifty percent (50%) of the **Base Sum Insured** subject to maximum of **Sum Insured** payable for the loss of the said members.
- ii. Benefit under item 23 of Table D and item 27 of Table E shall be determined by the independent **Medical Practitioner** who will certify the percentage of **Base Sum Insured** payable taking into consideration the nature of the *Injury* and disability in conjunction with the stated percentages **BaseSum Insured** for more specific injuries shown in the Table of Benefits.



- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Section terminates on admissibility of Claim(s)equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.
- v. The total amount payable in respect of more than one disablement due to the same **Injury** is arrived at by adding together the various percentages of **BaseSum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**.

III. Temporary Total Disablement

A. Coverage

i. Temporary Total Disablement - Accident only

If Insured Person sustains Injury during Period of Insurance, which solely and directly results in Temporary Total Disablement, We will pay the weekly benefit upto maximum of Sum Insuredand subject to TimeDeductibleas specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance for each continuous period of Temporary Total Disablement.

ii. Temporary Total Disablement - Illness only

IfInsured Person contracts IllnessduringPeriod of Insurancewhich solely and directly results in Temporary Total Disablement, We will pay the weekly benefit up to maximum of Sum Insuredand subject to Time Deductibleas specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance for each continuous period of Temporary Total Disablement.

This coverage is subject to specific exclusions applicable to Temporary Total Disablement due to illness as listed under B II – Waiting Period and General Exclusions

a. Optional Cover applicable under Temporary Total Disablement - Illness only

1. Waiting Period modification option

On opting this Cover, **Waiting Periods** under B II of this Section shall stand modified as mentioned in Schedule of Coverage on the **Policy Schedule/Certificate of Insurance**.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

B. Specific Conditions applicable to Temporary Total Disablement (I) and (II)

- i. If **Injury** sustained or **Illness** (as covered)sufferedis in relation to the spine and its muscular girdle, ligamentous system, cartilage, nervous system and blood supply to the spine which is not detectable by means of radiological scanning, imaging, or neurological fallout testing, then the Company shall only be liable in respect of this Section for a maximum period of five (5) weeks and only once in lifetime of the Policy.
- ii.In the event of a dispute arising as to when **Temporary Total Disablement** ceased, the date shall be finally determined by an independentMedical Practitioner who certifies:
 - a. the date upon which the Insured Person recovered; or
 - b. the date upon which the *Insured Person* recovered as far as he/she ever will; or
 - c. the date from which the Insured Person is declared to have suffered Permanent Total Disablement



- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Covers opted in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

B. Exclusions applicable to Covers I, II and III under Personal Accident

General Exclusions

We will not make any payment for any claim in respect of any **Insured Person**for, caused by, arising from or attributable to any of the following;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports
- II. Waiting Period and General Exclusions applicable to III (ii)

i. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) Pre-existing Diseases - Code - Excl01

- Expenses related to the treatment of a pre-existing disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of sum of Sum Insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.



d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period- Code – Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatmentsshall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for **Pre-existing diseases**, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the **Insured Person** is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system
Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele



Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy,Haemorrhoidectomy,Fistulectomy,ENT surgeries

iii) 30-day waiting period - Code - Excl03

- a) Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- b) This exclusion shall not, however, apply if the **Insured Person** has continuous coverage for more than twelve months.
- c) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. Investigation & Evaluation: Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **Rest Cure, rehabilitation and respite care**—Code Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. Obesity/Weight control: Code Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - I. Greater than or equal to 40 or,
 - II. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - III. Obesity related cardiomyopathy
 - IV. coronary heart disease
 - V. severe sleep apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments -** Code Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- v. Cosmetic or plastic surgery: Code Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically**



- **Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports**Code Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous** or **Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:** Code Excl10 Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers-** Code Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code Excl13
- xi. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code Excl15
- xiii. **Unproven Treatments-** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code Excl16
- xiv. Sterility and Infertility -Code Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xv. Maternity:Code Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear**, **Chemical** or **Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any **Insured Person**'s participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.
- xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by Illness or Injury and forming part of treatment).



- xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. Treatment taken on Outpatient basis
- xxviii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form.

3. Emergency Medical Expenses

A. Coverage

I. Emergency Medical Expenses – Accident only

We will pay Medical Expenses listed below for an Emergency Care of an Insured Person due to an Injury sustained during the Period of Insurance up to Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule, subject to Co-Payment and Deductible as applicable and within India only.

Medical Expenses

- 1. Room Rent and boarding charges in the event of Hospitalization of Insured Person
- 2. Intensive Care Unit charges in the event of Hospitalization of Insured Person
- 3. Post Hospitalization expenses up to 30 days
- 4. Consultation fees& Nursing charges
- 5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
- 6. Medicines, drugs and consumables
- 7. Diagnostic procedures
- 8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
- 9. Medical Expenseslisted above for **Domiciliary Hospitalization** and/or **Day Care Treatment**in India only
- 10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance:
 - o to the nearest Hospital
 - o from one Hospital to another Hospital
 - o or from Hospital to Home within same City

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of Hospitalization, Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses(excluding Medicines and drugs)incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges



II. Emergency Medical Expenses – Illness only

We will pay Medical Expenses listed below for an Emergency Care of an Insured Person due Illness contracted during the Period of Insurance up to Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule, subject to Co-PaymentandDeductibleas applicable and within India only.

Medical Expenses

- 1. Room Rent and boarding charges in the event of Hospitalization of Insured Person
 - 2. Intensive Care Unit charges in the event of Hospitalization of Insured Person
 - 3. Post Hospitalization expenses up to 30 days
 - 4. Consultation fees& Nursing charges
 - 5. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances charges
 - 6. Medicines, drugs and consumables
 - 7. Diagnostic procedures
 - 8. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.
 - 9. Medical Expenseslisted above for Domiciliary Hospitalization and/or Day Care Treatmentsin India only
 - 10. Road Ambulance: if following an **Injury**, Insurance Person is required to be Hospitalized, we will indemnify the cost of Road Ambulance:
 - o to the nearest Hospital
 - o from one Hospital to another Hospital
 - o or from **Hospital** to Home (within same City)

Special Condition applicable to Room Rent:

Room Rent & Proportionate deduction: In the event of Hospitalization, Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses(excluding Medicines and drugs)incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges

B. Optional Covers under Emergency Medical Expenses I and II

We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

i. Emergency Medical Expenses - Global

On availing this option, **We** will pay **Medical Expenses** under covers opted under this Section, incurred anywhere in world.

ii. Co-payment

On availing this option, Co-Payment will be applicable as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insuranceon all Claims under cover opted under this Section



C. Exclusions applicable to Cover 3 (I and II) - Emergency Medical Expenses

a. General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated otherwise on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.

viii. Investigation & Evaluation:Code Excl04

- a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
- b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded
- ix. **Rest Cure, rehabilitation and respite care**—Code Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- x. **Obesity/Weight control:**Code Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - i. Greater than or equal to 40 or,
 - ii. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - 1. Obesity related cardiomyopathy
 - 2. coronary heart disease
 - 3. severe sleep apnoea
 - 4. uncontrolled type2 diabetes
- xi. **Change-of-Gender treatments -** Code Excl07:Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.



- xii. Cosmetic or plastic surgery:Code Excl08:Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- xiii. **Hazardous or Adventure Sports**Code Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous** or **Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- xiv. **Breach of Law:**Code Excl10 Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- xv. Excluded Providers- Code Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website/notified to the policyholders are not admissible. However, in case of life threatening situations or following an Accident, expenses up to the stage of stabilization are payable but not the complete claim.
- xvi. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code Excl12
- xvii. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.Code Excl13
- xviii. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure.Code Excl14
- xix. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code Excl15
- xx. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code Excl16
- xxi. Sterility and Infertility -Code Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - b. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xxii. Maternity:Code Excl18
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xxiii. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear, Chemical** or**Biological** attack or weapons, radiation of any kind.
- xxiv. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xxv. Any **Insured Person**'s participation or involvement in naval, military or air force operation.
- xxvi. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xxvii. Congenital external diseases, defects or anomalies,
- xxviii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxx. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.



- xxxi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxxii. **Non-Medical expenses** such as Food charges (other than patient's diet provided by hospital), laundry charges, attendant charges, ambulance collar, ambulance equipment, baby food, baby utility charges and other such items. Full list of Non-Medical expenses is attached and also available at www.hdfcergo.com.
- xxxiii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxxiv. Any treatment or part of a treatment that is not of a Reasonable and Customary charge, not Medically Necessary; treatments or drugs not supported by a prescription.
- xxxv. Expenses for Artificial limbs and/or device used for diagnosis or treatment (except when used intra-operatively).prosthesis, corrective devices external durable medical equipment of any kind, wheelchairs, crutches, and oxygen concentrator for bronchial asthma/ COPD conditions, cost of cochlear implant(s) unless necessitated by an Accident. Exhaustive list of Non-Medical expenses attached and also available on www.hdfcergo.com
- xxxvi. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal form/enrolment form.

4. Loss of Income/EMI Protector

I. Termination from Employment

a) Coverage

We will pay the weekly / monthlybenefitupto maximum of **Sum Insured**as mentioned in the Schedule of Coverage on the Policy Schedule if **Insured Person** is terminated from the employment during Period of Insured as per employer's rules/regulations or executed/implemented by the employer in compliance of any laws for the time being in force or any directives by any Public Authority subject to;

- i. The benefitwill be payable after the Termination of Insured Person from employment till the reinstatement of employment with the same employer or new employer or expiry of Policy Period, whichever is earlier, subject to a maximum of Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule.
- ii. The claim is admissible only if period of termination from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried and employed in India
- iv. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims
- v. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

b) Exclusions applicable to Termination from Employment

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on the Policy Schedule/Certificate of Insurance;

- i. The Company shall not be liable to make any payment under this Section in the event of termination, dismissal, temporary suspension or retrenchment from employment of the Insured being attributed to any dishonesty or fraud or poor performance on the part of the Insured or his willful violation of any rules of the employer or laws for the time being in force or any disciplinary action against the Insured by the employer.
- ii. Claim in connection with or in respect of:
 - a. Self employed persons;
 - b.unemployment from a job which is casual, temporary, seasonal or contractual in nature or any claim relating to an employee not on the direct rolls of the employer;



- c. Any voluntary unemployment;
- d.Unemployment at the time of inception of the Policy Period or arising within the first 90 days of inception of the Policy Period.
- iii. Any unemployment from a job under which no salary or any remuneration is provided to the Insured
- iv. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority
- v. Any unemployment due to resignation, retirement whether voluntary or otherwise
- vi. Termination from employment while the Insured Person is under probation.

II. Loss of Income - Major Medical Illness

a) Coverage

We will pay Sum Insuredas mentioned in the Schedule of Coverage on the Policy Schedule if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of diagnosis of Major Medical Illness under any of the opted plans from Table 1 below and specified in the Schedule of Coverage on Policy Schedule, whose diagnosis first commence/occurs after 90 days from first commencement of the Coverage under this Cover and subject to;

- i. Survival Period Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Major Medical Illness** covered and confirmatory diagnosis while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)
- ii. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- iii. This coverage is applicable to Insured Person who are salaried
- iv. Number of Claims and Benefits payable
 - a) Only one Claim is payable during lifetime of the Coverage under this Cover subject to maximum 100% of Base Sum Insured mentioned on the Policy Schedule/Certificate

Table 1 - Major Medical Illness Plans

Major Medical Illness	Essential	Essential Plus	Silver	Silver Plus	Gold	Gold Plus	Platinum
Cancer of specified severity	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Chest CABG	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Kidney failure requiring regular dialysis	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Myocardial Infarction (First Heart Attack of specified severity)	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Open Heart Replacement or Repair of Heart Valves	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Major Organ/Bone Marrow Transplantation	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Multiple Sclerosis with persisting symptoms	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Permanent Paralysis of Limbs	Covered	Covered	Covered	Covered	Covered	Covered	Covered



Stroke resulting in permanent symptoms	Covered						
Benign Brain Tumour	NA	Covered	Covered	Covered	Covered	Covered	Covered
Coma of specified severity	NA	Covered	Covered	Covered	Covered	Covered	Covered
Parkinson's Disease	NA	Covered	Covered	Covered	Covered	Covered	Covered
Alzheimer's Disease	NA	NA	Covered	Covered	Covered	Covered	Covered
Surgery of Aorta	NA	NA	Covered	Covered	Covered	Covered	Covered
End Stage Liver Failure	NA	NA	Covered	Covered	Covered	Covered	Covered
Deafness	NA	NA	NA	Covered	Covered	Covered	Covered
Loss of Speech	NA	NA	NA	Covered	Covered	Covered	Covered
Third Degree Burns	NA	NA	NA	Covered	Covered	Covered	Covered
Medullary Cystic Disease	NA	NA	NA	NA	Covered	Covered	Covered
Motor Neurone Disease with permanent symptoms	NA	NA	NA	NA	Covered	Covered	Covered
Muscular Dystrophy	NA	NA	NA	NA	Covered	Covered	Covered
Infective Endocarditis	NA	NA	NA	NA	Covered	Covered	Covered
Primary (Idiopathic) Pulmonary Hypertension	NA	NA	NA	NA	Covered	Covered	Covered
Dissecting Aortic Aneurysm	NA	NA	NA	NA	Covered	Covered	Covered
Systemic Lupus Erythematous with Lupus Nephritis	NA	NA	NA	NA	Covered	Covered	Covered
Apallic Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Aplastic Anaemia	NA	NA	NA	NA	NA	Covered	Covered
Bacterial Meningitis	NA	NA	NA	NA	NA	Covered	Covered
Cardiomyopathy	NA	NA	NA	NA	NA	Covered	Covered
Other serious coronary artery disease	NA	NA	NA	NA	NA	Covered	Covered
Creutzfeldt-Jakob Disease (CJD)	NA	NA	NA	NA	NA	Covered	Covered
Encephalitis	NA	NA	NA	NA	NA	Covered	Covered
End Stage Lung Failure	NA	NA	NA	NA	NA	Covered	Covered
Fulminant Hepatitis	NA	NA	NA	NA	NA	Covered	Covered
Eisenmenger's Syndrome	NA	NA	NA	NA	NA	Covered	Covered
Major Head Trauma	NA	NA	NA	NA	NA	Covered	Covered
Chronic Adrenal Insufficiency (Addison's Disease)	NA	NA	NA	NA	NA	Covered	Covered
Progressive Scleroderma	NA	NA	NA	NA	NA	Covered	Covered
Progressive Supranuclear Palsy	NA	NA	NA	NA	NA	Covered	Covered
Blindness	NA	NA	NA	NA	NA	Covered	Covered
Chronic Relapsing Pancreatitis	NA	NA	NA	NA	NA	NA	Covered
Elephantiasis	NA	NA	NA	NA	NA	NA	Covered



Brain Surgery	NA	NA	NA	NA	NA	NA	Covered
HIV due to blood transfusion and occupationally acquired HIV	NA	NA	NA	NA	NA	NA	Covered
Terminal Illness	NA	NA	NA	NA	NA	NA	Covered
Myelofibrosis	NA	NA	NA	NA	NA	NA	Covered
Pheochromocytoma	NA	NA	NA	NA	NA	NA	Covered
Crohn's Disease	NA	NA	NA	NA	NA	NA	Covered
Severe Rheumatoid Arthritis	NA	NA	NA	NA	NA	NA	Covered
Severe Ulcerative Colitis	NA	NA	NA	NA	NA	NA	Covered

b) Optional Covers under Loss of Income - Major Medical Illness

In consideration of payment of additional Premium, **We** will provide coverage to the **Insured Person(s)** under below listed Covers, up to **Sum Insured** or limits mentioned on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**. These Covers are optional and applicable only if opted for.

i. Cardiac arrest

On opting this Cover, the Coverage under this Section will be extended to cover **Cardiac arrest** subject to all other terms and conditions of this Cover remaining unaltered.

c) Waiting Period and Exclusions applicable to Loss of Income - Major Medical Illness

i. Waiting Period

A waiting period of 48 months shall apply for all **Pre-existing Diseases** Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section.In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of **Sum Insured** increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Preexisting diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.



- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in Adventure Sports.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiv. Loss of job due to retirement whether voluntary or otherwise

III. Loss of Income - Permanent Total Disablement

a) Coverage

We will pay Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule if Insured Person suffers from Loss of Job due to his/her Voluntary Resignation or Termination from the employment within six months of sustaining Injury during Period of Insurance which is the sole and direct cause of Permanent Total Disablement as defined in the table below provided such disablement is certified by the Medical Practitioner and subject to;

- i. The claim is admissible only if period of termination or Resignation from employment of the Insured Person is more than 30 consecutive days
- ii. This coverage is applicable to Insured Person who are salaried
- iii. The Coverage under this Section terminates on admissibility of Claim amount equal to the Sum Insured. The Company's liability during the lifetime of the Policy will not exceed the Base Sum Insured in respect of the Cover.

S.No	The Disablement				
1	Permanent Total Disablement				
2	Permanent and incurable insanity				
	Permanent Total Loss of two <i>Limbs</i> (physical severance or the total and permanent				
3	loss of use of such <i>Limb</i>)				
4	Permanent Total <i>Loss of Sight</i> in both eyes				
	Permanent Total Loss of Sight of one eye and one Limb (physical severance or the				
5	total and permanent loss of use of such <i>Limb</i>)				
6	Permanent Total Loss of Speech				
7	Complete removal of the lower jaw				
8	Permanent Total Loss of Mastication				
	Permanent Total Loss of the central nervous system or the thorax and all abdominal				
	organs resulting in the complete inability to engage in any job and the inability to				
9	carry out Daily Activities essential to life without full time assistance				
10	Permanent Total Loss of Hearing in both ears				



	Permanent Total Loss of one <i>Limb</i> (physical severance or the total and permanent
11	loss of use of such <i>Limb</i>)
12	Permanent Total Loss of Sight of one eye

b) Exclusions applicable to Loss of Income due to Permanent Total Disablement

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports
- ix. Loss of job due to retirement whether voluntary or otherwise

Χ.

5. Credit Shield

a) Coverage

We will pay the **Sum Insured**, as specified in the **Policy Schedule/Certificate of Insurance**, if Insured Person sustains **Injury** which shall within twelve (12) months of its occurrence be the sole and direct cause of:

- Death
- II) Permanent Total Disability as specified in table below

Sr. No.	Permanent Total Disability
1	Loss of sight on both eyes
2	Loss of both hands
3	Loss of both feet
4	Loss of one hand and one foot



5	Loss of one eye one hand
6	Loss of one eye one foot
7	Other Permanent Total Disablement

b) Special Conditions applicable to Credit Shield

. The coverage under this section is applicable until policy expiry or loan closure date, whichever is earlier.

c) Exclusions applicable to Credit Shield

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

6. Property Coverage

Preamble

Whereas the **Insured** described in the **Schedule**/Certificate of Insurance hereto (hereinafter called the "Insured")by a proposal and declaration which shall be the basis of this contract and is deemed to be incorporated here in has applied to HDFC ERGO General Insurance Company Limited (hereinafter called the "Company") for the insurance hereinafter contained and has paid premium as consideration for such insurance during the period stated in the **Schedule**/Certificate of Insurance or during any further period for which the **Company** may accept payment for their new extension of this policy:

Operative Clause

The **Company** here by agrees subject to the terms and conditions contained herein orendorsedorotherwiseexpressedhereon,toindemnifythe**Insured**tothe extent and in the manner specified herein, against any loss or damage to the property insuredduetooperationofanyoftheinsuredperilsduringthe**Policy Period**.

I. Fire and Allied Perils

HDFC ERGO

HDFC ERGO General Insurance

a. Coverage

The **Company** will indemnify the **Insured** in respect of loss or damage to the building wherein the house of the **Insured** is situated and / or contents which shall for purposes of this Section, mean and include items of property in the **Insured**'s house and/or items of property therein for which the **Insured** is accountable, due to:

- 1. Fire, excluding destruction or damage caused to the property insured by:
 - i. Its own fermentation, natural heating or spontaneous combustion.
 - ii. It's undergoing any heating or drying process.
 - iii. Burning of property insured by order of any Public Authority
- 2. Lightning.
- 3. Explosion/implosion, excluding loss, destruction of or damage:
 - i. To boilers (other than domestic boilers), economizers or to other vessels, machinery or apparatus in which steam is generated or their resulting from their own explosion/ implosion,
 - ii. Caused by centrifugal forces.
- 4. Aircraft Damage: Loss, Destruction or damage caused by Aircraft, other aerial or space devices and articles dropped there from excluding those caused by pressure waves.
- 5. Riot, Strike, and Malicious Damage: Loss of or visible physical damage or destruction by external violent means directly caused to the property insured but excluding those caused by:
 - Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.
 - ii. Permanent or temporary dispossession resulting from confiscation, commandeering, requisition or destruction by order of the Government or any lawfully constituted Authority.
 - iii. Burglary, housebreaking, theft or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any malicinus act
 - iv. Permanent or temporary dispossession of the **Insured** from the **Building** in which the **Insured** Premises is situated resulting from the unlawful occupation by any person of such **Building** or prevention of access to the same.
- 6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation: Loss destruction or damage directly caused by storm, cyclone, typhoon, tempest, hurricane, tornado, flood or inundation excluding those resulting from volcanic eruption or other convulsions of nature.
- 7. **Impact Damage:** Loss of or visible physical damage or destruction caused to the property insured due to the impact by any Rail/Road vehicle or animal by direct contact not belonging to or owned by:
 - i. the **Insured** or any occupier of the premises or
 - ii. Their employees while acting in the course of their employment.
- 8. Subsidence and Landslide including Road slide: Loss, destruction or damage directly caused by Subsidence of part of the site on which the property stands or Land slide / Road slide excluding:
 - i. the normal cracking, settlement or bedding down of new structures
 - ii. the settlement or movement of made up ground



- iii. coastal or river erosion
- iv. defective design or workmanship or use of defective materials
- v. Demolition, construction, structural alterations or repair of any property or ground works or excavations.
- 9. Bursting and/or overflowing of water tanks, apparatus and pipes.
- 10. Missile testing operation
- 11. Leakage from automatic sprinkler installations

excluding loss, destruction or damage caused by:

- i. Repairs or alterations to the **Building**s or premises.
- ii. repairs, removal or extension of the sprinkler installation
- iii. Defects in construction known to the **Insured**.
- 12. Bush fire, excluding loss, destruction or damage caused by forest fire.

Excluding loss, destruction or damage caused by forest fire.

- 13. We will also indemnify the InsuredPersonin respect of the accidental loss of or damage to Contents not insured elsewhere whilst temporarily removed from the Insured Premises and in transit as accompanied baggage anywhere in India to other premises to be used by the Insured or the Insured's Family as a temporary residence, or to other premises where the Insured shall have placed any Contents for the purposes of safe custody during the course of his temporary absence from the Insured Premises, provided that:
 - such absence does not exceed 120 days in the aggregate in any one Policy Period, and
 - the liability of the Company in respect of removed Contents shall not exceed 10% of the Sum Insured hereunder.
 - The Company shall not be liable for and no indemnity is available hereunder in respect of loss of or damage to:
 - a. Contents of a consumable nature;
 - b. motor vehicles, pedal cycles, or livestock.
 - c. **Valuables** and/or Jewellery and/or Precious Items, unless specifically stated to the contrary in the **PolicySchedule/**Certificate of Insurance.

General Exclusions:

This Section does not cover -

- 1. Loss, destruction or damage caused by war, invasion, act of foreign enemy hostilities or war like operations (whether war be declared or not), civil war, mutiny, civil commotion assuming the proportions of or amounting to a popular rising, military rising, rebellion, revolution, insurrection or military or usurped power.
- 2. Loss, destruction or damage directly or indirectly caused to the property insured by
 - a) ionising radiations or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel
 - b) the radioactive toxic, explosives or other hazardous properties of any explosive nuclear assembly or nuclear component thereof
- 3. Loss, destruction or damage caused to the insured property by pollution or contamination excluding
 - a) pollution or contamination which itself results from a peril hereby insured against.
 - b) any peril hereby insured against which itself results from pollution or contamination



- 4. Loss, destruction or damage to bullion or unset precious stones, any curios or works of art for an amount exceeding Rs.10,000/-,goods held in trust or on commission, manuscripts, plans, drawings, securities, obligations or documents of any kind, stamps, coins or paper money, cheques, books of accounts or other business books, computer system records, explosives unless otherwise expressly stated in the policy.
- 5. Loss, destruction or damage to the stocks in Cold Storage premises caused by change of temperature.
- 6. Loss, destruction or damage to any electrical machine, apparatus, fixture, or fitting arising from or occasioned by over-running, excessive pressure, short circuiting, arcing, self-heating, or leakage of electricity, from whatever cause (lightning included) provided that this exclusion shall apply only to the particular electrical machine, apparatus, fixture or fitting so affected and not to other machines, apparatus, fixtures or fittings which may be destroyed or damaged by fire so set up.
- 7. Expenses necessarily incurred on (i) Architects, Surveyors and Consulting Engineer's Fees and (ii) Debris Removal by the Insured following a loss, destruction or damage to the Property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
- 8. Loss of earnings, loss by delay, loss of market or other consequential or indirect loss or damage of any kind or description whatsoever.
- 9. Loss, or damage by spoilage resulting from the retardation or interruption or cessation of any process or operation caused by operation of any of the perils covered.
- 10. Loss by theft during or after the occurrence of any insured peril except as provided under Riot, Strike, Malicious and Terrorism Damage cover.
- 11. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to Earthquake, Volcanic eruption or other convulsions of nature.
- 12. Loss or damage to property insured if removed to any building or place other than in which it is herein stated to be insured, except machinery and equipment temporarily removed for repairs, cleaning, renovation or other similar purposes for a period not exceeding 60 days.

Sum Insured

The basis of valuation shall be

- Reinstatement value for Buildings and all Contents excepting Personal Effects, and
- Market value for Personal Effects.

Basis of Indemnity

- The indemnity shall be on the basis of Reinstatement Value or Market Value as applicable and as stated above.
- b) In the event of property insured being damaged by any of the insured perils, the **Company** shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
- c) If the property hereby insured shall, at the breaking out of any fire or at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the sum insured thereon, then the Insured shall be considered as being his own insurer for the difference and shall bear a ratable portion of the loss accordingly.

Provided, however, that if the sum insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of



the collective value of the property insured, (C) above of Basis of Indemnity under this Section 1 shall not apply, notwithstanding anything to the contrary contained in the policy.

Basis of Loss Settlement

- Where the Insured Premises and/or Contents can reasonably be prepared or reinstated at a cost less than
 the replacement cost then the Company will indemnify the Insured in respect of the expenses necessarily
 incurred to restore the aforementioned to its state immediately prior to the happening of the Fire or any
 other peril covered under this Section.
- 2. In the case of a total loss, the **Company** shall indemnify the Insured in respect of the restoration or replacement costs. The Company shall not be bound to reinstate or restore exactly or completely, but only as permitted by the circumstances and in a reasonably sufficient manner and to the state that existed immediately prior to the happening of the Fire or any other peril covered under this Section

Add on Cover applicable to Standard Fire and Special Peril

1. Earthquake, Volcanic Eruption and other convulsions of nature: Loss, destruction or damage (including loss, destruction or damage by fire) to any of the property insured by this Policy occasioned by or through or in consequence of earthquake including flood or overflow of the sea, lakes, reservoirs and rivers and / or landslide / rockslide resulting there from.

2. Terrorism

Insuring Clause

Subject otherwise to the terms, exclusions, provisions and conditions contained in the **Policy** and in consideration of the payment by the **Insured** to the **Company** of additional premium as stated in the **Schedule**/Certificate of Insurance, it is hereby agreed and declared that notwithstanding anything stated in the 'Terrorism Risk Exclusion" of this Policy to the contrary, this **Policy** is extended to cover physical loss or physical damage occurring during the period of this Policy caused by an act of Terrorism, subject to the exclusions, limits and Excess described hereinafter.

For the purpose of this cover, an act of Terrorism means an act or series of acts, including but not limited to the use of force or violence and/or the threat thereof, of any person or group(s) of persons, whether acting alone or on behalf of or in connection with any organization(s) or government(s), or unlawful associations, recognized under Unlawful Activities (Prevention) Amendment Act, 2008 or any other related and applicable national or state legislation formulated to combat unlawful and terrorist activities in the nation for the time being in force, committed for political, religious, ideological or similar purposes including the intention to influence any government and/or to put the public or any section of the public in fear for such purposes.

This cover also includes loss, damage, cost or expense directly caused by, resulting from or in connection with any action taken in suppressing, controlling, preventing or minimizing the consequences of an act of Terrorism by the duly empowered government or Military Authority.

Provided that If the **Insured** is eligible for indemnity under any government compensation plan or other similar scheme in respect of the damage described above, this Policy shall be Excess of any recovery due from such plan or scheme.



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

Losses excluded under Terrorism Cover

This cover shall not indemnify loss of or damage to property caused by any or all of the following: -

- 1. Loss by seizure or legal or illegal occupation;
- 2. Loss or damage caused by:
 - (i) Voluntary abandonment or vacation,
 - (ii) Confiscation, commandeering, nationalisation, requisition, detention, embargo, quarantine, or any result of any order of public or government authority, which deprives the Insured of the use or value of its property;
- 3. Loss or damage arising from acts of contraband or illegal transportation or illegal trade;
- 4. Loss or damage arising from or in consequence of the seepage and or discharge of pollutants or contaminants, which pollutants and contaminants shall include but not be limited to any solid, liquid, gaseous or thermal irritant, contaminant or toxic or hazardous substance or any substance the presence, existence or release of which endangers or threatens to endanger the health, safety or welfare of persons or the environment;
- 5. Loss or damage arising from or in consequence of chemical or biological emission, release, discharge, dispersal or escape or chemical or biological exposure of any kind;
- 6. Loss or damage arising from or in consequence of asbestos emission, release, discharge, dispersal or escape or asbestos exposure of any kind:
- 7. Any fine, levy, duty, interest or penalty or cost or compensation/damages and/or other assessment which is incurred by the Insured or which is imposed by any court, government agency, public or civil authority or any other person;
- 8. Loss or damage by electronic means including but not limited to computer hacking or the introduction of any form of computer virus or corrupting or unauthorised instructions or code or the use of any electromagnetic weapon. This exclusion shall not operate to exclude losses (which would otherwise be covered under this Policy) arising from the use of any computer, computer system or computer software programme or any other electronic system in the launch and/or guidance system and/or firing mechanism of any weapon or missile;
- 9. Loss or damage caused by vandals or other persons acting maliciously or by way of protest or strikes, labour unrest, riots or civil commotion;
- 10. Loss or increased cost occasioned by any public or government or local or civil authority's enforcement of any ordinance or law regulating the reconstruction, repair or demolition of any property insured hereunder;
- 11. Any consequential loss or damage, loss of use, delay or loss of markets, loss of income, depreciation, reduction in functionality, or increased cost of working;
- 12. Loss or damage caused by factors including but not limited to cessation, fluctuation or variation in, or insufficiency of, water, gas or electricity supplies and telecommunications or any type of service;



- 13. Loss or increased cost as a result of threat or hoax;
- 14. Loss or damage caused by or arising out of burglary, house breaking, looting, theft, larceny or any such attempt or any omission of any kind of any person (whether or not such act is committed in the course of a disturbance of public peace) in any action taken in respect of an act of Terrorism;
- 15. Loss or damage caused by mysterious disappearance or unexplained loss;
- 16. Loss or damage caused by mould, mildew, fungus, spores or other micro-organism of any type, nature or description, including but not limited to any substance whose presence poses an actual or potential threat to human health;
- 17. Total or partial cessation of work or the retardation or interruption or cessation of any process or operations or omissions of any kind.

Limit of Indemnity

The limit of indemnity under this cover shall not exceed the Total **Sum Insured** given in the **Policy Schedule** or INR 20,000,000,000 whichever is lower. In respect of several insurance policies within the same compound/location with one or different insurers, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000. If the actual aggregate loss suffered at one compound/location is more than INR 20,000,000,000 the amounts payable towards individual policies shall be reduced in proportion to the Sum Insured of the policies.

The insurance provided under this endorsement is subject to an Excess of 1% of the claim amount for each and every claim subject to a minimum of INR 10,000 and maximum of INR 500,000.

Add on Covers

It is further declared and agreed that the limit of indemnity including the claim on add on cover(s) shall not exceed total Sum Insured plus separate sublimit opted for add on cover(s) or INR 20,000,000,000 whichever is lower. In respect of several insurance policies with in the same compound /location, the maximum aggregate loss payable per compound/location by any one or all insurers shall be INR 20,000,000,000.

Mid Term Cover

In case the coverage under this endorsement is granted during the currency of the policy, no claims will be payable for loss or damage to property caused by an act of Terrorism occurring during the first 15 (fifteen) days from the date of granting such cover.

Sanction, Limitation and Exclusion Clause

No (re)insurer shall be deemed to provide cover and no (re)insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that (re)insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

Cancellation Clause



Notwithstanding the cancellation provisions relating to the basic insurance policy on which this endorsement is issued, there shall be no refund of premium allowed for cancellation of the Terrorism risk insurance during the period of insurance except where such cancellation is done along with the cancellation of the basic insurance. Where a policy is cancelled and rewritten mid-term purely for the purpose of coinciding with the accounting year of the Insured, pro-rate refund of the cancelled policy premium will be allowed.

If the cancellation is for any other purpose, refund of premium will only be allowed after charging short term scale rates.

Note: The definitions, terms and conditions of main Policy save as modified or endorsed herein shall apply.

3. Escalation Clause

In consideration of the payment of an additional premium amounting to 50% of the premium produced by applying the specified percentage to the first or the annual premium as appropriate on the under noted items(s) the Sum(s) Insured thereby shall, during the period of insurance, be increased each day by an amount representing 1/365th of the specified percentage increased per annum.

Unless specifically agreed to the contrary the provisions of this clause shall only apply to the sums insured in force at the commencement of each period of insurance.

At each renewal date the insured shall notify the Insurers:-

- 1. The sum to be insured under each item above, but the absence of such instructions the **Sums Insured** by the above items shall be those stated on the policy (as amended by the any endorsement effective prior to the aforesaid renewal date) to which shall be added the increases which have accrued under this Clause during the period of insurance upto that renewal date, and
- 2. The specified percentage increase(s) required for the forthcoming period of insurance, but in the absence of instructions to the contrary prior to renewal date the existing percentage increase shall apply for the period of insurance from renewal.

All the conditions of the policy in so far as they may be hereby expressly varied shall apply as if they had been incorporated herein.

Clauses applicable to Fire and Allied Perils

Reinstatement Value Clause

It is hereby declared and agreed that in the event of the property insured under the stated items within the **Policy** being destroyed or damaged, the basis upon which the amount payable under (each of the said items of) the **Policy** is to be calculated shall be cost of replacing or reinstating on the same site or any other site with property of the same kind or type but not superior to or more extensive than the insured property when new as on date of the loss, subject to the following Special Provisions and subject also to the terms and conditions of the **Policy** except in so far as the same may be varied hereby.

Special Provisions



- 1. The work of replacement or reinstatement (which may be carried out upon another site and in any manner suitable to the requirements of the Insured subject to the liability of the Company not being thereby increased) must be commenced and carried out with reasonable dispatch and in any case must be completed within 12 months after the destruction or damage or within such further time as the Company may in writing allow, otherwise no payment beyond the amount which would have been payable under the Policy if this memorandum had not been incorporated therein shall be made.
- 2. Until expenditure has been incurred by the Insured in replacing or reinstating the property destroyed or damaged the **Company** shall not be liable for any payment in excess of the amount which would have been payable under the Policy if this memorandum had not been incorporated therein.
- 3. If at the time of replacement or reinstatement the sum representing the cost which would have been incurred in replacement or reinstatement if the whole of the property covered had been destroyed, exceeds the Sum Insured thereon or at the commencement of any destruction or damage to such property by any of the perils insured against by the Policy, then the Insured shall be considered as being his own insurer for the excess and shall bear a ratable proportion of the loss accordingly. Each item of the Policy (if more than one) to which this memorandum applies shall be separately subject to the foregoing provision.
- 4. This Memorandum shall be without force or effect if
 - a) the Insured fails to intimate to the Company within 6 months from the date of destruction or damage or such further time as the Company may in writing allow his intention to replace or reinstate the property destroyed or damaged.
 - b) the Insured is unable or unwilling to replace or reinstate the property destroyed or damaged on the same or another site.

II. Burglary and House Breaking including Larceny and Theft

What is covered

- a. The **Company** will indemnify the **Insured** in respect of loss or damage to contents,by **Burglary** and house breaking including larceny and theft.
- b. The **Company** will further indemnify the **Insured** in respect of damage to the Insured's home and / or safe resulting from burglary and/or house breaking or any attempt thereat subject to a maximum of 5% of the Sum Insured under this Section. Provided however that no loss under clauses a) and b) herein above, shall together exceed the **Sum Insured** under this Section.

Exclusions

This Section does not cover loss, destruction or damage:

- 1. Caused by burglary and/or house breaking and/or theft and/or larceny where any member of the Insured's family is concerned as principal or accessory.
- 2. To securities, documents of any kind, stamps, coins, cash/ paper money, deeds, ATM cards, credit cards, charge cards, bonds, bills of exchange, promissory notes, or any other negotiable instrument, books of accounts or any other business books, and explosives.



- 3. To articles of consumable nature, livestock and motor vehicles.
- 4. To curios, antiques, pictures and other works of art, guns, collection of stamps, coins and medals for an amount collectively in excess of Rs. 10,000 unless specifically stated to the contrary in the Schedule.
- To Jewellery and Valuables in excess of Rs. 10,000 per Single Articleunless stated to the contrary in the Schedule.

Special Condition

- 1. Jewellery is covered subject to its being kept in locked safe within the home premises.
- 2. Where any item insured hereunder consists of articles in pair or set the Company's liability in respect there of shall not exceed the value of any article which may be lost or damaged without reference to any special value which such article may have as part of such pair or set.
- 3. The cover under this section becomes inoperative if the premises remain unoccupied for more than 60 consecutive days unless prior written notice is sent to the **Company** and its consent obtained, subject to fulfilment of terms and conditions that may be stipulated by the **Company** for extending cover in such circumstances.
- 4. For Multiyear policy-

Extends to cover the property of the insured up to policy period as specified in the schedule provided that:

- a. The policy shall be issued for a minimum period of 2 years.
- b. Refund shall be allowed as per below rules.
 - 1. No refund shall be allowed if there has been a claim under the policy.
 - 2. If the policy is cancelled within 3 years of inception, the premium to be retained shall be worked out as per normal rates applicable that is without all owing any discount.
 - 3. If the policy is cancelled after 3 years of inception, the discounts lab shall be reworked for the number of years the policy was actually in force. For this purpose fraction of a year shall be rounded to the next higher year.
 - 4. Refund, if any, shall be subject to the retention of minimum premium of Rs.100/-
- c. Mid-term inclusion of perils shall not be allowed.
- d. Premium for entire policy period shall be collected in advance.
- e. Mid-term increase in Sum Insuredshall be allowed on prorate basis for the balance period.
- f. Mid-term reduction in Sum Insured is not allowed
- g. **Policy** with long term extension can be issued to only to house/flat owners and not to others who do not own the house/flat.
- h. Discounts for Earthquake Cover for Long term policies cannot be allowed.
- i. All Other terms and conditions remain same as per Policy wording



Sum Insured

The basis of valuation shall be

- i. Reinstatement value for all contents excepting Personal Effects, and
- ii. Market value for Personal Effects.

Basis of Indemnity

- 1. The indemnity shall be on the basis of **Reinstatement Value**or **Market Value**as applicable and asstated above.
- 2. In the event of property insured being damaged by any of the insured perils, the **Company** shall pay for the amount of damage or loss or at its option replace or repair the damaged property.
- 3. If the property here by insured shall, at the commencement of any destruction of or damage to the property by any of the insured perils be collectively of greater value than the **Sum Insured** there on, then the **Insured** shall be considered as being his own insurer for the difference and shall be at a ratable portion of the loss accordingly. Provided, however, that if the Sum Insured hereby on the property insured shall at the breaking out of such fire or at the commencement of such destruction or damage be not less than 85% (eighty five percent) of the collective value of the property insured, clause 3 of Basis of Indemnity under this Section shall not apply, notwithstanding anything to the contrary contained in the policy.

7. Broken Bones

a) Coverage

We will pay the Sum Insured corresponding to Fracture in accordance with table below, if Insured Person sustains Injury during Period of Insuranceas mentioned in the Schedule of Coverage on the Certificate of Insurance during Period of Insurance, which solely and directlyresults in Fracturedefined below.

	Fracture	% of Base Sum Insuredpayable	
1)	Fractures of the Skull:		
	a) Compound fracture with damage to the brain tissue	100	
	b) Compound fracture without damage to the brain tissue	75	
	c) All other fractures	50	
2)	Fractures of hip or pelvis (excluding thigh or coccyx):		
	a) Multiple fractures (at least one compound & one complete)	100	
	b) All other compound fractures	50	
	c) Multiple fractures, at least one complete	30	
	d) All other fractures	20	
3)	Fracture of thigh or heel:		
	a) Multiple fractures (at least one compound & one complete)	50	
	b) All other compound fractures	40	
	c) Multiple fractures, at least one complete	30	



4) Fracture of Lower Leg, Clavicle, Ankle, Elbow, Upper or Lower Arm (including wrist, but excluding Colles-type fracture): a) Multiple fractures (at least one compound & one complete) 40 b) All other compound fractures 20 d) All other fractures, at least one complete 21 5) Fractures of Lower Jaw: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures 20 c) Multiple fractures, at least one compound & one complete) b) All other compound fractures 20 c) Multiple fractures, at least one complete d) All other fractures 8 6) Fractures of Shoulder Blade, Kneecap, Sternum, Hand (excluding fingers and wrist), Foot (excluding toes and heel): a) All compound fractures b) All other fractures 10 7) Colles type fracture to the Lower Arm: a) Compound b) Other 10 8) Fractures of Spinal Column (Vertebrae but excluding coccyx): a) All compression fractures b) All spinous, transverse process or pedicle fractures 20 c) All other vertebral fractures 10 9) Fractures of Rib or Ribs, Cheekbone, Coccyx, Upper Jaw, Nose, Toe and toes, finger or fingers: a) Multiple fractures (at least one compound & one complete) b) All other compound fractures 20 c) Multiple fractures (at least one compound & one complete) d) All other fractures 12 c) Multiple fractures, at least one complete		d) All other fractures	20
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a) All other fractures 4			
		d) All other tractures	4

b) General Conditions applicable to Broken Bones

The Claims under this Cover are payable subject to;

- i. Extent and nature of fracture is certified by Medical Practitioner.
- ii. The total amount payable under this Section, in respect of more than one fracture due to the same *Injury*, will be calculated by adding the various percentages of **Base Sum Insured** shown in the Table of Benefits subject to maximum of **Sum Insured**



iii. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c) Exclusions applicable to Broken Bones

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- ix. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- x. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- xi. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- xii. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- xiii. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- xiv. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- xv. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- xvi. From participation in Adventure sports

8. Dependent Child Education Benefit

a) Coverage

We will pay the Sum Insured towards education of each Dependent Children, in the event of;

- III. Accidental Death if Insured Person sustains Injury due to Accident during the Period of Insurance, which shall within twelve months of its occurrence be the sole and direct cause of Death of Insured Person.
 - (a) Disappearance if Insured Person's body cannot be located within 365 Days;
 - a. after the forced landing, stranding, sinking or wrecking of a conveyance in which **Insured Person** was known to be a passenger during **Period of Insurance** or;
 - b. after and as a result of any Catastrophic Event during Period of Insurance

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

(b) Comatose

If Insured Person sustains Injury during Period of Insurance which directly and independently of all other causes results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule.



IV. Permanent Total Disablement - If Insured Person sustains Injury during Period of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance provided such disablement is certified by the Medical Practitioner

S. No	The Disablement	
1	Permanent Total Disablement	
2	Permanent and incurable insanity	
3	Permanent Total Loss of two <i>Limbs</i> (physical severance of Limbs)	
4	Permanent Total <i>Loss of Sight</i> in both eyes	
	Permanent Total Loss of Sight of one eye and one Limb (physical severance of	
5	Limbs)	
6	Permanent Total Loss of Speech	
7	Complete removal of the lower jaw	
8	Permanent Total Loss of Mastication	
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance	
10	Permanent Total Loss of Hearing in both ears	
11	Permanent Total Loss of one <i>Limb</i> (physical severance of Limbs)	
12	Permanent Total Loss of Sight of one eye	

b) Special Conditions applicable to Children Education Benefit

- i. This Coverage is applicable only to living **Dependent Children**
- vi. The Coverage under this Section terminates on admissibility of a Claimunder this Section.

c) Exclusions applicable to Children Education Benefit

We will not make any payment for any claim in respect of any Insured Person for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle



- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

9. Parental Care Benefit

a) Coverage

We will pay the Sum Insured towards Parental care of each Dependent Parents, in the event of;

- i. Accidental Death if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.
 - a. Disappearance if Insured Person's body cannot be located within 365 Days;
 - after the forced landing, stranding, sinking or wrecking of a conveyance in which Insured Person was known to be a passenger during Period of Insurance or;
 - ii. after and as a result of any Catastrophic Event during Period of Insurance

it shall be deemed, subject to all other terms and provisions of the Policy, that Insured Person shall have suffered Death due to **Accident** under the **Policy**.

If at any time, after the payment of the **Accidental** death benefit, it is discovered that the **Insured Person** is still alive, claims settled in respect of Disappearance benefit shall be reimbursed in full to the **Company**.

b. Comatose

If Insured Person sustains Injury during Period of Insurance which directly and independently of all other causes results in the Insured Person being in Hospital in a Comatose State within one month of the date of Injury for continuous period of more than three months, We will pay Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule.

2. Permanent Total Disablement - If Insured Person sustains Injury during Period of Insurance, which shall within twelve (12) months of its occurrence be the sole and direct cause of Permanent Disablement, We will pay in accordance to the Benefit table opted, up to maximum of Sum Insured as mentioned in the Schedule of Coverage on Policy Schedule/Certificate of Insurance provided such disablement is certified by the Medical Practitioner

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two <i>Limbs</i> (physical severance of Limbs)
4	Permanent Total Loss of Sight in both eyes
	Permanent Total Loss of Sight of one eye and one Limb (physical severance of
5	Limbs)



6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one <i>Limb</i> (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b) Special Conditions applicable to Parental Care

- i. This Coverage is applicable only to living Dependent Parents
- ii. vi. The Coverage under this Section terminates on admissibility of a Claim under this Section

c) Exclusions applicable to Parental Care

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless otherwise specified on Schedule of Coverage on the Policy Schedule/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

10. Mobility Extension

a. Coverage

i. Mobility Extension - Benefit

We will pay the Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance towards the cost of:

1) a self-powered, climbing wheelchair; and/or



- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement**as defined in the table below;

S. No	The Disablement	
1	Permanent Total Disablement	
2	Permanent and incurable insanity	
3	Permanent Total Loss of two <i>Limbs</i> (physical severance of Limbs)	
4	Permanent Total <i>Loss of Sight</i> in both eyes	
	Permanent Total <i>Loss of Sight</i> of one eye and one <i>Limb</i> (physical severance of	
5	Limbs)	
6	Permanent Total Loss of Speech	
7	Complete removal of the lower jaw	
8	Permanent Total Loss of Mastication	
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance	
10	Permanent Total Loss of Hearing in both ears	
11	Permanent Total Loss of one <i>Limb</i> (physical severance of Limbs)	
12	Permanent Total <i>Loss of Sight</i> of one eye	

ii. Mobility Extension - Indemnity

We will indemnify the Insured Person towards the cost of;

- 1) a self-powered, climbing wheelchair; and/or
- 2) adjustment of Control in Insured Person's Motor Vehicle, owned prior to disablement; and/or
- 3) a lift, necessary ramps, railings and holds to usual place of residence,

certified as necessary by **Medical Practitioner** if **Insured Person** sustains **Injury** during **Period of Insurance** while which solely and directly, within 12 months of its occurrence results in **Permanent Total Disablement** as defined in the table below subject to maximum of **Sum Insured** as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

S. No	The Disablement
1	Permanent Total Disablement
2	Permanent and incurable insanity
3	Permanent Total Loss of two <i>Limbs</i> (physical severance of Limbs)
4	Permanent Total <i>Loss of Sight</i> in both eyes
	Permanent Total Loss of Sight of one eye and one Limb (physical severance of
5	Limbs)



6	Permanent Total Loss of Speech
7	Complete removal of the lower jaw
8	Permanent Total Loss of Mastication
9	Permanent Total Loss of the central nervous system or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to carry out <i>Daily Activities</i> essential to life without full time assistance
10	Permanent Total Loss of Hearing in both ears
11	Permanent Total Loss of one <i>Limb</i> (physical severance of Limbs)
12	Permanent Total Loss of Sight of one eye

b. Special conditions applicable to Mobility Extension

i. The Coverage under this Section terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the Policy will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Mobility Extension

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

11. Hospital Cash

a. Coverage

I. Hospital Cash - Accident only

If Insured Person sustains Injury, which within month of its occurrence, results in Medically Necessary;

- i. Hospitalization
- ii. Domiciliary Hospitalization



iii. Hospitalization for Alternative Treatments

ofan**Insured Person**within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

II. Hospital Cash - Illness only

If Insured Person suffers from Illness, which results in Medically Necessary;

- i. Hospitalization
- ii. Domiciliary Hospitalization
- iii. Hospitalization for Alternative Treatments

ofan**Insured Person**within India, **We** will pay per day **Sum Insured** subject to maximum number of benefit days as specified on the **Schedule of Coverage** in the **Policy Schedule** for each continuous and completed period of 24 hours of such Hospitalization.

a. Optional Cover applicable under Hospital Cash - Illness only

1. Waiting Period modification option

On availing this option, waiting period as mentioned in 11.C.ii – waiting period will be modified as mentioned on the Schedule of Coverage in the **Policy Schedule**/Certificate of Insurance will be applied on each and every admissible Claim under Cover II.

All other terms and Conditions of the respective Section and Policy shall remain unaltered

b. Optional Covers applicable to Hospital Cash

We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

i. Companion Benefit

In the event of admissible Claim under this Cover I and/or II as opted, **We** will pay an additional **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule/**Certificate of Insurancetowards expenses of an accompanying person during **Hospitalization** of the **Insured Person**.

ii. Hospital Cash -ICU

We will pay Sum Insured as specified on the Schedule of Coverage in the Policy Schedule for each continuous and completed period of 24 hours of Hospitalization of Insured Person in the Intensive Care Unit under Cover I and/or II as opted.

iii. Time Deductible Modification Option

On availing this option, **Time Deductible** as mentioned on the Schedule of Coverage in the **Policy Schedule** will be applied on each and every admissible Claim under Cover I and/or II as opted.



iv. Hospital Cash - Global

On availing this option, we will pay **Sum Insured** as specified on the **Schedule of Coverage** in the **Policy Schedule** on **Medically Necessary Hospitalization** of an **Insured Person** outside India under Cover I and/or II as opted.

c. Exclusions applicable to Hospital Cash

I.General Exclusions

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance;

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

II. Waiting Period and Exclusions applicable to 11.II Hospital Cash due to Illness

We will not make any payment for any claim in respect of any **Insured Person** for, caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance;

a. Waiting Periods

All claims payable under this Section will be subject to the waiting periods specified below:

i) Pre-existing Diseases - Code - Excl01

- a) Expenses related to the treatment of a **pre-existing disease** (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with insurer.
- b) In case of enhancement of **Sum Insured** the exclusion shall apply afresh to the extent of sum of **Sum Insured** increase.



- c) If the **Insured Person** is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the **Policy** after the expiry of 48 months for any **pre-existing disease** is subject to the same being declared at the time of application and accepted by Insurer.

ii) Specified Disease/Procedure waiting period- Code - Excl02

- a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first **Policy** with us. This exclusion shall not be applicable for claims arising due to an **Accident**.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of **Sum Insured** increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

a. Illnesses

Internal Congenital diseases	Non infective Arthritis
Diseases of gall bladder including cholecystitis	Urogenital system e.g. Kidney stone ,Urinary Bladder Stone
Pancreatitis	Ulcer and erosion of stomach and duodenum
All forms of Cirrhosis	Gastro Oesophageal Reflux Disorder (GERD)
Perineal Abscesses	Perianal Abscesses
Cataract	Fissure/fistula in anus, Haemorrhoids including Gout and rheumatism
Pilonidal sinus	
Benign tumors, cysts, nodules, polyps including breast lumps	Osteoarthritis and osteoporosis
Polycystic ovarian diseases	Fibroids (fibromyoma)
Sinusitis, Rhinitis	Tonsillitis
Skin tumors	Benign Hyperplasia of Prostate

b. Procedures

Adenoidectomy, tonsillectomy	Tympanoplasty, Mastoidectomy
Dilatation and curettage (D&C)	Nasal concha resection
Myomectomy for fibroids	Surgery of Genito urinary system



Surgery on prostate	Cholecystectomy
Hernia	Hydrocele/Rectocele
Surgery for prolapsed inter vertebral disc	Joint replacement surgeries
Surgery for varicose veins and varicose ulcers	Surgery for Nasal septum deviation
Surgery for Perianal Abscesses	Fissurectomy, Haemorrhoidectomy, Fistulectomy, ENT surgeries

iii) 30-day waiting period - Code - Excl03

- d) Expenses related to the treatment of any illness within 30 days from the first **Policy** commencement date shall be excluded except claims arising due to an **Accident**, provided the same are covered.
- This exclusion shall not, however, apply if the Insured Person has continuous coverage for more than twelve months.
- f) The within referred waiting period is made applicable to the enhanced **Sum Insured** in the event of granting higher **Sum Insured** subsequently.

b. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the **Policy**/Certificate of Insurance:

- i. Investigation & Evaluation: Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ii. **Rest Cure, rehabilitation and respite care**—Code Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - b. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- iii. Obesity/Weight control: Code Excl06: Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
 - a. Surgery to be conducted is upon the advice of the doctor
 - b. The surgery/procedure conducted should be supported by clinical protocols
 - c. The member has to be 18 years of age or older and
 - d. Body Mass Index (BMI)
 - I. Greater than or equal to 40 or,
 - II. Greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - III. Obesity related cardiomyopathy
 - IV. coronary heart disease
 - V. severe sleep apnoea
 - VI. uncontrolled type2 diabetes
- iv. **Change-of-Gender treatments -** Code Excl07: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.



- v. Cosmetic or plastic surgery: Code Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of **Medically Necessary Treatment** to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending **Medical Practitioner**.
- vi. **Hazardous or Adventure Sports**Code Excl09– Expenses related to any treatment necessitated due to participation as a professional in **Hazardous** or **Adventure sports**, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep sea diving.
- vii. **Breach of Law:** Code Excl10 Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- viii. **Excluded Providers-** Code Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.
- ix. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code Excl12
- x. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code – Excl13
- Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code – Excl14
- xii. Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres.Code Excl15
- xiii. **Unproven Treatments–** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code Excl16
- xiv. Sterility and Infertility -Code Excl17 -Expenses related to sterility and infertility. This includes:
 - a. Any type of contraception, sterilization
 - Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
 - c. Gestational Surrogacy
 - d. Reversal of sterilization
- xv. Maternity:Code Excl18
 - Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - b. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the **Policy** period.
- xvi. War or any act of war, invasion, act of foreign enemy, (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, **Nuclear**, **Chemical** or **Biological** attack or weapons, radiation of any kind.
- xvii. Any **Insured Person** committing or attempting to commit intentional self-injury or attempted suicide or suicide while mentally sound or unsound.
- xviii. Any Insured Person's participation or involvement in naval, military or air force operation.
- xix. Investigative treatment for Sleep-apnoea, General debility or exhaustion ("run-down condition").
- xx. Congenital external diseases, defects or anomalies,
- xxi. Stem cell harvesting.



- xxii. Investigative treatments for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xxiii. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment).
- xxiv. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xxv. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxvi. Vaccination including inoculation and immunisations (Except post Animal bite treatment),
- xxvii. Treatment taken on Outpatient basis
- xxviii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.
- xxix. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal/Enrolment form.

12. Chauffeur Benefit

a. Coverage

If Insured Person sustains Injury during Period of Insurance which results in Temporary Total Disablement or Temporary Partial Disablement, We will indemnify the Insured Person towards daily cost of hire of a transportation or driver to maintain the mobility of Insured Person. The Coverage is applicable for period of disablement subject to maximum number of days and Sum Insured specified in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance.

b. Special Conditions applicable to Chauffeur Benefit

- i. This cover is applicable only on certification of Travel by **Medical Practitioner**.
- ii. In the event of Claim admissible under this Cover, no claim shall be payable under Cover 2.IV.I Temporary Total Disablement if opted
- iii. Any claim amount admissible/paid during the year will reduce the **Sum Insured** payable for the Cover in respect of subsequent claims.
- iv. The Coverage under this Cover terminates on admissibility of Claim(s) equal to the **Sum Insured**. The Company's liability during the lifetime of the **Policy** will not exceed the **Base Sum Insured** in respect of the Cover.

c. Exclusions applicable to Chauffeur Benefit

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
 - ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
 - iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) in any duly licensed standard type of aircraft anywhere in the world.
 - iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle



- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. Any **Insured Person** committing or attempting to commit a breach of law with criminal intent, or intentional self-injury or attempted suicide or suicide.
- vii. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- viii. From participation in Adventure sports

13. Accidental Hospitalization Expenses

a. Coverage

We will pay Medical Expenses listed below if Insured Person sustains Injury during Period of Insurance which results in Medical necessary Hospitalization of Insured Person. The Coverage is up to Sum Insured as mentioned in the Schedule of Coverage on the Policy Schedule and subject to Co-Payment and Deductible as applicable and within India only.

Medical Expenses

- i. Room Rent and boarding charges
- ii. Intensive Care Unit charges
- iii. Consultation fees & Nursing charges
- iv. Anesthxesia, blood, oxygen, operation theatre charges, surgical appliances charges
- v. Medicines, drugs and consumables
- vi. Diagnostic procedures conducted with in same hospital where Insured Person is admitted
- vii. The Cost of prosthetic and other devices or equipment if implanted internally during a Surgical Procedure.

b. Special Conditions applicable to Accidental Hospitalization Expenses

The Claims under this cover are subject to terms and conditions given below.

i. Room Rent & Proportionate deduction: Insured Person is eligible for Room Rent category of up to Single Standard AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges.

c. Optional Covers applicable under Accidental Hospitalization Expenses

We will provide coverage to the Insured Person(s) under below listed Covers, up to Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance. These Covers are optional and applicable only if opted for.

1. Post-Hospitalization Medical Expenses

On option this cover, **We** will pay for the **Post Hospitalization Medical Expenses** incurred upto number of days as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance for the **Hospitalization** claim admissible under this Cover.



2. Accidental Hospitalization Expenses - Global

On availing this option, We will pay Medical Expenses under this Section, incurred anywhere in world.

3. Co-payment

On availing this option, Co-Payment will be applicable as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance on all Claims under cover opted under this Section

d. Exclusions applicable to Accidental Hospitalization Expenses

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. The abuse or the consequences of the abuse of tobacco, intoxicants or hallucinogenic substances such as drugs and alcohol, including smoking cessation programs and the treatment of nicotine addiction or alcohol addiction programs, any other substance abuse treatment or services, or supplies.
- ii. War or any act of war, invasion, act of foreign enemy(whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind
- iii. Whilst engaging in aviation or ballooning, whilst mounting into, dismounting from or travelling in any balloon or aircraft other than as a passenger (fare paying or otherwise) inany duly licensed standard type of aircraft anywhere in the world.
- iv. Any loss suffered by the Insured on account of his participation as the driver, co-driver or passenger during motor racing or trial runs or rallies using a motorized vehicle or bicycle
- v. Loss or damage caused by or arising from or in consequence of or contributed to nuclear weapons material by or arising from or in consequence of or contributed to by ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission).
- vi. From engaging in or participation in or involvement including but not limited to naval, military or air force operation.
- vii. From participation in **Adventure sports**
- viii. Investigation & Evaluation: Code Excl04
 - a. Expenses related to any admission primarily for diagnostic and evaluation purposes only are excluded.
 - b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- ix. **Rest Cure, rehabilitation and respite care**—Code Excl05: Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - a. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.

Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

- x. Cosmetic or plastic surgery: Code Excl08: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of Medically Necessary Treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.
- xi. **Breach of Law:** Code Excl10 Expenses for treatment directly arising from or consequent upon any **Insured Person** committing or attempting to commit a breach of law with criminal intent.
- xii. **Excluded Providers-** Code Excl11 Expenses incurred towards treatment in any hospital or by any **Medical Practitioner** or any other provider specifically excluded by the **Insurer** and disclosed in its website/notified to the policyholders are not admissible. However, in case of **life threatening situations** or following an **Accident**, expenses up to the stage of stabilization are payable but not the complete claim.



- xiii. Treatment for Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code Excl12
- xiv. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code Excl13
- xv. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a **Medical Practitioner** as part of **Hospitalization** claim or day care procedure. Code Excl14
- xvi. **Unproven Treatments-** Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.Code Excl16
- xvii. Congenital external diseases, defects or anomalies,
- xviii. Stem cell harvesting.
- xix. Any Convalescence, sanatorium treatment, private duty nursing or long-term nursing care.
- xx. Preventive care, and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
- xxi. Treatment taken on Outpatient basis
- xxii. Any treatment and associated expenses for alopecia, baldness including corticosteroids and topical immunotherapy wigs, toupees, hair pieces, any non-surgical hair replacement methods, Optometric therapy.

14. Permanent Total Disablement - Illness

a. Coverage

We will pay **Sum Insured** as specified on the Schedule of Coverage in the **Policy Schedule/Certificate of Insurance**, if Insured Person suffers from **Permanent Total Disablement** due to Illness which is contracted during Period of Insurance and whose diagnosis first commence/occurs after the applicable waiting period from first commencement of coverage under this Section.

b. Special Conditions applicable to Permanent Total Disablement

i. Survival Period

Claim under this Section is payable only if **Insured Person** survives 7 days from the diagnosis and fulfillment of the definition of the **Permanent Total Disablement** covered.

The Claim is admissible only with confirmatory diagnosis of **Permanent Total Disablement** while the **Insured Person** is alive (A claim would not be admitted if the diagnosis is made post mortem)

ii. Number of Claims and Benefits payable

On admissibility of Claim under this Section, coverage for Insured Person under all Sections of this Policy shall terminate. In consequence thereof no benefit shall be payable under any other section of this Policy.

c. Waiting Period and Exclusions applicable to Permanent Total Disablement – Illness

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

i. Waiting Period



- a. Waiting period of 90 days shall apply to all the claims from the first commencement of Coverage under this Section.
- b. A waiting period of 48 months shall apply for all Pre-existing Diseases Conditions declared and/or accepted at the time of first enrolment of Coverage under this Section. In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

ii. General Exclusions

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Preexisting diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in Adventure Sports.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.
- xiv. Treatment of Obesity and any weight control program.
- xv. Congenital external diseases, defects or anomalies Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy.
- xvi. treatment to treat infertility any fertility, sub-fertility or assisted conception procedure,
- xvii. Sterility, treatment whether to affect infertility, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services including complications arising due to supplying services.
- xviii. Investigative treatment for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means except treatment of fractures (excluding hairline fractures) and dislocations of the mandible and extremities).
- xix. Circumcisions (unless necessitated by **Illness** or **Injury** and forming part of treatment); treatment for correction of vision due to refractive error, aesthetic or change-of-life treatments of any description and sex transformation operations.
- xx. Plastic surgery or cosmetic surgery or treatments to change appearance unless necessary as a part of **Medically Necessary Treatment** certified by the attending Medical Practitioner for reconstruction following an **Accident**, cancer or burns.
- xxi. **Experimental**, investigational or **Unproven** treatments, devices and pharmacological regimens.



- xxii. Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who is a member of an Insured Person's family, or stays with him
- xxiii. Any Claim arising due to Non-disclosure of Pre-existing **Illness** or Material fact as sought to be declared on the Proposal/Enrolment form.

15. Last Rites

a. Coverage

We will pay the **Sum Insured**, as specified in the Schedule of Coverage on **Policy Schedule**/Certificate of Insurance towards last rites of Insured Person, if **Insured Person** sustains **Injury** due to **Accident** during the **Period of Insurance**, which shall within twelve months of its occurrence be the sole and direct cause of Death of **Insured Person**.

b. Special Conditions applicable to this Section

The Coverage under this Section terminates on admissibility of Claim equal to the **Sum Insured**

c. Exclusions applicable to Last Rites

We will not make payment for any claim in respect of any Insured Person caused by, arising from or attributable to any of the following unless expressly stated to the contrary in the Policy/Certificate of Insurance:

- i. Treatment arising from or consequent upon war or any act of war(whether war be declared or not or caused during service in the armed forces of any country), invasion, act of foreign enemy, civil war, public defense, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.
- ii. Any Illness, sickness or disease other than those opted and specified as Major Medical illnesses under this Cover.
- iii. Any condition caused by or associated with any sexually transmitted disease, including Genital Warts, Syphilus, Gonorrhoea, Genital Herpes, Chalmydia, Pubic Lice and Trichomoniasis, whether or not arising out of any **Preexisting diseases**.
- iv. Any Critical Illness or Surgical Procedure arising out of use, abuse or consequence or influence of any substance, intoxicant, drug, alcohol or hallucinogen
- v. Narcotics used by the Insured Person unless taken as prescribed by a registered Medical Practitioner
- vi. Any Claim caused due to intentional self-injury, suicide or attempted suicide.
- vii. Any Critical Illness or Surgical Procedure caused by or arising from or attributable to a foreign invasion, act of foreign enemies, hostilities, (whether war be declared or not or while performing duties in the armed forces of any country during war or at peace time), civil war, public defence, rebellion, revolution, insurrection, military or usurped power;
- viii. Any claim caused by ionizing radiation or contamination by radioactivity from any nuclear fuel (explosive or hazardous form) or from any nuclear waste from the combustion of nuclear fuel, nuclear, chemical or biological attack.
- ix. Working in underground mines, tunnelling or involving electrical installations with high tension supply, or as jockeys or circus personnel;
- x. Congenital External Anomalies or any complications or conditions arising there from including any developmental conditions of the Insured;
- xi. Whilst engaging in Adventure Sports.
- xii. Involvement in naval, military or air force operation.
- xiii. Participation by the **Insured Person** in any flying activity, except as a bona fide, passenger (fare paying or otherwise) of a recognized airline on regular routes and on a scheduled time table.

B. Optional Covers



In consideration of payment of additional Premium or reduction in the Premium as applicable, it is hereby declared and agreed that **We** will pay/restrict the expenses/benefits under below listed Covers subject to all other terms, conditions, exclusions and waiting periods applicable to the **Coverage** opted under the **Policy.**

These Covers are optional and applicable only if opted for and upto the Sum Insured or limits mentioned on the Schedule of Coverage in the Policy Schedule.

i. Preventive Health Check-up

We will indemnify the Insured Person towards the cost of Preventive Health Check – Up, up to the limit mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.

Other terms and Conditions applicable to this Coverage

- The Coverage will be applicable as per the eligibility as mentioned on the Schedule of Coverage in the Policy Schedule/Certificate of Insurance.
- In case of Annual Eligibility, the percentage and limit will be calculated on expiring Coverage SumInsured and will
 be only applicable to Insured Person covered under expiring Coverage, subject to no claim under Base Coverage.
- In case of Eligibility at the end of each block of continuous years (as mentioned on the Schedule of Coverage), the
 percentage and limit will be calculated on Average Sum Insured during block of three years and will be only
 applicable to Insured Person covered for number of years as mentioned in the Schedule of Coverage on the
 Policy Schedule/Certificate of Insurance
- Claim under this Cover does not impact the Sum Insured.
- The test reports received under this Coverage will not be utilized for re-underwriting the expiring coverage of Insured Person

ii. Medical Evacuation

We will indemnify the **Insured Person** for Air Ambulance transportation in an airplane or helicopter for **Emergency Care** which requires immediate and rapid ambulance transportation as prescribed by Medical Practitioner, from the site of first occurrence of the **Accident**or **Illness**to the nearest **Hospital**, that ground transportation cannot provide.

Conditions applicable to Medical Evacuation

- i. The Claim under this cover is admissible only once in a Policy Year
- This coverage is applicable with in Geography as mentioned in the Schedule of Coverage on the Policy Schedule/Certificate of Insurance

iii. Ambulance Cover

We will pay Sum Insured for expenses incurred on Road Ambulance Services in India if Insured Person is required;

- i. to be transferred to the nearest **Hospital** following an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily alteration or occasion requiring immediate medical attention)
- ii. or from one Hospital to another Hospital
- iii. or from Hospital to Home (within same City) following Hospitalization



C. Definitions

Definitions applicable to Policy - Major Medical Illness

- Def. 1. Accident or Accidental means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
- Def. 2. Age or Aged means completed years as at the Policy Commencement Date.
- Def. 3. Any one illness means continuous period of Illness and includes relapse within 45 daysfrom the date of last consultation with the Hospital/Nursing Home where treatment was taken
- Def. 4. Alternative treatments means forms of treatments other than treatment "Allopathy" or "modern medicine" and includes Ayurveda, Unani, Sidha and Homeopathy in the Indian context.
- Def. 5. Adventurous/Hazardous Sports means any sport or activity involving physical exertion and skill in which an Insured Person participates or competes for entertainment or as part of his Profession whether he / she is trained or not
- Def. 6. **AYUSH HOSPITAL** means an AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH *Medical Practitioner*(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital; or
 - Teaching hospital attached to AYUSH College recognized by the Central Government /Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located within-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH *Medical Practitioner* and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 7. AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health center which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH *Medical Practitioner*(s) on day care basis without inpatient services and must comply with all the following criterion:
 - i. Having qualified registered AYUSH Medical Practitioner (s) in charge;
 - ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
 - iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
- Def. 8. **Biological attack** or **weapons** the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any Illness, incapacitating disablement or death.



- Def. 9. **Building** means structure (above plinth and foundation excluding land) of standard construction unless specifically mentioned. It shall include connected utilities, sanitary fittings, fixtures and fittings therein belonging to the Insured and for which he is accountable.
- Def. 10. Cashless Facility means a facility extended by the insurer to the insured where the payments, of the costs of treatment undergone by the insured in accordance with the policy terms and conditions, are directly made to the **Network Provider** by the insurer to the extent pre-authorization is approved.
- Def. 11. Contents means all items/articles owned or held in trust by the Insured and his/her family members residing in the same home for which the Insured is accountable.
- Def. 12. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any Illness, incapacitating disablement or death.
- Def. 13. Commencement Date means the commencement date of the Policy as specified in the Policy Schedule.
- Def. 14. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon
- Def. 15. **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
- Def. 16. **Coverage Period** means the Period between the Coverage effective date and the expiry date applicable to Insured Person specified in the Policy Schedule/Certificate of Insurance.
- Def. 17. **Congenital Anomaly** means a condition(s) 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.
- Def. 18. **Day care Centre**means any institution established for **Day Care Treatment** of **Illness** and / or injuries or a medical set -up witha**Hospital** and which has been registered with the local authorities, wherever applicable, and is under the supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion s under:-
 - I. has qualified nursing staff under its employment;
 - II. has qualified medical practitioner/s in charge;
 - III. has fully equipped operation theatre of its own where surgical procedures are carried out;
 - IV.maintains daily records of patients and will make these accessible to the insurance company's authorized personnel
- Def. 19. Day Care Treatment/ Procedures means those medical treatment, and/or surgical procedure which is
 - i) undertaken under General or Local Anaesthesia in a **Hospital/Day Care Centre** in less than 24 hours because of technological advancement, and
 - ii) which would have otherwise required **Hospitalization** of more than 24 hours,

Treatment normally taken on an Out-patient basis is not included in the scope of this definition



- Def. 20. **Dependents** means only the family members listed below:
 - a) Your legally married spouse as long as she continues to be married to You
 - b) **Your** children Aged between 91 days and 25 years if they are unmarried, still financially dependent on You and have not established their own independent households;
 - c) Your natural parents or parents that have legally adopted You, and Your parent in laws
- Def. 21. **Dental Treatment**means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery
- Def. 22. **Disclosure of information norm** means the policy shall be void and all premiums paid hereon shall be forfeited to the Company, in the event of misrepresentation, mis-description or non-disclosure of any material fact.
- Def. 23. **Domiciliary Hospitalization** means medical treatment for an **Illness**/disease/**Injury**whichin the normal course would require care and treatment at a **Hospital** but is actually takenwhile confined at home under any of the following circumstances:
 - I. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
 - II. the patient takes treatment at home on account of non-availability of room in a Hospital
- Def. 24. **Emergency Care** means management for an **Illness** or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
- Def. 25. **EMI or EMI Amount** means and includes the amount of monthly payment required to repay the principal amount of loan/credit and Interest by the Insured as set forth in the amortization chart referred to in the agreement (or any amendments thereto) between the Bank/Financial Institution and the Insured Person prior to the date of occurrence of the Insured coverage under this Policy. For the purpose of avoidance of doubt, it is clarified that any monthly payments that are overdue and unpaid by the Insured Person prior to the occurrence of the Insured Event will not be considered for the purpose of this Policy and shall be deemed as paid by the Insured. EMI refers to the EMI or Pre EMI on the loan/credit or the Sum Insured, whichever is lower, on the date of the Insured Event
- Def. 26. **Family Floater** means a Policy described as such in the Policy Schedule whereunderYou and **Your** Dependents (Spouse, dependent children, dependent parents/parents in laws) named in the Policy Schedule are insured under this Policy as at the Commencement Date.
- Def. 27. **Financial Institution** shall have the same meaning assigned to the term as per Reserve Bank of India Act, 1934 and shall include a Non-Banking Financial Company as defined under section 45 I of the Reserve Bank of India Act, 1934
- Def. 28. **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.
- Def. 29. 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 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:



- has at least 10 in-patient beds, in towns having a population of less than 10,00,000 and 15 in-patient beds in all other places,
- has qualified nursing staff under its employment round the clock,
- has qualified Medical Practitioner(s) in charge round the clock,
- has a fully equipped operation theatre of its own where surgical procedures are carried out,
- maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.
- Def. 30. **Hospitalization** means admission in a **Hospital** for a minimum period 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.
- Def. 31. **Illness/ Illnesses**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.
 - (a) Acute condition Acute condition is a disease, **Illness** or **Injury** that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ **Illness/ Injury** which leads to full recovery
 - (b) Chronic condition A chronic condition is defined as a disease, **Illness**, or **Injury** that has one or more of the following characteristics:
 - 1. it needs on-going or long-term monitoring through consultations, examinations, check-ups, and /or tests
 - 2. it needs on-going or long-term control or relief of symptoms
 - 3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - 4. it continues indefinitely
 - 5. 5. it recurs or is likely to recur
- Def. 32. **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.
- Def. 33. **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.
- Def. 34. Insured Person means You and the persons named in the Policy Schedule.
- Def. 35. Intensive Care Unit 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.
- Def. 36. **ICU (Intensive Care Unit)Charges**means the amount charged by a **Hospital** towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensive charges.
- Def. 37. Jewellery means articles of precious stones, gold, silver or other precious metals
- Def. 38. **Loan/Credit**means the sum of money lent at interest or otherwise to the Insured by any Institution and identified by a unique number



- Def. 39. Life threatening situation shall mean a serious medical condition or symptom resulting from Injury or Illness which is not pre-existing disease, which arises suddenly and unexpectedly, and requires immediate care and treatment by a Medical Practitioner, generally received within 24 hours of onset to avoid jeopardy to life or serious long term impairment of the Insured Person's health, until stabilisation at which time this medical condition or symptom is not considered an Emergency anymore.
- Def. 40. Market Value means Replacement Value less depreciation
- Def. 41. Maternity Expenses means
 - a. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean section incurred during **Hospitalization**).
 - b. Expenses towards lawful medical termination of pregnancy during the policy Period.
- Def. 42. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issue of any prescription or follow up prescription.
- Def. 43.**Medical consultation** is a procedure where a Medical Practitioner reviews an Insured Person's medical history, medically examines the Insured Person and makes recommendations as to care and treatment.
- Def. 44. 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 Medical practitioners in the same locality would have charged for the same medical treatment.
- Def. 45. **Medically Necessary treatment** means any treatment, test, medication, or stay in **Hospital** or part of stay in **Hospital** which
 - Is required for the medical management of the **Illness** or **Injury** suffered by the Insured Person;
 - 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.
- Def. 46. **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. Medical Practitioner who is sharing the same residence with the Insured person's and is a member of Insured Person's family are not considered as Medical Practitioner under the scope of this Policy.

Medical Practitioner (Definition applicable for Global Cover except in India)

Means a licensed medical practitioner acting within the scope of his/her license and who holds a degree of a recognized institution and isregistered by the Authorized Medical Council of the respectivecountry.

Def. 47. **Mental illness** means a substantial disorder of thinking, mood, perception, orientation or memory that grossly impairs judgment, behaviour, capacity to recognise reality or ability to meet the ordinary demands of life, mental conditions associated with the abuse of alcohol and drugs, but does not include mental retardation which is a condition of arrested or incomplete development of mind of a person, specially characterised by sub normality of intelligence;



- Def. 48. **Mental health establishment** means any health establishment, including Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy establishment, by whatever name called, either wholly or partly, meant for the care of persons with mental **Illness**, established, owned, controlled or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person, where persons with mental **Illness** are admitted and reside at, or kept in, for care, treatment, convalescence and rehabilitation, either temporarily or otherwise; and includes any general **Hospital** or general nursing home established or maintained by the appropriate Government, local authority, trust, whether private or public, corporation, co-operative society, organisation or any other entity or person; but does not include a family residential place where a person with mental **Illness** resides with his relatives or friends;
- Def. 49. HDFC ERGO Mobile App is proprietary App of HDFC ERGO General Insurance Company. With this App you can:
 - Access Your Policy Details
 - Manage Your policy, download Your policy schedule and access to Your e-card will always be at Your fingertips, 24 x 7.
 - Policy Endorsement made easy
 - By submitting a request to us through HDFC ERGO Mobile App, you can make any modifications in Your policy, for e.g. change in spelling of the name, contact number etc.
 - Effortless Claims Management
 - Now you can SubmitYour claims from the app for faster processing and track the status at Your fingertips. You can also intimate a claim using the app. You can also view Network hospitals in Your area with directions.
- Def. 50. New-born Baby means baby born during the Policy Period and is Aged up to 90 days
- Def. 51. **Network Provider** means Hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a **Cashless facility**.
- Def. 52. Non Networkmeans any Hospital, Day Care Centre or other provider that is not part of the Network
- Def. 53. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication
- Def. 54. **Period of Insurance** means the period between the Coverage Commencement Date and the Expiry Date specified in the Certificate of Insurance under the Policy with the Company under which Insured Person is covered.
- Def. 55. **Permanent Total Disablement**means that the **Insured Person** is totally disabled from undertaking all the material duties of his/her usual occupation for which the **Insured Person** is reasonably fitted by training, education or experience for a continuous period of 365 days and, at the expiration of the 365 days period, it is reasonably certain that such disability will persist throughout the Insured Person's lifetime.
- Def. 56. **Personal Effects**means clothing, spectacles, umbrellas, footwear, etc.
- Def. 57. **Portability** means, the right accorded to individual health insurance policyholders (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.



- Def. 58. **Pre-existing** disease means any condition, ailment, injury or disease:
 - That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer
 or its reinstatement or
 - ii. For which Medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy or its reinstatement.
- Def. 59. **Policy** means Policy Holders and Insured Persons statements in the proposal form and Enrolment form, this Policy wording (including endorsements and Clauses if any), Policy Schedule and Certificate of Insurance (as the same may be amended from time to time) to which this Policy is attached.
- Def. 60. **Policy Period** means the period between the Commencement Date and the Expiry Date specified in the Policy Schedule.For**Insured Person** it means **Period of Insurance** as specified in the Certificate of Insurance or Endorsement
- Def. 61. Policy Holder means Person who has proposed the Policy and in whose name the Policy is issued
- Def. 62. **Policy Schedule** means Schedule attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the period and the limits to which benefits under the Policy are subject to (Schedule of coverage), including any Annexures and/or endorsements, made to or on it from time to time, and if more than one, then the latest in time.
- Def. 63. Policy Year means a year following the Coverage Commencement Date and its subsequent annual anniversary.
- Def. 64. **Principal outstanding**means the principal amount of the Loan outstanding as on the date of occurrence of Insured Event less the portion of principal component included in the EMIs payable but not paid from the date of the loan agreement till the date of the Insured Event/s. For the purpose of avoidance of doubt, it is clarified that any EMIs that are overdue and unpaid to the Bank prior to the occurrence of the Insured Event shall not be considered for the purpose of this Policy and shall be deemed as paid by the Insured Person.
- Def. 65. **Pre-hospitalization Medical Expenses** means **Medical Expenses** incurred during pre-defined number of days preceding the **Hospitalization** of the Insured Person, provided that:
 - Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
 - ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.
- Def. 66. Post-hospitalization Medical Expenses means Medical Expenses incurred during pre-defined number of days immediately after the insured person is discharged from the Hospital provided that:
 - Such Medical Expenses are for the same condition for which the insured person's Hospitalization was required, and
 - ii. The inpatient Hospitalization claim for such Hospitalization is admissible by the insurance company.
- Def. 67. **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
- Def. 68. Renewal means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for the purpose of gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.



- Def. 69. **Reinstatement Value**means the cost of replacing or reinstating on the same site, property of the same kind or type but not superior to or more extensive than the insured property when new.
- Def. 70. **Room Rent** means the amount charged by a **Hospital** towards Room and Boarding expenses and shall include the associated **Medical Expenses**
- Def. 71. Reasonable and Customary Chargesmeans 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.
- Def. 72. **Reducing balance Sum Insured** means the Sum Insured under the Policy on the date of the Insured Event covered under the Policy and for the purpose of calculation of claim shall be the least of the following:
 - The Principal Outstanding in the books of the Bank/Financial Institution as on the date of occurrence of the Insured Event; or
 - ii. The Principal Outstanding as per the amortization schedule prepared by Bank/Financial Institution. Where the Sum Insured opted by Insured Person is less than the actual Loan disbursed upto the date of occurrence of the Insured Event, the amortization schedule shall be calculated as if the actual loan disbursed was equivalent to the Sum Insured; or,
 - iii. The Sum Insured as appearing against Sections where coverage is opted on reducing balance basis.
- Def. 73. Single Articleis defined as one distinct physical object having an independent economic value
- Def. 74. **Second Medical Opinion** means a procedure where by upon request of Insured Person, an independent Medical Practitioner reviews and opines on treating Medical Practitioner's recommendation as to care and treatment of Insured Person by reviewing Insured Person's medical status and history.
- Def. 75. **Specified Items**means jewellery, curios, antiques, pictures and other works of art, collection of stamps, coins and medals
- Def. 76. **Sum Insured** means the sum shown in the Policy Schedule which represents Our maximum liability for each Insured Person for any and all benefits claimed for during the Policy Year, and in relation to a Family Floater represents Our maximum liability for any and all claims made by You and all of **Your** Dependents during the Policy Year. In case of Section 7 Hospital Cash, the Sum Insured means the maximum number of days shown in the Policy Schedule.
- Def. 77. Surgery or Surgical Procedure means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or Day Care Centre by a medical practitioner.
- Def. 78. **Time Deductible** means a cost sharing requirement under a health insurance policy that provides that the Insurer will not be liable for a specified number of days, which will apply before any benefits are payable by the insurer. A Time Deductible does not reduce the sum insured
- Def. 79. **Unproven/Experimental Treatment** is a treatment including drug experimental therapy, which is based on established medical practice in India, is a treatment experimental or unproven.
- Def. 80. Valuables means carpets (other than normal wall to wall carpets), telephone instruments, photographic equipment including still & video cameras), clocks, binoculars, telescopes, musical instruments, audio and video equipment,



computers (including laptops) & other peripheral equipment, watches, mobile phones, calculators, digital diaries and palm tops.

- Def. 81. We/Our/Us means the HDFC ERGO General Insurance Company Limited
- Def. 82. **Policyholder** means the Group Owner/Organization/association/entity/society named in the Policy Schedule who has concluded the terms on behalf of the **InsuredPersons** and in whose name the **Policy** is issued.

Definitions - Major Medical Illness

1. Cancer of specified severity

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

2. Open Chest CABG

- I. The actual undergoing of heart **surgery** to correct blockage or narrowing in one or more coronary artery(s), by coronary artery bypass grafting done via a sternotomy (cutting through the breast bone) or minimally invasive keyhole coronary artery bypass procedures. The diagnosis must be supported by a coronary angiography and the realization of **surgery** has to be confirmed by a cardiologist.
- II. The following are excluded:
 - a. Angioplasty and/or any other intra-arterial procedures

3. Kidney Failure requiring regular dialysis

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

4. Myocardial Infarction

(First Heart Attack of specific severity)

I. The first occurrence of heart attack or myocardial infarction, which means the death of a portion of the heart muscle as a result of inadequate blood supply to the relevant area. The diagnosis for Myocardial Infarction should be evidenced by all of the following criteria:



- a. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- b. New characteristic electrocardiogram changes
- c. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
- II. The following are excluded:

 - a. Other acute Coronary Syndromes
 b. Any type of angina pectoris
 c. A rise in cardiac biomarkers or Troponin T or I in absence of overt ischemic heart disease OR following an intra-arterial cardiac procedure.

5. **Open Heart Replacement or Repair of Heart Valves**

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

Major Organ/Bone Marrow Transplantation

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

7. Multiple Sclerosis with persisting symptoms

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

8. **Permanent Paralysis of Limbs**

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

Stroke resulting in permanent symptoms

- I. Any cerebrovascular incident producing permanent neurological sequelae.
 - a. This includes infarction of brain tissue, thrombosis in an intracranial vessel, hemorrhage and embolisation from an extra cranial source.



- Diagnosis has to be confirmed by a specialist medical practitioner and evidenced by typical clinical symptoms as well as typical findings in CT Scan or MRI of the brain. Evidence of permanent neurological deficit lasting for at least 3 months has to be produced.
- II. The following are excluded:
 - a. Transient ischemic attacks (TIA)
 b. Traumatic injury of the brain

 - c. Vascular disease affecting only the eye or optic nerve or vestibular functions.

10. Benign Brain Tumor

- I. Benign brain tumor is defined as a life threatening, non-cancerous tumor in the brain, cranial nerves or meninges within the skull. The presence of the underlying tumor must be confirmed by imaging studies such
- II. This brain tumor must result in at least one of the following and must be confirmed by the elevant medical specialist.
 - a. Permanent Neurological deficit with persisting clinical symptoms for a continuous period of at least 90 consecutive days or
 - Undergone surgical resection or radiation therapy to treat the brain tumor.
- III. The following conditions are **excluded**:

Cysts, Granulomas, malformations in the arteries or veins of the brain, hematomas, abscesses, pituitary tumors, tumors of skull bones and tumors of the spinal cord.

11. Coma of specified severity

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

12. Parkinson's Disease

- I. The occurrence of Parkinson's Disease where there is an associated Neurological Deficit that results in Permanent Inability to perform independently at least three of the activities of daily living as defined below.
 - a. Transfer: Getting in and out of bed without requiring external physical assistance
 - b. Mobility: The ability to move from one room to another without requiring any external physical assistance
 - Dressing: Putting on and taking of all necessary items of clothing without requiring any external physical assistance
 - d. Bathing/Washing: The ability to wash in the bath or shower (including getting in and out of the bath or shower) or wash by other means
 - Eating: All tasks of getting food into the body once it has been prepared
- II. Parkinson's disease secondary to drug and/or alcohol abuse is excluded.

13. Alzheimer's Disease

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



14. Surgery of Aorta

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

15. End Stage Liver Failure

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

16. Deafness

I. Total and irreversible loss of hearing in both ears as a result of **illness** or **accident**. This diagnosis must be supported by pure tone audiogram test and certified by an Ear, Nose and Throat (ENT) specialist. Total means "the loss of hearing to the extent that the loss is greater than 90 decibels across all frequencies of hearing" in both ears.

17. Loss of Speech

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

18. Third Degree Burns

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

19. Medullary Cystic Disease

- I. Medullary Cystic Disease where the following criteria are met:
 - a. the presence in the kidney of multiple cysts in the renal medulla accompanied by the presence of tubular atrophy and interstitial fibrosis;
 - b. clinical manifestations of anemia, polyuria, and progressive deterioration in kidney function; and
 - c. the Diagnosis of Medullary Cystic Disease is confirmed by renal biopsy.
- II. Isolated or benign kidney cysts are specifically excluded from this benefit.

20. Motor Neuron Disease with Permanent Symptoms

Motor neuron disease diagnosed by a specialist **medical practitioner** as spinal muscular atrophy, progressive bulbar palsy, amyotrophic lateral sclerosis or primary lateral sclerosis. There must be progressive degeneration of corticospinal tracts and anterior horn cells or bulbar efferent neurons. There must be current significant and permanent functional neurological impairment with objective evidence of motor dysfunction that has persisted for a continuous period of at least 3 months.



21. Muscular Dystrophy

A group of hereditary degenerative diseases of muscle characterized by weakness and atrophy of muscle. The diagnosis of muscular dystrophy must be unequivocal and made by a Registered **Medical practitioner** who is a consultant neurologist. The condition must result in the inability of the **Insured** to perform (whether aided or unaided) at least 3 of the 6 "Activities of Daily Living" for a continuous period of at least 6 months.

Activities of daily living:

- a. Washing: the ability to wash in the bath or shower (including getting into and out of the shower) or wash satisfactorily by other means and maintain an adequate level of cleanliness and personal hygiene;
- b. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
- c. Transferring: The ability to move from a lying position in a bed to a sitting position in an upright chair or wheel chair and vice versa;
- d. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
- e. Feeding: the ability to feed oneself, food from a plate or bowl to the mouth once food has been prepared and made available.
- f. Mobility: The ability to move indoors from room to room on level surfaces at the normal place of residence

22. Infective Endocarditis

Inflammation of the inner lining of the heart caused by infectious organisms, where all of the following criteria are met:

- a. Positive result of the blood culture proving presence of the infectious organism(s):
- Presence of at least moderate heart valve incompetence (meaning regurgitant fraction of 20% or above) or moderate heart valve stenosis (resulting in heart valve area of 30% or less of normal value) attributable to Infective Endocarditis; and
- c. The Diagnosis of Infective Endocarditis and the severity of valvular impairment are confirmed by a Registered **Medical practitioner** who is a cardiologist.

23. Primary (Idiopathic) Pulmonary Hypertension

- I. An unequivocal diagnosis of Primary (Idiopathic) Pulmonary Hypertension by a Cardiologist or specialist in respiratory medicine with evidence of right ventricular enlargement and the pulmonary artery pressure above 30 mm of Hg on Cardiac Cauterization. There must be permanent irreversible physical impairment to the degree of at least Class IV of the New York Heart Association Classification of cardiac impairment.
- II. The NYHA Classification of Cardiac Impairment are as follows:
 - a. Class III: Marked limitation of physical activity. Comfortable at rest, but less than ordinary activity causes symptoms.
 - b. Class IV: Unable to engage in any physical activity without discomfort. Symptoms may be present even at rest.
- III. Pulmonary hypertension associated with lung disease, chronic hypoventilation, pulmonary thromboembolic disease, drugs and toxins, diseases of the left side of the heart, congenital heart disease and any secondary cause are specifically excluded.

24. Dissecting Aortic Aneurysm

A condition where the inner lining of the aorta (intima layer) is interrupted so that blood enters the wall of the aorta and separates its layers. For the purpose of this definition, aorta shall mean the thoracic and abdominal aorta but not its branches. The diagnosis must be made by a Registered **Medical practitioner** who is a specialist with computed tomography (CT) scan, magnetic resonance imaging (MRI), magnetic resonance angiograph (MRA) or angiogram. Emergency surgical repair is required.



25. Systemic Lupus Erythematous with Lupus Nephritis

- I. A multi-system autoimmune disorder characterized by the development of autoantibodies directed against various self-antigens. In respect of this Cover, systemic lupus Erythematous will be restricted to those forms of systemic lupus Erythematous which involve the kidneys (Class III to Class V Lupus Nephritis, established by renal biopsy, and in accordance with the WHO Classification). The final diagnosis must be confirmed by a Registered Medical practitioner specializing in Rheumatology and Immunology.
- II. The WHO Classification of Lupus Nephritis:

Class I Minimal Change Lupus Glomerulonephritis

Class II Messangial Lupus Glomerulonephritis

Class III Focal Segmental Proliferative Lupus Glomerulonephritis

Class IV Diffuse Proliferative Lupus Glomerulonephritis

Class V Membranous Lupus Glomerulonephritis

26. Apallic Syndrome

I. Universal necrosis of the brain cortex with the brainstem remaining intact. The diagnosis must be confirmed by a Neurologist and the condition must be documented for at least one month.

27. Aplastic Anemia

- I. Chronic persistent bone marrow failure which results in anemia, neutropenia and thrombocytopenia requiring treatment with at least one of the following:
 - a. Blood product transfusion;
 - b. Marrow stimulating agents;
 - c. Immunosuppressive agents; or
 - d. Bone marrow transplantation.
- II. The diagnosis must be confirmed by a hematologist using relevant laboratory investigations including Bone Marrow Biopsy resulting in bone marrow cellularity of less than 25% which is evidenced by any two of the following:
 - a. Absolute neutrophil count of less than 500/mm³ or less
 - b. Platelets count less than 20,000/mm³ or less
 - Reticulocyte count of less than 20,000/mm³ or less
- III. Temporary or reversible Aplastic Anemia is excluded.

28. Bacterial Meningitis

- Ι. Bacterial infection resulting in severe inflammation of the membranes of the brain or spinal chord resulting in significant, irreversible and permanent neurological deficit. The neurological deficit must persist for at least 6 weeks. This diagnosis must be confirmed by:
 - a. The presence of bacterial infection in cerebrospinal fluid by lumbar puncture; and
 b. A consultant neurologist.
- II. Bacterial Meningitis in the presence of HIV infection is excluded.

29. Cardiomyopathy



- I. An impaired function of the heart muscle, unequivocally diagnosed as Cardiomyopathy by a Registered **Medical practitioner** who is a cardiologist, and which results in permanent physical impairment to the degree of New York Heart Association Classification Class IV, or its equivalent, for at least six (6) months based on the following classification criteria:
 - Class IV inability to carry out an activity without discomfort. Symptoms of congestive cardiac failure are present even at rest. With any increase in physical activity, discomfort will be experienced.
- II. The Diagnosis of Cardiomyopathy has to be supported by echo graphic findings of compromised ventricular performance.
- III. Irrespective of the above, Cardiomyopathy directly related to alcohol or drug abuse is excluded.

30. Other Serious Coronary Artery Disease

- I. Severe coronary artery disease in which at least three (3) major coronary arteries are individually occluded by a minimum of sixty percent (60%) or more, as proven by coronary angiogram only (non-invasive diagnostic procedures excluded).
- II. For purposes of this definition, "major coronary artery" refers to any of the left main stem artery, left anterior descending artery, circumflex artery and right coronary artery (but not including their branches).

31. Creutzfeldt-Jacob Disease (CJD)

I. Creutzfeldt-Jacob disease is an incurable brain infection that causes rapidly progressive deterioration of mental function and movement. A Registered **Medical practitioner** who is a neurologist must make a definite diagnosis of Creutzfeldt-Jacob disease based on clinical assessment, EEG and imaging. There must be objective neurological abnormalities on exam along with severe progressive dementia.

32. Encephalitis

- I. Severe inflammation of brain substance (cerebral hemisphere, brainstem or cerebellum) caused by viral infection and resulting in permanent neurological deficit. This diagnosis must be certified by a Registered Medical practitioner who is a consultant neurologist and the permanent neurological deficit must be documented for at least 6 weeks.
- II. Encephalitis caused by HIV infection is excluded.

33. End Stage Lung Failure

- I. End stage lung disease, causing chronic respiratory failure, as confirmed and evidenced by all of the following:
 - a. FEV1 test results consistently less than 1 liter measured on 3 occasions 3 months apart; and
 - b. Requiring continuous permanent supplementary oxygen therapy for hypoxemia; and
 - c. Arterial blood gas analysis with partial oxygen pressure of 55mmHg or less (PaO2 < 5mmHg); and
 - d. Dyspnea at rest.

34. Fulminant Hepatitis

- I. A sub-massive to massive necrosis of the liver by the Hepatitis virus, leading precipitously to liver failure. This diagnosis must be supported by all of the following:
 - a. Rapid decreasing of liver size;
 - b. Necrosis involving entire lobules, leaving only a collapsed reticular framework;
 - c. Rapid deterioration of liver function tests;
 - d. Deepening jaundice; and



- e. Hepatic encephalopathy.
- II. Acute Hepatitis infection or carrier status alone does not meet the diagnostic criteria.

35. Eisenmenger's Syndrome

- I. Development of severe pulmonary hypertension and shunt reversal resulting from heart condition. The diagnosis must be made by a Registered **Medical practitioner** who is a specialist with echocardiography and cardiac catheterization and supported by the following criteria:
 - a. Mean pulmonary artery pressure > 40 mm Hg;
 - b. Pulmonary vascular resistance > 3mm/L/min (Wood units); and
 - c. Normal pulmonary wedge pressure < 15 mm Hg.

36. Major Head Trauma

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

37. Chronic Adrenal Insufficiency (Addison's Disease)

- I. An autoimmune disorder causing a gradual destruction of the adrenal gland resulting in the need for lifelong glucocorticoid and mineral corticoid replacement therapy. The disorder must be confirmed by a Registered Medical practitioner who is a specialist in endocrinology through one of the following:
 - a. ACTH simulation tests:
 - b. insulin-induced hypoglycemia test;
 - c. plasma ACTH level measurement;
 - d. Plasma Renin Activity (PRA) level measurement.
- Only autoimmune cause of primary adrenal insufficiency is included. All other causes of adrenal insufficiency are excluded.

38. Progressive Scleroderma



- I. A systemic collagen-vascular disease causing progressive diffuse fibrosis in the skin, blood vessels and visceral organs. This diagnosis must be unequivocally supported by biopsy and serological evidence and the disorder must have reached systemic proportions to involve the heart, lungs or kidneys.
- II. The following are excluded:
 - a. Localized scleroderma (linear scleroderma or morphea);
 - b. Eosinophilic fasciitis; and
 - c. CREST syndrome.

39. Progressive Supranuclear Palsy

Confirmed by a Registered **Medical practitioner** who is a specialist in neurology of a definite diagnosis of progressive Supranuclear palsy. There must be permanent clinical impairment of motor function, eye movement disorder and postural instability.

40. Blindness

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

41. Chronic Relapsing Pancreatitis

- I. An unequivocal diagnosis of Chronic Relapsing Pancreatitis, made by a Registered Medical practitioner who is a specialist in gastroenterology and confirmed as a continuing inflammatory disease of the pancreas characterized by irreversible morphological change and typically causing pain and/or permanent impairment of function. The condition must be confirmed by pancreatic function tests and radiographic and imaging evidence.
- II. Relapsing Pancreatitis caused directly or indirectly, wholly or partly, by alcohol is excluded.

42. Elephantiasis

- I. Massive swelling in the tissues of the body as a result of destroyed regional lymphatic circulation by chronic filariasis infection. The unequivocal diagnosis of elephantiasis must be confirmed by a Registered **Medical practitioner** who is a specialist physician. There must be clinical evidence of permanent massive swelling of legs, arms, scrotum, vulva, or breasts. There must also be laboratory confirmation of microfilariae infection.
- II. Swelling or lymphedema caused by infection with a sexually transmitted disease, trauma, post-operative scarring, congestive heart failure, or congenital lymphatic system abnormalities is excluded.

43. Brain Surgery

The actual undergoing of **surgery** to the brain under general anaesthesia during which a craniotomy is performed. Keyhole **surgery** is included however, minimally invasive treatment where no surgical incision is performed to expose the target, such as irradiation by gamma knife or endovascular neuroradiological interventions such as embolizations, thrombolysis and stereotactic biopsy are all excluded. Brain **surgery** as a result of an Accident is also excluded. The procedure must be considered medically necessary by a Registered **Medical practitioner** who is a qualified specialist.

44. HIV Due to Blood Transfusion and Occupationally Acquired HIV

I. Infection with the Human Immunodeficiency Virus (HIV) through a blood transfusion, provided that all of the following conditions are met:



- a. The blood transfusion was medically necessary or given as part of a medical treatment;
- b. The blood transfusion was received in India after the **Policy** Date, Date of endorsement, whichever is the later:
- c. The source of the infection is established to be from the Institution that provided the blood transfusion and the Institution is able to trace the origin of the HIV tainted blood; and
- d. The **Insured** does not suffer from Thalassaemia Major or Haemophilia.
- II. Infection with the Human Immunodeficiency Virus (HIV) which resulted from an Accident occurring after the **Policy** Date, date of endorsement or date of reinstatement, whichever is the later whilst the **Insured** was carrying out the normal professional duties of his or her occupation in India, provided that all of the following are proven to the Company's satisfaction:
 - a. Proof that the Accident involved a definite source of the HIV infected fluids;
 - Proof of sero-conversion from HIV negative to HIV positive occurring during the 180 days after the documented Accident. This proof must include a negative HIV antibody test conducted within 5 days of the Accident; and
 - HIV infection resulting from any other means including sexual activity and the use of intravenous drugs is excluded.
- III. Occupationally Acquired HIV This benefit is only payable when the occupation of the **Insured** is a Registered Medical practitioner, housemen, medical student, registered nurse, medical laboratory technician, dentist (surgeon and nurse) or paramedical worker, working in medical centre or clinic in India. This benefit will not apply under either section I or II where a cure has become available prior to the infection. "Cure" means any treatment that renders the HIV inactive or non-infectious.

45. Terminal illness

The conclusive diagnosis of an **illness**, which in the opinion of a Registered **Medical practitioner** who is an attending Consultant and agreed by **our** appointed Registered Medical practitioner, life expectancy is no greater than twelve (12) months from the date of notification of claim, regardless of any treatment that might be undertaken.

46. Myelofibrosis

A disorder which can cause fibrous tissue to replace the normal bone marrow and results in anemia, low levels of white blood cells and platelets and enlargement of the spleen. The condition must have progressed to the point that it is permanent and the severity is such that the **Insured** requires a blood transfusion at least monthly. The diagnosis of myelofibrosis must be supported by bone marrow biopsy and confirmed by a Registered **Medical practitioner** who is a specialist.

47. Pheochromocytoma

- I. Presence of a neuroendocrine tumor of the adrenal or extra-chromaffin tissue that secretes excess catecholamines requiring the actual undergoing of **surgery** to remove the tumor.
- II. The Diagnosis of Pheochromocytoma must be confirmed by a Registered **Medical practitioner** who is an endocrinologist.

48. Crohn's Disease

- Crohn's Disease is a chronic, transmural inflammatory disorder of the bowel. To be considered as severe, there must be evidence of continued inflammation in spite of optimal therapy, with all of the following having occurred:
 - a. Stricture formation causing intestinal obstruction requiring admission to hospital, and
 - b. Fistula formation between loops of bowel, and
 - c. At least one bowel segment resection.
- II. The diagnosis must be made by a Registered **Medical practitioner** who is a specialist Gastroenterologist and be proven histologically on a pathology report and/or the results of sigmoidoscopy or colonoscopy.



49. Severe Rheumatoid Arthritis

- I. Unequivocal Diagnosis of systemic immune disorder of rheumatoid arthritis where all of the following criteria are met:
 - a. Diagnostic criteria of the American College of Rheumatology for Rheumatoid Arthritis;
 - b. Permanent inability to perform at least two (2) "Activities of Daily Living"; as listed below
 - i. Washing: the ability to wash in the bath or shower (including getting into and out of the bath or shower) or wash satisfactorily by other means;
 - ii. Dressing: the ability to put on, take off, secure and unfasten all garments and, as appropriate, any braces, artificial limbs or other surgical appliances;
 - Transferring: the ability to move from a bed to an upright chair or wheelchair and vice versa:
 - iv. Mobility: the ability to move indoors from room to room on level surfaces;
 - v. Toileting: the ability to use the lavatory or otherwise manage bowel and bladder functions so as to maintain a satisfactory level of personal hygiene;
 - vi. Feeding: the ability to feed oneself once food has been prepared and made available.
 - c. Widespread joint destruction and major clinical deformity of three (3) or more of the following joint areas: hands, wrists, elbows, knees, hips, ankle, cervical spine or feet; and
 - d. The foregoing conditions have been present for at least six (6) months.

50. Severe Ulcerative Colitis

- I. Acute fulminant ulcerative colitis with life threatening electrolyte disturbances.
- II. All of the following criteria must be met:
 - a. the entire colon is affected, with severe bloody diarrhoea; and
 - b. the necessary treatment is total colectomy and ileostomy; and
 - c. the diagnosis must be based on histopathological features and confirmed by a Registered **Medical practitioner** who is a specialist in gastroenterology.

51. Angioplasty

Coronary Angioplasty is defined as percutaneous coronary intervention by way of balloon angioplasty with or without stenting for treatment of the narrowing or blockage of minimum 50% of one or more major coronary arteries. The intervention must be determined to be medically necessary by a cardiologist and supported by a coronary angiogram (CAG).

- I. Coronary arteries herein refer to left main stem, left anterior descending, circumflex and right coronary artery.
- II. Diagnostic angiography or investigation procedures without angioplasty/stent insertion are excluded.

Benefit payable on undergoing Angioplasty is restricted to lower of 25% of total **Sum Insured** or INR 1,000,000. A 180-days waiting period will be applicable for Angioplasty.

52. Cardiac arrest

The sudden and unexpected loss of; heart function, breathing and consciousness which usually results from an electrical disturbance in the heart that disrupts its pumping action, stopping blood flow to the rest of the body resulting in either the death of the Insured Person or either of the following;

- i. Surgical implantation of Implantable Cardioverter-Defibrillator (ICD)
- ii. Surgical implantation of Cardiac Resynchronization Therapy with Defibrillator (CRT-D)



For the above definition, following is not covered

- Insertion of Defibrillator without Cardiac Arrest
- ii.
- Cardiac arrest Secondary to alcohol or Drug Misuse
 Cardiac arrest due to Injury or Accident resulting in Insured Person's death. iii.

D. Claims Procedure

Claim Intimation	You shall intimate the Claims to us through any available mode of communication as specified in the Policy, Health Card or ourWebsite, You can register your claim through call to our IPO (Mobile/Portal) app, e-mail, Call to our call centre.					
Claim Intimation Timelines	Within 15 days from the date of occurrence of the event (Other than Hospitalization)					
	Cashless Hospitalization Cashless claims for Reimbursem Hospitalizations outside Claims					
	Emergencies	Planned	India			
Claim Intimation Timelines (in case of Hospitalization)	Within 24 hours of Hospitalization.	At least 72 hours prior to the planned Hospitalization	Within 24 hours of the Emergency Hospitalization. At least 72 hours prior to theplanned Hospitalization	Within 48 hours of admission or before discharge from the Hospital , whichever is earlier.		
Particulars to be provided to Us for Claim notification	1. Policy Number, 2. Name of the Insured Person(s) named in the Policy schedule/Certificate availing treatment (if applicable) 3. Nature of disease/illness/injury (if applicable) 4. Name and address of the attending Medical Practitioner/Hospital (if applicable) 5. Date of admission & probable date of discharge (if applicable) 6. First Information Report and Final Police report, wherever is necessary 7. Any other supporting documents as may be required by the Company 8. Insured Person's own Indian bank cancelled cheque copy and bank details in attached format.					

	1. The Surveyor must issue an 'ILA' or initial loss assessment, as soon as his preliminary				
	assessment is over.				
	2. He should continue to advice about revision in reserve as his adjustment progresses, till a				
	firm figure is arrived at.				
	3. He must submit the reports and photographs both in hard copies and soft copies.				
	Supporting documents will have to be scanned.				
Surveyor's Responsibilities	4. He should clearly establish coverage.				
	5. He must clearly establish Cause of loss.				
	6. Loss Adjustment should be done in clear financial terms, with attachments certification				
	CA if financial statements are involved.				
	7. Salvage value.				
	8. The Surveyor should also determine loss minimization possibilities, by involving experts				
	from India/Abroad. If so agreed, with the insurers, he will coordinate the activities of these				
	specialists, so as to ensure that maximum equipment is made serviceable again.				



Condonation of delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits
	where the delay has been proved to be for reasons beyond the claimant's control.

Claims Procedure Applicable to Health Covers

Claims Documents to be submitted for Major Illness and Permanent Total Disablement due to Illness.	 Duly filled Claim Form with signature of claimant. Copy of Discharge Summary / Discharge Certificate / Death Certificate (in case insure expired); First consultation letter from treating Medical Practitioner Medical certificate confirming diagnosis, and the treatment from Medical Practitioner certificate from treating Medical Practitioner, specifying the duration and aetiology OT Notes in case of Surgery Medical certificate from treating Medical Practitioner specifying the diagnosis and need f the surgery MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All pathological/Histopathological and radiological Investigation Reports NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired Provide legal heir certificate in case nominee is minor. Provide KYC (Know your customer) form along with photocopy of any one of following KY documents for all claims amounting to Rs 1 lakh and above (Aadhaar Card, Passpo Driving License Voter ID, etc) Other necessary document as required by the Company We may require the Insured Person to undergo medical examination by Medical Practition authorized by Us to obtain an independent medical opinion for the processing of the claim. Ar cost towards such medical examination will be borne by Us. 		
Claims documents and procedure for Second Opinion	 Duly filled claim form along with the copy of all medical reports including investigation reports and discharge summary (if any) Select Our network Medical Practitioner from whom you would prefer to take the second opinion. (Please refer our Website or call at 24X 7 toll free line to obtain the list of Our panel doctors). On receipt of the complete set of documents, We will forward the same to the concerned doctor. The Second Opinion shall be forwarded to the member within 15 working days of receipt of the complete set of documents. Where Claim is on reimbursement basis – Diagnostic report and invoice from Medical Practitioner 		



Claims Documents to be submitted for Loss of Income due to termination	 Duly completed claim form; Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. Certificate from the employer of the insured confirming the termination with date of and period of termination. Form 26 AS Any other necessary document as may be required by the Company. NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims Documents to be submitted for Loss of Income due to resignation due to Cl	 Duly completed claim form; Certificate if applicable from the Bank stating the amortization schedule, the EMI Amounts, Principal Outstanding, etc. Resignation Letter/ Resignation Acceptance letter NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims Documents to be submitted for Loss of Income due to resignation due to Accidental Permanent Total Disablement	 Duly filled Claim Form with signature of claimant. Copy of Discharge Summary / Discharge Certificate First consultation letter from treating Medical Practitioner Certificate from treating Medical Practitioner, specifying the duration and aetiology OT Notes in case of Surgery Medical certificate from treating Medical Practitioner specifying the diagnosis and need for the surgery MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents to be submitted for Accidental Death	 Medical Practitioner's Report Medico Legal Certificate Death certificate Post mortem if conducted/FSL (Forensic science laboratory)report – To check for drug abuse/intoxication MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Claims documents to be submitted for Permanent Disablement	 Medical Practitioner's Report Medico Legal Certificate Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Disability certificate from a government certified Medical Practitioner or government Hospital confirming the extent and nature of disability; Discharge summary from the Hospital Medical reports, case histories, investigation reports,treatmentpapers as applicable. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Claims documents to be submitted for Temporary Total Disablement	 Medical Practitioner's Report Medico Legal Certificate Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury;



	 Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. And advised days of rest. Leave certificate from the employer (If Employed) Fitness certificate from Medical practitioner Insured's own Indian bank cancelled cheque copy and bank details in attached format MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable
Claims documents to be submitted for Hospital Cash	 Copy of Discharge Summary / Discharge Certificate along with time of admission and discharge for Hospital cash benefit First consultation letter from treating Medical Practitioner Certificate from treating Medical Practitioner, specifying the duration and etiology MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable NEFT details & cancelled cheque of Claimant or Nominee (in case claimant expired), Provide legal heir certificate in case nominee is minor.
Claims documents to be submitted for Broken Bones	 Medical Practitioner's Report Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; Original Discharge summary from the hospital Medical reports, case histories, investigation reports, treatment papers as applicable. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable Relevant treatment papers clearly mentioning the areas of fracture with their severity.
Claims documents to be submitted for Medical Evacuation	 Consultation note or Emergency Room's Medical Practitioner medical report Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. All relevant Original Invoices for the expenses incurred towards ambulance facility. A covering letter from claimant mentioning the details of loss.
Claims documents to be submitted for Emergency Medical Expenses and Accidental Hospitalization	 Consultation note or Emergency Room's Medical Practitioner medical report. Relevant treatment papers or Discharge Summary. Copy of the passport showing the date of entry and exit related to journey (to & fro) from India. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable All relevant Original Invoices for the expenses incurred.
Claims documents to be submitted for Dependent Child Education Benefit and Parental Care Benefit	 Consultation Note OR Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. Letter from treating Medical Practitioner, mentioning the cause of death if death occurred after a long period from the date of incident. Disability certificate from a government certified Medical Practitioner or government hospital confirming the extent and nature of disability; Death certificate Final police investigation report



	7. Post-mortem Report or Coroner's Report 8. MLC/FIR copy/ certificate regarding abuse of Alcohol/intoxicating agent if applicable.
Claims documents to be submitted for Mobility Extension Cover	 Duly completed and signed claim form. Policy/Certificate Copy Expenses incurred towards supporting equipment (wheel chair, railings, customized motor vehicle) Consultation Note Or Emergency Room's Medical Practitioner medical report OR Relevant Treatment Papers OR Discharge Summary. All relevant Invoices for the expenses incurred. Letter from treating Medical Practitioner mentioning the reason for disablement and confirming the disablement. Details of home, office and /or vehicle or towards purchase of an Artificial limb/wheelchair/or any limb during claim processing
Claims documents to be submitted for Chauffeur Benefit	 Medical Practitioner's Report Medico Legal Certificate Investigation Reports like Laboratory test, X-rays and reports essential of confirmation of the Injury; Original Discharge summary from the Hospital Medical reports, case histories, investigation reports, treatment papers as applicable. Letter from treating Medical Practitioner mentioning the reason and date for disablement and confirming the disablement. Original invoices of transport
Claims documents to be submitted for Last Rites Cover	Claim Form, duly completed Death certificate
Claims documents to be submitted for Burns	 Attested copy of certificate from treating Medical Practitioner specifying type of burns with percentage of burns Attested copy of FIR. (If any) All X-Ray / Investigation reports and films supporting to disability.
Particulars to be provided for pre- authorization	Policy Number Name of the Insured person(s) named in the Policy schedule availing treatment Nature of disease/Illness/Injury Name and address of the attending Medical Practitioner/Hospital Date of admission & probable date of discharge Approximate Claim Expenses Any other relevant information as required
Process for obtaining Pre- Authorization	 i. If the particulars are not provided in full or are insufficient for Us to consider the request, We will request additional information or documentation



	 ii. On receipt of duly filled pre authorization form from the Network Provider along with other sufficient details to assess the request, We may; Issue the authorization letter specifying the sanctioned amount any specific limitation on the claim and non-payable items, if applicable or Reject the request for pre-authorization specifying reasons for the rejection.
Condonation of Delay	If the claim is not notified/ or submitted to Us within the specified time limits, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

Claims Procedure Applicable to Section 6 - Property Cover

	Policy/Underwriting documents.		
	Policy/Underwriting documents. Survey Report with Photographs		
Documents required for	3. Claim Form, duly completed.		
processing of claim	Log book / Asset register / Capitalised item list		
processing or oldini	Repair / Replacement invoices with receipt		
	All Applicable valid Certificates		
	o. All Applicable valid Octimicates		
	Detailed description of the acts in chronological order which has resulted in the loss		
	(details of the quantum of loss to be mentioned and the basis at which it is arrived) giving		
	rise to a claim.		
	2. First Information Report /charge sheet filed by the police		
	3. Internal Investigation report, if any, from the Insured giving an Insight into the loss.		
	4. Any other relevant documents which would be construed as material information to the		
	case.		
	5. An acknowledgement with respect to the claim intimation is given to the insured, once we		
	are in receipt of any claim intimation from the insured.		
	Based on the information submitted in the claim intimation letter, if required, we may		
	procure more information from the insured depending on the facts mentioned therein, upto the satisfaction of the Company.		
	the satisfaction of the Company. Surveyor / Investigator may be appointed if required.		
	This requires that when a Surveyor is considered for appointment the following factors		
	should be looked at:		
Olates Bassal	Stitulid be looked at.		
Claims Procedure	The nature of loss		
	The nature of loss The nature of material lost		
	The geographical location of the loss The Surreyers are destired which would comparise of:		
	The Surveyors credentials, which would comprise of: Use gualifications Property Propert		
	His qualifications His experience		
	His experience The guestum of less assed by him in earlier curveys.		
	The quantum of loss assed by him in earlier surveys His Contification by IRDA		
	 His Certification by IRDA Apart from surveyor/investigator, opinions of legal experts are sought, if required. 		
	9. Based on the investigation and documentations provided, the decision with respect to the		



claim would be taken and accordingly conveyed to the insured

1. List of documents for Reimbursement Claims

- i. Completely filled claim form, duly signed (by claimant/proposer) and stamped (by Hospital).
- ii. Government Approved Photo ID & Age Proof
- iii. Copy of claim intimation letter / reference of Claim Intimation Number in the absence of main claim documents
- iv. Copy of the Hospital's Registration Certificate/Hospital Registration number in case of **Hospitalization** in any non-network hospital of HDFC ERGO GIC or certificate from **Hospital** authorities providing facilities available including number of beds.
- v. Discharge Card / Day Care Summary / Transfer Summary
- vi. Final hospital bill with all deposit and final payment receipt and refund receipt(s), if advance amount refunded
- vii. Invoice with payment receipt and implant stickers for all implants used during surgeries e.g. lens sticker and invoice in cataract Surgery, stent invoice and sticker in Angioplasty Surgery.
- viii. All previous consultation papers indicating history and treatment details for current **Illness** and advice for current hospitalization.
- ix. All diagnostic reports (including imaging and laboratory) along with prescription by **Medical Practitioner** and invoice / bill with receipt from diagnostic centre
- x. All medicine / pharmacy bills along with prescription by Medical Practitioner
- xi. MLC / FIR Copy in Accidental cases only
- xii. History of alcohol consumption or any intoxication certified by first treating doctor in case of accidental cases.
- xiii. Copy of Death Summary and copy of Death Certificate (in death claims only)
- xiv. Pre and Post-Operative Imaging reports
- xv. Copy of indoor case papers with nursing sheet detailing medical history of the patient, treatment details, and patient's progress (to be submitted wherever required by the insurer).
- xvi. Invoice for Vaccination and payment receipt
- xvii. KYC documents (in all claims above Rs 1 lakh) (Ration Card/ Driving License/ Aadhar Card/ Passport /any other Government authorized identity proof of the Claimant carrying name, photograph & address) and duly filled KYC form with 1 signed across passport size coloured photograph of the Claimant ***
- xviii. Duly filled NEFT form with cancelled blank cheque (with IFSC code, A/C number, and name mentioned on cheque leaf)
- xix. Settlement letter(s), copy (-ies) of payment receipts, and entire certified copy of paid claims in case of partial claim settlement from other insurer.
 - *** In case of death of Insured Person, the same document reuqirement would be for nominee/legal heir of Insured Person(NOC in favour of 1 or more than 1 undisputedly selected legal heir(s) by remanining legal heir(s).

2. Conditions for obtaining Cashless facility

- i. Cashless facility can be availed only at Our Network Provider. The complete list of Network Providers and empanelled Service Providers is available on Our website and can be obtained by contacting Us.
- ii. We reserve the right to modify, add or restrict any **Network Provider** for Cashless Facilities at **Our** sole discretion. The same shall be duly updated on **Our** website. **You** shall check the updated list of **Network Providers** before applying for Cashless Claim.
- iii. Pre-authorization is valid for 15 days from date of issuance and if all the details of the **Hospitalization**/treatment, including dates, **Hospital** and locations match with the details as per Cashless authorized.
- iv. We will make payment for the Cashless authorized amount directly to the Network Provider.



v. If the claim is not notified to **Us** within the specified time limits, then **We** shall be provided the reasons for the delay in writing. **We** will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control

3. Payment of a Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. The **Company** shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- iii. In the case of delay in the payment of a claim, the **Company** shall be liable to pay interest to the **Policyholder** from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the **Bank Rate**.
- iv. However, where the circumstances of a claim warrant an investigation in the opinion of the **Company**, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the **Company** shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- v. In case of delay beyond stipulated 45 days, the **Company** shall be liable to pay interest to the **Policyholder/Insured Person** at a rate 2% above the **Bank Rate** from the date of receipt of last necessary document to the date of payment of claim.
- vi. If **We**, for any reason decide to reject the claim, the reasons regarding the rejection shall be communicated to **You** in writing within 30 days of the receipt of documents.
- vii. If requested by **Us**, at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the **Insured Person's** treatment and to investigate the circumstances pertaining to the claim.
- viii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess **Our** liability and quantum in respect of the claim

E. General Conditions

1. Fraudulent claim

If any claim made under the **Policy** is found to be fraudulent, or is supported by any fraudulent means or devices or software by **Insured Person** or anyone acting on their behalf to obtain any benefit under this **Policy** then The **Policy/Coverage** shall be cancelled ab-initio from the Coverage commencement date. All benefits payable, if any, under such **Policy** shall be forfeited with respect to such claim

2. Special Provisions

Any special provisions subject to which this Policy has been entered into and endorsed in the Policy or in any separate instrument shall be deemed to be part of this Policy and shall have effect accordingly.

3. Entire Contract

The Policy constitutes the complete contract of insurance. No change or alteration in this Policy shall be valid or effective unless approved in writing by the Company, which approval shall be evidenced by an endorsement on the Policy.



4. Complete Discharge

Any payment to the **Policyholder**, **Insured Person** or his/ her nominees or his/ her legal representative or assignee or to the **Hospital**, as the case may be, for any benefit under the **Policy** shall be a valid discharge towards payment of claim by the **Company** to the extent of that amount for the particular claim.

5. Right to inspect

If required by the Company, an agent/representative of the Company including an Investigator or Surveyor appointed on that behalf shall in case of any loss or any circumstances that have given rise to the claim to the Insured be permitted at all reasonable times to examine into the circumstances of such loss. The Policy Holder/Insured Person shall on being required so to do by the Company produce all books of accounts, receipts, documents relating to or containing entries relating to the loss or such circumstance in his possession and furnish copies of or extracts from such of them as may be required by the Company so far as they relate to such claims or will in any way assist the Company to ascertain the correctness thereof or the liability of the Company under the Policy.

6. Fraudulent claims

If any Claim made or utilization of Covers under the Policy is found to be fraudulent, or is supported by any fraudulent means, devices or software by **Policy Holder/ Insured Person** or anyone acting on their behalf to obtain any benefit under this Policy;

- The policy shall be cancelled ab-initio from the inception date
- · All benefits payable, if any, under such Policy shall be forfeited with respect to such claim

7. Policy Disputes

Any dispute concerning the interpretation of the terms, conditions, limitations and/or exclusions contained herein is understood and agreed to by both the Insured and the Company to be subject to Indian Law. Each party agrees to submit such dispute to a Court of competent jurisdiction and to comply with all requirements necessary to give such Court the jurisdiction. All matters arising hereunder shall be determined in accordance with the law and practice of such Court.

8. **Geography**

The policy provides worldwide coverage unless specified in the Coverage otherwise

9. Renewal

i. The **Company** shall be under no obligation to renew the Policy/Coverage on expiry of the period for which premium has been paid. The **Company** reserves the right to offer revised rates, terms and conditions at renewal based on claim experience and a fresh assessment of the risk. This policy may be renewed only by mutual consent and subject to payment in advance of the total premium at the rate in force at the time of renewal. The **Company**, however, shall not be bound to give notice that the policy is due for renewal or to accept any Renewal



premium. Unless renewed as herein provided, this policy shall automatically terminate at the expiry of the **Policy Period/ Coverage Period.**

10. Grace Period

- A grace period of 30 days for Renewal of Coverage is applicable under the Policy. However, Hospitalization or diagnosis of an Illness/Surgical Procedure contracted during the grace period will not be admissible under the Policy.
- ii. For Renewal received after completion of 30-day grace period, the Coverage would be considered as fresh without any Renewal benefits
- iii. For Policies on instalment basis, Grace Period is available as given below.

Installment Premium Option	Grace Period applicable
Yearly	30 days
Half Yearly	30 days
Quarterly	30 days
Monthly	15 days

11. Cancellation

i. Cancellation by Insurer

We may cancel the Policy or Coverage on grounds of misrepresentation, fraud, non-disclosure of material facts as sought to be in proposal form/enrolment form or non-cooperation by **Policy Holder** or **Insured Person**. Cancellation shall be ab initio from the inception date or the Renewal date (as the case may be), at our sole discretion upon giving 30 days' notice

ii. Cancellation by Insured Person

You may cancel Your Coverage under the **Policy** at any time by giving **Us** written notice. The cancellation shall be from the date of receipt of such written notice. In case of any claim made during **Policy Year**, no premium will be refunded.

If no claim has been made under the Policy, we will refund premium in accordance with the table below

Refund table applicable to Fixed Sum Insured Basis

Loan Period	1	2	3	4	5+
Policy Period	1	2	3	4	5
Year Of Cancellations	% Return Premium				



1	50%	67%	75%	80%
2		33%	50%	60%
3			25%	40%
4				20%

Refund table applicable to Reducing Balance Sum Insured

% Return Premium														
Policy Period	2	3	4	5	5	5	5	5	5	5	5	5	5	5
Loan Period	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Year 1	25%	45%	57%	65%	70%	73%	74%	75%	76%	77%	77%	78%	78%	78%
Year 2		11%	26%	37%	45%	49%	51%	53%	54%	55%	56%	56%	57%	57%
Year 3			6%	17%	24%	28%	31%	33%	34%	35%	36%	36%	37%	37%
Year 4				4%	9%	12%	14%	15%	16%	16%	17%	17%	18%	18%
					% Re	turn P	remiu	m						
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
78%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%
57%	58%	58%	58%	58%	59%	59%	59%	59%	59%	59%	59%	59%	59%	59%
37%	38%	38%	38%	38%	39%	39%	39%	39%	39%	39%	39%	39%	39%	39%
18%	18%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	19%	20%	20%

- i.In event of part prepayment of the Loan, no refunds of premium shall be made under this Policy. No refunds of premium will be made under the Policy during the last year of the Policy Period.
- ii. Upon making any refund of premium under this Policy in accordance with the terms and conditions hereof in respect of the Insured, the cover in respect of the Insured shall forthwith terminate and the Company shall not be liable under the Policy.
- iii. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of the Insured where Claim under the Policy is admissible by the Company.

12. Loadings



- We may apply loading on the premium, based on the declarations made in the proposal form and the health status, habits and lifestyle, past medical records, and the results of the Pre-Policy medical examination of the persons proposed for insurance.
- II. The maximum Medical Underwriting loading shall not exceed 100% for each condition and a total of 150% for each **Insured Person**
- III. Loadings will be applied from Commencement date of the Policy including subsequent **Renewal**(s) with **Us** or on increased Sum Insured. We will not apply any additional loading on **Your** policy premium at **Renewal** based on claim experience in **Your** Policy.
- IV. We will inform You about the proposed loading with time bound exclusion (if any) through a counter offer letter and will issue the Policy only on **Your** acceptance within 15 days of the receipt of such counter offer letter. In case, you neither accept the counter offer nor revert to **Us** within 15 days, We shall cancel **Your** application and refund the premium paid within next 7 days.

13. Premium Payment Option

 Policy holder/Insured Person shall have the option to pay policy premium in total at the inception of policy or in instalments as per options as below

Options	Installment Premium Option	Grace Period
Option 1	Yearly	30 days
Option 2	Half Yearly	30 days
Option 3	Quarterly	30 days
Option 4	Monthly	15 days

- ii. No Additional charges, on the existing premium are applicable irrespective of the Instalment Option selected.
- iii. **Grace Period** of 15 days in case of Monthly premium payment option and 30 days for Yearly, half yearly and Quarterly premium payment option shall be applicable. Any hospitalization for diagnosis an Illness/Critical Illness contracted during the grace period will not be admissible under the Policy.
- iv. If case of non-receipt of Instalment Premium on the Instalment due date or before expiry of the grace period, the policy stands cancelled and the Premium for unexpired period will be refund as below
- v. In case of Claim under the Policy, unpaid instalment premium will be recovered from the Claim amount payable.
- vi. Cancellation
 - a. Where Instalment option is not opted and premium has been paid in lump sum, cancellation grid as mentioned in clause 11 ii above will be applicable
 - b. When yearly payment option is chosen, 50% of yearly premium will be refunded when the current period is less than 6 months in to the policy year. For cancellations after 6 months, no refund will be payable.
 - c. For all other Premium Payment options, 50% of current instalment premium will be refunded when the current period is less than 6 months in to the policy year. For instalment after 6 months, no refund will be payable.
 - d. In case of Claim during the Policy year, the Premium in respect of future instalment would be adjusted against Claim payable.



Instalment Premium payment through Auto Debit/ECS Facility

- If Option of Premium payment by Payment is opted through auto Debit/ECS facility, a separate authorization form shall be submitted by Policy Holder/ Insured Person where Premium to be debited at a chosen frequency will be mentioned upfront
- ii. Where there is a change either in the terms and conditions of the Coverage or Policy or in the premium rate, the ECS authorization shall be obtained afresh
- iii. The Policyholder/Insured Person has the option to withdraw from the ECS mode at least fifteen days prior to the due date of instalment premium payable
- iv. No additional charges will be levied or recovered in any manner from the benefits payable towards cancellation of the ECS mode

14. Endorsements

The following endorsements are permissible during the Coverage Period:

1.1. Non-Financial Endorsements – which do not affect the premium

- i. Minor rectification/correction in name of the Insured Person (and not the complete name change)
- ii. Rectification in gender of the Insured Person (if this does not impact the premium)
- iii. Rectification of date of birth of the Insured Person (if this does not impact the premium)
- iv. Change in the correspondence address of the Proposer (if this does not impact the premium)
- v. Change in Nominee Details
- vi. Change in bank details
- vii. Any other non-financial endorsement

1.2. Financial Endorsements – which result in alteration in premium

- i. Cancellation of Policy
- ii. Any other financial endorsement

15. Withdrawal of the Product

- We may withdraw this product with the prior approval from Insurance Regulatory and Development Authority of India.
- ii. We will intimate You/ Policy Holder of any such changes at least 3 months prior to date of such revision or modification.
- iii. In such an event of withdrawal of this product, **You/ Policy Holder** can choose to renew this policy under any of Our similar Health insurance products.
- iv. Credit of continuity/waiting periods for all the previous policy years would be extended in the new policy on Renewal with **Us**

16. Portability

Health Insurance portability can be availed if the proposed **Insured Person** was insured continuously and without a break under this Policy with us.

Procedure to avail Portability:



- a. The **Portability** of Policy can be availed of by submitting the completed Proposal form, portability annexure along with previous policy documents and **Renewal** notice of expiring policy, at least 45 days in advance, but not earlier than 60 days, from the expiry of the existing health insurance policy.
- b. Policy can be ported on at the time of **Renewal** of the existing Coverage.
- c. Waiting period credits shall be extended to Pre-Existing Diseases and time bound exclusions/waiting periods.
- d. If the proposed Sum Insured is higher than the Sum insured under the expiring policy, all waiting periods under the Policy shall be applicable on the increased Sum Insured.
- e. Portability shall be applicable to the Sum Insured under previous Policy
- f. We will process Portability application within 15 days of receiving the complete proposal form and Portability Form.

17. Payment of Claim

- i. If there are any deficiencies in the necessary claim documents which are not met or are partially met, **We** will send a maximum of 3 (three) reminders following which **We** will send a closure letter or make a part-payment if **We** have not received the deficiency documents after 45 days from the date of the initial request for such documents
- ii. On receipt of all the documents and on being satisfied with regard to the admissibility of the claim as per policy terms and conditions, **We** shall offer within a period of 30 days a settlement of the claim to the Insured person.
- iii. Upon acceptance of an offer of settlement by the **Insured person**, the payment of the amount due shall be made within 7 days from the date of acceptance of the offer by the **Insured Person**. In the cases of delay in the payment**We** 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.
- iv. However, where the circumstances of a claim warrant an investigation, **We** will initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document. In such cases, **We** will settle the claim within 45 days from the date of receipt of last necessary document. In case of delay beyond stipulated 45 days, the Company will be liable to pay interest at a rate which is 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.
- v. If **We**, for any reason decide to reject the claim the reasons regarding the rejection shall be communicated to You in writing within 30 days of the receipt of documents.
- vi. If requested by **Us** and at **Our** cost, the **Insured Person** must submit to medical examination by **Our Medical Practitioner** as often as **We** consider reasonable and necessary and **We/Our** representatives must be permitted to inspect the medical and Hospitalization records pertaining to the treatment of **Insured Person** and to investigate the circumstances pertaining to the claim.
- vii. **We** and **Our** representatives must be given all reasonable co-operation in investigating the claim in order to assess Our liability and quantum in respect of the claim

Contact Us

Within India	Outside India



Claim Intimation:	Service No. 022-62346234 / 0120-62346234 Email:healthclaims@hdfcergo.com	Toll Free No: 800 08250825 Global Toll Free No: +800 08250825 (accessible from locations outside India only) Landline no (Chargeable): 0120-4507250 Emailtravelclaims@hdfcergo.com
Claim document submission at address	HDFC ERGO General Insurance Co. Ltd. Stellar IT Park, Tower-1 5th Floor, C - 25, Noida, Sector 62, 201301, Uttar Pradesh	

Grievance Re-dressal Procedure

In case of any grievance the insured person may contact the company through:

Website: www.hdfcergo.com

Toll free: 022 6234 6234 / 0120 6234 6234

Contact Details for Senior Citizen: 022 6234 6234 / 0120 6234 6234

E-mail: care@hdfcergo.com

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at cgo@hdfcergo.com

For updated details of grievance officer, kindly refer the link: https://www.hdfcergo.com/customer-voice/grievances

Contact Points	Contact Point
Contacts us at	https://www.hdfcergo.com/customer-care/grievances. Call - 022-62346234 / 0120-62346234
Contact Point for Senior Citizen	https://www.hdfcergo.com/customer-care/grievances. Call - 022 6234 6234 / 0120 6234 6234
Write to us at	care@hdfcergo.com



D-301, 3rd floor, Eastern Business District, LBS marg, Bhandup west, Mumbai - 400078

- i. If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.
- ii. Grievance may also be lodged at IRDAI Integrated Grievance Management System https://igms.irda.gov.in/

List of Ombudsman

Office Details	Jurisdiction of Office Union Territory,District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, JeevanSoudhaBuilding,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, JanakVihar 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@ecoi.co.in	Madhya Pradesh Chattisgarh.



Office Details	Jurisdiction of Office Union Territory,District)
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma 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@ecoi.co.in	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.
CHENNAI - Shri M. Vasantha Krishna 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@ecoi.co.in	Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).
DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in	Delhi.
GUWAHATI - ShriKiriti .B. Saha Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor,	Assam, Meghalaya, Manipur, No.146 CIN: U66020MH2007PI C177117, Posictored & Corporate Office: 1st Floor, HDEC House, 165-166 Backbay.



Office Details	Jurisdiction of Office Union Territory,District)
Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in	Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD - Shri I. Suresh Babu 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 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in	Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.
JAIPUR - Smt. SandhyaBaliga Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in	Rajasthan.
ERNAKULAM - Ms. PoonamBodra 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@ecoi.co.in	Kerala, Lakshadweep, Mahe-a part of Pondicherry.
KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072.	West Bengal, Sikkim, Andaman & Nicobar Islands.



Office Details	Jurisdiction of Office Union Territory,District)
Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: <u>bimalokpal.kolkata@ecoi.co.in</u>	
LUCKNOW -Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in	Districts of Uttar Pradesh: Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in	State 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, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA - Shri N. K. Singh Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur,	Bihar, Jharkhand.



Office Details	Jurisdiction of Office Union Territory,District)
Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	
PUNE - ShriVinaySah Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.