



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

ADDRESS OF
ISSUING OFFICE

ITGI/JSB/03

Jan Suvidha Bima Policy (Micro Insurance) - Policy wording

This Policy is evidence of the contract between You and ITGI. The Proposal along with any written statement of Yours for the purpose of this Policy forms part of this contract.

This Policy witnesses that in consideration of Your having paid the premium. ITGI will insure Your interest under the Sections specified as operative in the Schedule during the Policy Period and accordingly we will indemnify You in respect of events occurring during the Policy Period in the manner and to the extent set forth in the Policy provided that all the terms, conditions and exceptions of this Policy in so far as they relate to anything to be done or complied with by You have been met.

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

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

Your Policy is based on information which You have given to us and the truth of these information's shall be condition precedent to Your right to any recovery under this Policy.

DEFINITION OF WORDS

1. **Proposal** : It means any signed Proposal by filling up the questionnaires and declarations, written statement and any information in addition thereto supplied to Us by You or on Your behalf. 2. **Policy** : It means the Policy wording, the Schedule and any applicable endorsement or memoranda. Your Policy contains details of the extent of cover available to You, what is excluded from the cover and the conditions, warranties, provisions on which the Policy is issued.

3. **Schedule** : It means the latest Schedule issued by Us as part of Your Policy. It provides details of Sections of Your Policy which are in force, and the level of cover You have. A revised Schedule will be sent at each renewal and whenever You request for a change in the cover.

4. **Endorsement** : It means any alteration made to the Policy, which has been agreed to by Us in writing.

5. **Sum Insured** : It means the monetary amounts shown against any Item or Section of the Policy. 6. **We/Our/Us** : It means IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.

7. **You/Your** : It means the person named as the Insured in the Schedule.

8. **Market Value** : It means the Replacement Value of insured property or item as new at the time of Damage less due allowance for betterment, wear and tear and/ or depreciation OR the value which can be realized from the market for such insured property immediately before the occurrence of Damage, whichever is lower.

9. **Accident** : It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.

10. **Money** : It means cash, current coins, bank and currency notes, cheques, postal orders, current postage stamps which are not part of a collection and luncheon voucher.

11. **Personal Effects** : It means articles excluding money, jewellery and valuables, which are normally worn, used or carried about by You or Your Family in everyday life.

12. **Unoccupied** : It means not lived in by You, Your Family, Your domestic employee or any other person authorized by You.

13. **Policy Period** : It means the period commencing from the effective date and hour as shown in the Schedule Policy period.

14. **First Loss** : It means the part (percentage) of the total value of property at risk covered under this insurance which represent our maximum liability in the event of any Damage under the Policy. The First Loss value is 50% of the total value at risk for this insurance. The coverage under Section 1 & 2 of the Policy are granted on First Loss basis.

15. Disclosure to information norm

This means the Policy shall be void and all premium paid hereon shall be forfeited to us, in the event of misrepresentation, mis-description or non-disclosure of any material fact.

16. Injury

It 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.

17. Contribution

It means essentially our right to call upon other insurers, liable to the same insured person, to share the cost of an indemnity claim on a rateable proportion of Sum Insured.



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18. **Renewal**

It 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 or the purpose of all waiting periods.

19. **Notification of Claim**

It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

20. **Grace Period**

It 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.

GENERAL CONDITIONS - (These apply to the whole Policy)

1) **REASONABLE PRECAUTION AND CARE OF PROPERTY** : You shall take all responsible precautions for safety and soundness of insured property and to prevent injury, illness, disease, loss or damage in order to minimize claims. You must comply with manufacturer's recommended actions for inspection and maintenance and shall also comply with all statutory requirements or other regulations and will employ only competent employees.

2) **NOTICE** : You will give every notice and communication in writing to Our office through which this insurance is effected.

3) **MIS-DESCRIPTION** : This Policy shall be void and all premium paid by you to Us shall be forfeited in the event of misrepresentation, mis- description or concealment/ non-disclosure of any material information.

4) **CHANGE IN CIRCUMSTANCES** : You must inform Us, as reasonably possible, of any change in information You have provided to Us about Yourself, Your employee and/ or Your Home which may affect the insurance cover provided e.g. change of address, the period for which the building containing the insured property remains unoccupied, if such period exceeds 30 days, You must also notify Us about any alteration made or change in information as described aforesaid whereby risk of Damage or Accident is increased. In case of such alteration or changes made and not accepted by Us in writing, all covers under this Policy shall cease.

5) **CLAIM PROCEDURE AND REQUIREMENTS** : An event, which might become a claim under the Policy, must be reported to Us as soon as possible. A written statement of the claim will be required and a Claim Form will be provided. This written statement of claim along with supporting documentation (estimates, vouchers, proof, investigation report and the like) prepared at your expense along with the particulars of other insurances covering the same risk must be delivered to Us within 15 days of date of Damage. If any person is claiming against you. Your family or your employee, every letter, claim, writ, summon, process information or any verbal notice of claim shall be forwards to us without delay. You, Your Family or any person on your behalf must not attempt to negotiate any claim, nor admit or repudiate any claim without our consent. You shall give all possible assistance to enable us to settle or resist any claim or to institute proceeding as deemed suitable by us. In the event of a claim under Personal Accident Section, You or Your personal representative must give immediate written notice and in any case within 14 days of occurrence of injury/death. All certificates, information and evidence from a Medical Practitioner or otherwise required by us shall be furnished by You or Your personal representative/assignee in the manner and from as we may prescribe. In such claims, the insured person will allow our medical representative to carry out examination if and when we may reasonably require.

6) **CLAIM CONTROL** : a) We are entitled to: (i) enter any building where Damage has occurred and take possession of any property of the building and deal with salvage, but this does not mean that property can be abandoned to Us and We shall not by any act done in exercise or purported exercise of our process hereunder, incur any liability or diminish any of our rights to rely upon any Policy condition while responding to any claim lodged by you. (ii) receive all necessary information, proof of Damage and assistance from You and from any other person seeking benefit under this Policy. (iii) take over and conduct in Your name or in the name of any person seeking benefit under this Policy, defense or settlement of any claim. (iv) take proceedings at Our own expenses and for Our own benefit, but in Your name or in the name of any other person who is claiming or has received benefit, to recover any payment made or due under this Policy. b) No admission, offer, payment or indemnity shall be made or given by You or on Your behalf without Our written consent.



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8) **FRAUD** : If a claim is fraudulent on account of fraudulent means or action used by You, Your Family, or Your employee, all benefits and rights under this Policy shall be forfeited.

9) **CONTRIBUTION** : If, when any claim arises, there is any other insurance covering the same matter, We will pay only Our ratable proportion. This Condition does not apply to Section 4 (Personal Accident).

10) **Cancellation:**

a) We may cancel the policy on grounds of fraud, moral hazard or misrepresentation or non-cooperation by you by sending 30(thirty) days notice by registered post to your last known address. You will then be entitled to, except in case of fraud or illegality on your part, a pro-rata refund of premium for unexpired period of this policy in respect of such insured person(s) in respect for whom no claim has arisen.

b) You may cancel the policy by sending written notice to us under registered post. We will then allow a refund on following scale, except for those insured person(s) for whom claim has been preferred on us under the current policy:

Period of cover up to	Refund of annual premium rate (%)
1(one) month	75% (seventy five percent)
3(three) months	50% (fifty percent)
6(six) months	25% (twenty five percent)
Exceeding six months	Nil

11) **Arbitration:** If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to the decision of the sole arbitrator to be appointed in writing by the parties to or if they cannot agree upon a single arbitrator within 30 (thirty) days of any party invoking arbitration the same shall be referred to a panel of three arbitrators, comprising of two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by two such arbitrators and arbitration shall be conducted under and in accordance with the provisions of the arbitration and conciliation act, 1996. It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if we have disputed or not accepted liability under or in respect of this policy. It is understood, however, that the insured shall have the right at all times during currency of the policy to communicate only, with the leading or issuing office in all matters pertaining to this insurance.

11) **REINSTATEMENT OF SUM INSURED** : The Sum(s) Insured of: Section 1 - Fire and Allied Perils Section 2 - Burglary, Housebreaking and Other Perils

Shall not be reduced by the amount of any Damage but pro-rata premium on the amount of Damage from the date of occurrence of Damage to expiry of Policy Period shall be payable by You. The additional premium referred herein above shall be deducted from net claim amount payable under this Policy .Notwithstanding what is stated above, the Sum Insured shall stand reduced by the amount of Damage in case You immediately on occurrence of the Damage exercise Your option not to reinstate the Sum Insured as above.

12) No sum payable under this Policy shall carry any interest/penalty.

13) The Geographical Limit of this Policy will be India except for Section 4 (Personal Accident), where the Geographical Limit will be worldwide. However all claims shall be settled in India in Indian Rupees. The provision of this Policy shall be governed by the laws of India for the time being in force. The parties hereto unconditionally subject themselves to the jurisdiction of the Courts in India.

It is warranted 1. That Our liability in respect of any item specified in the Schedule including any additional costs and expenses payable in connection with that item (unless specifically expressed as being payable in addition to the Sum Insured) shall not exceed the Sum Insured set against such item or in the whole the total Sum Insured or such other sum(s) as may be substituted for it by Endorsement signed by Us or on Our behalf. 2. That whenever Your Home is left Unoccupied, all doors and windows shall be properly secured and all keys for main doors of Your Home shall be either removed from there or handed over to Your authorized person (including security guard). It is provided that breach of this warranty shall not be a bar to any claim or loss or damage caused other than by Burglary etc perils. 3. That the building containing or constituting Your Home is a) maintained in a good and substantial state of repair. b) Occupied by You for residential purpose and not as a manufacturing unit, godown, warehouse or office.

14. **Grievance or Complaint:** You may register a grievance or complaint by visiting our website www.itgi.co.in you may also contact the branches from where you have bought the policy or grievance officer who can be reached at our corporate office.



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15. Insurance Ombudsman

We shall Endeavour to promptly and effectively address Your grievances. In the event You are dissatisfied with the resolution of Your grievance or complaint, You may approach the Insurance Ombudsman located nearest to You. Details of the offices across the Country are made available on Our website www.itgi.co.in.

16. Reasonable and Customary Charges

It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services , taking into account the nature of the illness / injury involved .

17. **Withdrawal & Alteration of Policy Conditions:** The policy terms and conditions may undergo alteration as per the IRDA Regulation. However the same shall be duly notified to you at least three months prior to the date when such alteration or revision comes into effect by registered post at your last declared correspondence address. The timeliness for revision in terms and rates shall be as per the IRDA Regulation.

A product may be withdrawn with the prior approval of the Authority and information of withdrawal shall be given to you in advance as per the IRDA guidelines with details of options provided by us. If we do not receive your response on the intimation of withdrawal, the existing product shall be withdrawn on the renewal date and you shall have to take a new policy available with us, subject to terms & conditions.

18. Free Lookup Period:

You will be allowed a period of at least 15 (fifteen) days from the date of receipt of the policy to review the terms and conditions of the policy and to return the same if not acceptable stating the reasons therein for doing so.

If you have not made any claim during the free look period, then you shall be entitled to :

- I. A refund of the premium paid less any expenses incurred by us
- II. Where the risk has already commenced and the option of return of the policy is exercised by you, a deduction towards the proportionate risk premium for period on cover less any expenses incurred by us
- III. Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period less any expenses incurred by us on medical examination of the insured persons and the stamp duty charges

19. **Renewal:** Renewal shall not be refused unless justified on grounds of fraud, moral hazard or misrepresentation or non-cooperation by the insured, provided, however, that you apply for renewal and remit the requisite premium before the expiry of this policy.

20. **Payment of premium:** The premium payable shall be paid in advance before commencement of risk. No receipt for premium shall be valid except on our official form signed by our duly authorized official. In similar way, no waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.

21. **Protection of Policy Holder's Interest:** in the event of a claim, if the same is found admissible under the policy, we shall make an offer of settlement or convey the rejection of the claim within 30(thirty) days of receipt of all relevant documents and investigation/ assessment report (if required). In case the claim is admitted, the claim proceeds shall be paid within 7(seven) days of your acceptance of our offer. In case of delay in payment, we shall be liable to pay interest at a rate which is 2.0% (two percent) above the bank rate prevalent at the beginning of financial year in which the claim is received by us.

GENERAL EXCLUSIONS:

CONFISCATION -Any Damage due to confiscation, commandeering, requisition, detention or destruction by order of any Government or lawfully constituted authority.



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WEAR AND TEAR - Damage caused by wear and tear, depreciation and/or gradual deterioration. **CONSEQUENTIAL LOSS** - Consequential loss of any kind or description including any reduction of market value beyond the cost of repair or replacement.

EXISTING DAMAGE - Any damage, injury, accident, disease or illness existing or occurring before cover commences under the Policy.

MATCHING OF ITEMS - The cost of repair or replacement of any undamaged or unbroken item or part of item forming part of a set suit or other articles of uniform nature, color or design when damaged or breakage occurs within a clearly identifiable area or to a specific part and replacement cannot be matched.

SECTION 1 : Fire and Allied Perils

PROPERTY INSURED :: All Household Contents

PROPERTY SPECIFICALLY NOT COVERED We will not be liable for:

1. Articles of hazardous nature, including explosives.
2. Air or water craft, motor vehicles (other than domestic gardening equipment) caravans, trailers whether licensed for road use or otherwise or parts and accessories on or in any of them.
3. Livestock or pets or any other living creature.
4. Jewellery, Stamps, bullions, or unset precious stones.
5. Tree, plants, shrubs or growing matter. 6. Money or Documents.

COVERAGE : WHAT IS COVERED : In the event of Damage directly caused by insured perils listed hereunder and subject to its not being otherwise excluded,

We will indemnify You against such Damage to property insured at Your Home.

1. Fire
2. Lightning
3. Explosion / Implosion.
4. Damage caused by an aircraft, other aerial or space devices and articles dropped the reform.
5. Riot, Strike and Malicious Damage: - Loss of or Visible physical Damage by external violent means directly caused to the property insured.
6. Storm, Cyclone, Typhoon, Tempest, Hurricane, Tornado, Flood and Inundation.
7. Impact Damage by any rail/road vehicle or animal by direct contact.
8. Subsidence and Landslide including Rockslide: Damage caused by subsidence of the part of site on which the insured property stands or landslide/rockslide.
9. Bursting and overflowing of water tank, apparatus and pipes.
10. Missile testing operations.
11. Leakage from automatic sprinkler installations.
12. Bush Fire.
13. a.) Pollution or contamination which results from a peril mentioned under Items 1 to 12 above. b) Any peril mentioned under Items 1 to 12 above, which results from pollution or contamination. 14. Earthquake

WHAT IS NOT COVERED : We will not be liable for

1. Damage caused to the property insured by a) Its own fermentation, natural heating or spontaneous combustion. b) Its undergoing any heating or drying process.
2. Damage to boilers (other than domestic boilers), economisers or other vessels machinery or apparatus (in which steam is generated) or their contents resulting from their own explosion/ implosion or damages caused by centrifugal force
3. Damage caused by pressure waves.
4. Damage caused by a) Total or partial cessation of work or the retarding or interruption or cessation of any process or operation or omission of any kind. b) Permanent or temporary dispossession of any building resulting from the unlawful occupation by any person of such building or prevention of access to the same. c) Burglary, housebreaking, theft, larceny or any other such attempt or omission of any kind of any person (whether or not such act is committed in connection with the disturbance of public peace) in any malicious act.
5. Damage by vehicle/animals belonging to or owned by You or Your Family or Your domestic employees.
6. Damages caused by:- a) Normal cracking, settlement or bedding of new structures. b) Settlement or movement of made up ground. c) Coastal or river erosion. d) Defective design or workmanship or use of defective material e) Demolition, construction, structural alteration or repair of any property or ground work or excavation.



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7. Damage caused by a) Repairs or alteration to Your Home. b) Repairs, removal or extension of the sprinkler installation. c) Defects in construction known to You.
8. Damage caused by Forest Fire.
9. Damages caused to the insured property by pollution or contamination, other than what is stated under Item 13 of "What Is Covered".
10. Damage to any electrical/electronic equipment, machines, apparatus, fixtures, fittings by overrunning, excessive pressure, short-circuiting, arcing, self-heating or leakage of electricity from whatever cause (lightning included), provided that this exclusion will apply only to the particular machine, apparatus, fixtures, fittings so affected and not to other machines, apparatus, fixtures, fittings, which may be damaged by fire so set up.
11. Expenses necessarily incurred by You on Architect, Surveyor and Consulting Engineer's fees and Debris Removal following Damage to property insured by an insured peril in excess of 3% and 1% of the claim amount respectively.
12. Damage to property insured if removed to any building or premises other than in which it is herein stated to be insured.
13. Any Loss or damage occasioned by or through or in consequence directly or indirectly due to earthquake, volcanic eruption or other convulsions of nature (unless covered specifically through payment of additional premium)

SPECIAL PROVISIONS :

1. **AVERAGE** - The coverage under Item A of this Section for household items is on First Loss basis (upto 50% of the total Contents of Your Home) as limits stated in the Schedule attached to and forming part of the Policy. In the event of any Damage under the Policy if it is found that the actual Market Value of 50% of the total property at risk exceeds the value (Sum Insured) declared to us, then Our liability is restricted to the same proportion of the Damage as the value (Sum Insured) declared to Us bears to the actual Market Value of 50% of the total property at risk.
2. **CLAIM SETTLEMENT** - In the event of Damage to property insured, We will indemnify You by payment or at Our option by repair, replacement or reinstatement. In case of reinstatement or replacement, We shall not be bound to reinstate exactly or completely but only as circumstances permit and in reasonably sufficient manner subject to limits of Sum Insured. If We so elect to replace or reinstate any property, You shall at Your own expense furnish Us with such plans, specifications, measurements, quantities and such other particulars as We may require and no acts done or caused to be done by Us with a view to reinstatement or replacement shall be deemed as an election by Us to reinstate or replace.
If in any case We shall be unable to reinstate or repair the property hereby insured because of any regulation(s) in force affecting the alignment of streets or the construction of building or otherwise, We shall in every such case, only be liable to pay such sum as would be requisite to reinstate or repair such property, if the same could lawfully be reinstated to its former condition.
3. **BASIS OF CLAIM SETTLEMENT** - In the event of Damage to the property insured by insured perils during the currency of Policy, We will pay the full cost of repair or replacement to a condition equal to but not better or more extensive than its condition when new, less due allowance for wear and tear and depreciation. The basis of claim settlement will be the Market Value of the insured property at the time of its Damage.

SPECIAL CONDITIONS :

1. All insurances under this Section of the Policy shall cease on expiry of seven days from the date of fall or displacement of the insured building or part thereof or of the whole or any part of any range of buildings or of any structure of which such building forms a part, provided such a fall or displacement is not caused by insured perils, damage which is covered by this Policy or would be covered if such building, range of buildings or structure were insured under this Policy.
However, We may agree to continue the insurance subject to revised rates, terms and conditions provided that We have been given express Notice within 7 (seven) days of such fall or displacement of the building.
2. The insurance under this Section does not cover any Damage to the property which at the time of happening of such Damage, is insured by or would, but for the existence of this Policy be insured by a Marine Policy, except in respect of any excess beyond the amount which would have been payable under the Marine Policy or Policies had this insurance not been effected.

SECTION 2 : Burglary, Housebreaking and Other Perils

PROPERTY INSURED ; It shall mean the same properties described under Section 1 (Fire and Allied Perils - Contents) of this Policy.

COVERAGE : WHAT IS COVERED - In the event of Damage directly caused by insured perils listed hereunder and subject to its not being otherwise excluded, We will indemnify You against the following Damage to property insured at Your Home. 1. Theft or attempted theft involving violent and forcible entry into or exit from the insured premises, housebreaking, robbery and dacoity.

WHAT IS NOT COVERED - We will not be liable for: 1. (a) Damage caused by theft and/ or larceny without use of force / violence. (b) Damage caused by theft or attempted theft by You or any member of Your Family whether as a principal or an



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accessory. (c) Damage caused whilst Your Home remains Unoccupied for more than 30 days in continuation, unless informed to us in advance. 2. (a) Damage caused as a result of felling or lopping of trees by You or on Your behalf. (b) Damage caused to gates and fences. 3. Damage to the satellite dish or aerial itself.

SPECIAL PROVISIONS :

1. **AVERAGE (UNDER INSURANCE)** - The provisions relating to Average will be the same as described under Section 1 (Fire and Allied Perils- Contents) of this Policy.

2. **CLAIM SETTLEMENT** - The provisions relating to claim settlement will be the same as described under Section 1 (Fire and Allied Perils-Contents).

3. **BASIS OF CLAIM SETTLEMENT** - The provisions relating to basis of claim settlement will be the same as described under Section 1 (Fire and Allied Perils).

SPECIAL CONDITIONS : The provisions of Special Condition Nos. 1 and 2 of Section 1 (Fire and Allied Perils Contents) are also applicable to this Section.

SECTION 3 : Personal Accident

DEFINITION OF WORDS :

1. Insured Person -It means You or any member of Your Family at Your Home aged between 5 years and 70 years, named in the Schedule relating to this Section of the Policy.
2. Injury - It 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.
3. Loss of Limbs - It means physical separation of one or more hands or feet or permanent and total loss of use of one or more hands or feet.
4. Physical Separation - It means separation of the hand at or above the wrist and/or of the foot at or above the ankle respectively.
5. Permanent Total Disablement - The bodily injury which as its direct consequence immediately or in foreseeable future will prevent the Insured Person from engaging in any kind of occupation, profession or business for which the Insured Person is reasonably qualified by education, training or experience.
6. Accident - It means a sudden, unforeseen and involuntary event caused by external, visible and violent means.
7. Medical Practitioner - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
8. Notification of Claim - It means the process of notifying a claim to us by specifying the timelines as well as the address / telephone number to which it should be notified.

COVERAGE : WHAT IS COVERED - If following bodily injury which solely and directly causes Insured Person's death or disablement within 12 months of injury as stated in Table of Benefits, We shall pay to You or Your assignee/ legal representative the sum or sums hereinafter set forth in Table of Benefits.

TABLE OF BENEFITS : 1. Death - 100% 2. a.) Loss of sight (both eyes) - 100% b.) Loss of two limbs - 100% c.) Loss of one limb and one eye - 100% 3. a.) loss of an arm i) At the shoulder joint - 70% ii) At a point above elbow joint - 65% iii) At a point below elbow joint - 60% iv) At the wrist - 55% b.) i) Above the centre of femur - 70% ii) Up to a point below the femur - 65% iii) Up to a point below the knee - 60% iv) Up to the centre of tibia - 55% v) At the ankle - 50% c.) Loss of sight of one eye - 50% 4. Permanent total disablement - 100% 5. a.) i) Loss of toes-all - 20% ii) Great-both phalanges - 5% iii) Great- one phalanx - 2% iv) Other than great, if more than one toe lost-each - 1 % b.) i) Loss of hearing both ears - 50% ii) Loss of hearing one ear - 15% c.) Loss of speech - 50% d.) Loss of four fingers and thumb of one hand - 40% e.) Loss of fingers - 35% f.) Loss of thumb : i) Both phalanges - 25% ii) One phalanx - 10% g.) Loss of index finger : i) Three phalanges - 10% ii) Two phalanges - 8% iii) One phalanx - 4% h.) Loss of middle finger : i) Three phalanges - 6% ii) Two phalanges - 4% iii) One phalanx - 2% i.) Loss of ring finger : i) Three phalanges - 5% ii) Two phalanges - 4% iii) One phalanx - 2% j.) Loss of little finger : i) Three phalanges - 4% ii) Two phalanges - 3% iii) One phalanx - 2% k.) Loss of metacarpals : i) First or Second (additional) 3% ii) Third, fourth and fifth (additional) 2% l.) Loss of toe : i) Big toe 5% ii)) Some other toe - 3% (m) i) Fracture of any bone above ankle in either leg with established and permanent non union. - 10% ii) Fracture of one or more bones above wrist with permanent non union -



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5% n.) Shortening of the leg by 5 cm or more - 7.5% o.) Loss of at least - 50% of all sound and natural teeth, including capped or eroded teeth - 2% p) Any other permanent partial disablement - % as assessed by Doctor

WHAT IS NOT COVERED - We will not be liable for: 1. Compensation under more than one of the benefits mentioned in the Table of Benefits in respect of the same period of disablement. 2. Any other payment after a claim under any of the benefits under Items 1, 2, 3 or 4 in the Table of Benefits has been admitted and becomes payable. 3. Any payment in case of more than one claim under this Section during any one Policy Period by which Our liability in that period would exceed the sum payable under Benefit 1 of this Section. 4. Payment of compensation in respect of death or injury as a direct consequence of: a) Committing or attempting suicide or intentional self-injury. b) Being under the influence of intoxicating liquor or drugs. c) Engaging in aviation other than travelling as a bonafide passenger in any duly licensed standard type of aircraft anywhere in the world. d) Pregnancy or childbirth. e) Venereal disease or insanity. f) Contracting any illness directly or indirectly arising from or attributable to HIV and/or any HIV related illness including AIDS and/or any mutant derivative or variation of HIV or AIDS. 5. Committing any breach of law with criminal intent.

Apart from death and total permanent disability the partial disability claim will be settle as per the standard table of benefits as available in the ITGI Standard Personal Accident Policy

SECTION 4 : CRITICAL ILLNESS

DEFINITION OF WORDS :

1. Hospital/Nursing Home - It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:
 - a. has at least 10(ten)in-patient beds, in those towns having a population of less than10,00,000(ten lakhs) and at least 15(fifteen) inpatient beds in all other places;
 - b. has qualified nursing staff under its employment round the clock;
 - c. has qualified medical practitioner(s) in charge round the clock;
 - d. has a fully equipped operation theatre of its own where surgical procedures are carried out;
 - e. maintains daily records of patients and will make these accessible to our authorized personnel.
2. Surgical Operation - It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner.
3. Hospitalization - It means admission in a Hospital for a minimum period of 24 (twenty four) Inpatient Care consecutive hours except for specified procedures/ treatments, where such admission could be for a period of less than 24(twenty four) consecutive hours.
4. Any One Illness - It means continuous period of illness and it includes relapse within 45 (forty five)days from the date of last consultation for the same illness disease/injury with the Hospital/Nursing Home where treatment may have been taken.
5. Pre-Hospitalisation Medical Expenses
It means Medical Expenses incurred immediately before the Insured Person(s) is/are hospitalised, provided that:
 - a. such Medical Expenses are incurred for the same condition for which the Insured Person's hospitalisation was required, and
 - b. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.
6. Post Hospitalisation Medical Expenses
It means Medical Expenses incurred immediately after the Insured Person(s) is/are discharged from the hospital provided that:
 - a. such Medical Expenses are incurred for the same condition for which the Insured person's hospitalisation was required and
 - b. the In-patient Hospitalisation claim for such Hospitalisation is admissible by us.



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7. Medical Practitioner - A Medical Practitioner is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.
8. Qualified Nurse - 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.
9. Reasonable and Customary Charges - It means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services , taking into account the nature of the illness / injury involved .
10. Critical Illness
 - a. Cancer Of Specified Severity
 - i. A malignant tumor characterized by the uncontrolled growth & spread of malignant cells with invasion & destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy & confirmed by a pathologist. The term cancer includes leukemia, lymphoma and sarcoma.
 - ii. The following are excluded-
 1. Tumours showing the malignant changes of carcinoma in situ & tumours which are histologically described as premalignant or non invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN -2 & CIN-3.
 2. Any skin cancer other than invasive malignant melanoma
 3. All tumours of the prostate unless histologically classified as having a Gleason score greater than 6(six) or having progressed to at least clinical TNM classification T2N0M0
 4. Papillary micro - carcinoma of the thyroid less than 1(one) cm in diameter
 5. Chronic lymphocytic leukemia less than RAI stage 3(three)
 6. Microcarcinoma of the bladder
 7. All tumours in the presence of HIV infection.
 - b. First Heart Attack - Of Specified Severity
 - i. The first occurrence of 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 this will be evidenced by all of the following criteria:
 1. A history of typical clinical symptoms consistent with the diagnosis of Acute Myocardial Infarction (for e.g. typical chest pain)
 2. New characteristic electrocardiogram changes
 3. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.
 - ii. The following are excluded:
 1. Non-ST-segment elevation myocardial infarction (NSTEMI) with elevation of Troponin I or T
 2. Other acute Coronary Syndromes
 3. Any type of angina pectoris.
 - c. Open Chest CABG
 - i. The actual undergoing of open chest surgery for the correction of one or more coronary arteries, which is/are narrowed or blocked, by coronary artery bypass graft (CABG). The diagnosis must be supported by a coronary angiography and the realization of surgery has to be confirmed by a specialist medical practitioner.
 - ii. The following are excluded:
 1. angioplasty and/or any other intra-arterial procedures
 2. any key-hole or laser surgery.



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- d. **Open Heart Replacement Or Repair Of Heart Valves**
It means the actual undergoing of open-heart valve surgery 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.
- e. **Coma of Specified Severity**
- i. A state of unconsciousness with no reaction or response to external stimuli or internal needs. This diagnosis must be supported by evidence of all of the following:
 1. no response to external stimuli continuously for at least 96(ninety six) hours;
 2. life support measures are necessary to sustain life; and
 3. permanent neurological deficit which must be assessed at least 30 (thirty) days after the onset of the coma.
 - ii. The condition has to be confirmed by a specialist medical practitioner. Coma resulting directly from alcohol or drug abuse is excluded.
- f. **Kidney Failure Requiring Regular Dialysis**
It means 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.
- g. **Stroke Resulting In Permanent Symptoms**
- i. Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and 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 (three) months has to be produced.
 - ii. The following are excluded:
 1. Transient ischemic attacks (TIA)
 2. Traumatic injury of the brain
 3. Vascular disease affecting only the eye or optic nerve or vestibular functions.
- h. **Major Organ /Bone Marrow Transplant**
- i. The actual undergoing of a transplant of:
 1. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end- stage failure of the relevant organ, or
 2. Human bone marrow using haematopoietic stem cells. The undergoing of a transplant has to be confirmed by a specialist medical practitioner.
 - ii. The following are excluded:
 1. Other stem-cell transplants
 2. Where only islets of langerhans are transplanted
- i. **Permanent Paralysis Of Limbs**
It means 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(three) months.



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- j. **Motor Neurone Disease With Permanent Symptoms**
It means 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 (three) months.
- k. **Multiple Sclerosis With Persisting Symptoms**
The definite occurrence of multiple sclerosis. The diagnosis must be supported by all of the following:
- i. investigations including typical MRI and CSF findings, which unequivocally confirm the diagnosis to be multiple sclerosis;
 - ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6(six) months, and well documented clinical history of exacerbations and remissions of said symptoms or neurological deficits with atleast two clinically documented episodes atleast one month apart. Other causes of neurological damage such as SLE and HIV are excluded.
11. **Pre-existing Condition** - It means any condition, ailment or injury or related condition(s) for which insured person had signs or symptoms, and / or were diagnosed, and / or received medical advice / treatment within 48 (Forty eight) months prior to the first policy issued by the insurer.

COVERAGE : WHAT IS COVERED - If the Insured Person sustains any Major Injury or contracts any Critical Illness as covered under the Policy and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses, then We will reimburse Reasonable and Customary charges of the following Hospitalization expenses: 1. Room, Boarding and Nursing Expense (inclusive of Registration and Service Charges, if any) as provided in the Hospital/Nursing Home. 2. Medical Practitioner/ Anesthetist, Consultant fees. 3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses. 4. Expenses on Vitamins and Tonics only if forming part of treatment as certified by the attending Medical Practitioner. Note:- 1. The Hospitalization expenses incurred for treatment of any one Critical Illness under agreed package charges of the Hospital/Nursing Home will be restricted to 80% of the Sum Insured under this Section of the Policy or actual whichever is less. 2. Hospitalization expenses of person donating an organ during the course of organ transplant will also be payable subject to the above sub limits applicable to the Insured person and within the overall Sum Insured of the Insured person. For the Donor, no payment will be made towards Ambulance charges, Pre and Post Hospitalization expenses and Daily Allowance. 3. Pre-Hospitalization and Post Hospitalization expenses as defined under the Policy will also be reimbursed along with the aforesaid Hospitalization expenses subject to the overall Sum Insured limit of the Insured person. Any Nursing expenses during Pre and Post Hospitalization will be considered only if Qualified Nurse is employed on the advice of the attending Medical Practitioner for the duration specified.

WHAT IS NOT COVERED - We will not be liable for : 1. All Critical Illnesses which are in Pre-existing Condition when the cover incepts for the first time. 2. Any expense on Hospitalization for any Critical Illness other than Major Injuries which incepts during first 90 days of commencement of this Insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under a Group or Individual Medical Insurance Policy or Critical Illness Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without any break. 3. Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease, intentional self injury and use of intoxicating drugs/alcohols. 4. Any expense on treatment related to HIV, AIDS and all related medical conditions. 5. Expenses on Diagnostic, X-Ray, or Laboratory examinations unless related to the treatment of Critical Illness falling within ambit of Hospitalization claim. 6. Any expense on treatment of Insured Person as outpatient in a Hospital. 7. Any expense related to Critical Illness suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard. 8. External medical equipment of



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any kind used at home as post hospitalization care like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc. 9. Any Insured Person under 5 years of age or aged 65 Years or more.

DOCUMENTS REQUIRED IN EVENT OF A CLAIMS

Section 1: Fire & Allied Perils for the household goods: a) Copy of this Policy with complete assets list b) Claim Form fully filled up c) Final Survey Report with photos d) Quotation for reinstatement of damages e) Receipt for amount actually incurred by insured.

Section 2:- Burglary and Housebreaking: a) Copy of this Policy with complete assets list b) Claim Form c) Final Survey Report, d) Photograph of the Damages, e) F.I.R./F.R. only in case of theft/burglary, f) LOS-Letter of Subrogation, g) N.O.C. (No Objection Certificate) from Financer / Principals.

Section 3:- Personal Accident Insurance: a) Claim Form filled up b) Policy Copy/Schedule c) Medical Treatment Paper d) Death Certificate e) F.I.R. f) Hospital Records g) Post Mortem Report *Only required in case of accident death claims.

Section 4:- Critical Illness Insurance: a) Claim Form b) Policy Copy/Schedule, c) Hospital Records d) Medical Treatment Paper including bills, receipt, discharge certificate, test reports e) Cash memos from the hospital/chemist(s) supported by proper prescription f) attending doctors Consultants/Anaesthetists etc. bill and receipt g) Surgeons certificate stating nature of operation performed and surgeons bill & receipt.

Documents required if in case of claim kindly our nearest Bima Kendra LSC, SBU or Dial Toll Free No. 1800-103-5499 / 1800-345-3303