

## Policy Document

### Preamble

The insurance cover provided under this Policy shall be subject to (a) the terms and conditions of this Policy, (b) the receipt of premium, and (c) Disclosure to information norm (including information and statements which the Policyholder/ Insured person has provided in the proposal form for all persons to be insured. Please inform Us immediately of any change in the address, nature of job, state of health, or of any other changes affecting any Insured Person.

If any claim arising as a result of an Injury that occurred during the Policy Period becomes payable, then We shall pay the Benefits in accordance with the terms, conditions and exclusions of the Policy subject to availability of Sum Insured.

### Section 1. Interpretations & Definitions

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

**Accident:** An accident means sudden, unforeseen and involuntary event caused by external, visible and violent means.

**Accumulation limit** means the amount stated in the Schedule which represents Our maximum liability for all claims under any and all benefits from all Insured Persons arising from the same [accident, event or occurrence or series of related accidents, events or occurrences] AND/OR [location], and if at any time the total value of unpaid claims would, if paid, result in the Accumulation Limit being exceeded (even if the Sum Insured is not) then the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Accumulation Limit is not exceeded.

**Act of God Perils** means and includes lightening, storm, tempest, flood, inundation, subsidence, landslide, earthquake, cyclone, tsunami, volcano and other similar calamities.

**Adventure Sport** means any sport or activity, which is potentially dangerous to the Insured Person whether he is trained in such sport or activity or not. Such sport/activity includes without limitation stunt activities of any kind, adventure racing, base jumping, biathlon, big game hunting, black water rafting, BMX stunt/obstacle riding, bobsleighbing/using skeletons, bouldering, boxing, canyoning, cavin/pot holing, cave tubing, rock climbing/trekking/mountaineering, cycle racing, cyclo cross, drag racing, endurance testing, hand gliding, harness racing, skiing, high diving (above 5 meters), hunting, ice hockey, ice speedway, jousting, judo, karate, kendo, lugging, risky manual labour, marathon running, martial arts, micro-lighting, modern pentathlon, motor cycle racing, motor rallying, parachuting, paragliding/parapenting, piloting aircraft, polo, power lifting, power boat racing, quad biking, river boarding, scuba diving, river bugging, rodeo, roller hockey, rugby, ski acrobatics, ski doo riding, ski jumping, ski racing, sky diving, small bore target shooting, speed trials/ time trials, triathlon, water ski jumping, weight lifting or wrestling any type and Professional Sports (Professional sports mean Athletics, Bowling, Cycling, Football, Weightlifting, Cricket or any other sport for which a person getting compensated).

**Age or Aged** means age as on last birthday.

**Aggregate limit** means the amount stated in the Schedule which represents Our maximum liability for any and all claims made by all Insured Persons under any and all benefits, and if at any time the total value of unpaid claims would if paid, result in the Aggregate Limit being exceeded, the individual benefits attributable to those outstanding claims shall be reduced pro rata as necessary to ensure that the Aggregate Limit is not exceeded.

**Ambulance** means a road vehicle operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.

**Annexure** means the document attached and marked as Annexure to this Policy.

**Any One Illness:** Any one illness means continuous period of illness and includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.

**Cashless facility:** 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.

**Claim** means a demand made by Insured Person or nominee in accordance with the terms and conditions of the Policy for payment under any of the covers (including Extension covers) under the Policy.

**Condition Precedent:** Condition Precedent means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

**Congenital Anomaly:** Congenital Anomaly means a condition which is present since birth, and which is abnormal with reference to form, structure or position.

- a) **Internal Congenital Anomaly**  
Congenital anomaly which is not in the visible and accessible parts of the body.
- b) **External Congenital Anomaly**  
Congenital anomaly which is in the visible and accessible parts of the body

**Co-Payment:** 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.

**Certificate of Insurance** means the certificate issued by Us to the insured person confirming the coverage under the Policy.

**Day Care Centre:** A day care centre means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner and must comply with all minimum criteria as 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.

**Day Care Treatment:** Day care treatment means 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 hrs 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.

**Deductible:** Deductible means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the insurer. A deductible does not reduce the Sum Insured.

**Diagnostic Tests:** Investigations, such as X-Ray or blood tests, to find the cause of the Insured Person's symptoms and medical condition.

**Dental Treatment:** Dental treatment means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and surgery.

**Disclosure to information norm:** The policy shall be void and all premium paid hereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.

**Domiciliary Hospitalization:** Domiciliary hospitalization means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a *hospital* but is actually taken while 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.

**Emergency** means a severe 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.

**Emergency Care:** 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.

**Grace Period:** 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.

**Hospital:** A hospital means any institution established for *in-patient care* and *day care treatment* of illness and / or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said act **Or** complies with all minimum criteria as under:

- i) Has qualified nursing staff under its employment round the clock;
- ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places;
- iii) has qualified medical practitioner(s) in charge round the clock;
- iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
- v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel:

Only for the purposes of any claim or treatment permitted to be made or taken outside India in accordance with Section 3.16, **Hospital (outside India)** means an institution (including nursing homes) established outside India for indoor medical care and treatment of Illness and/or Injuries which has been registered and licensed as such with the appropriate local or other authorities in the relevant area, wherever applicable, and is under the constant supervision of a medical practitioner. The term Hospital shall not include a clinic, rest home, or convalescent home for the addicted, detoxification centre, sanatorium, and old age home.

**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.

**Individual Policy** means a policy named as an Individual Policy in the Policy Schedule in terms of which only one person is named in the Policy Schedule as the Insured Person.

**Illness:** Illness means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

(a) **Acute condition** - 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 ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
2. it needs ongoing 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. it recurs or is likely to recur

**IRDAI** means the Insurance Regulatory and Development Authority of India.

**Injury:** Injury means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

**Inpatient Care:** Inpatient care means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.

**Intensive Care Unit:** 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.

**Insured Person** means the person(s) named in the Policy Schedule/ Certificate of Insurance who are covered under this Policy and in respect of whom the appropriate premium has been received.

**ICU Charges:** 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 intensivist charges.

**Maternity expenses:** Maternity expenses means:

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

**Medical Advice:** Medical Advice means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

**Medical Expenses:** Medical Expenses means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

**Medical Practitioner:** 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 setup by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of licence.

**Medically Necessary Treatment:** Medically necessary treatment means any treatment, tests, medication, or stay in *hospital* or part of a stay in hospital which:

- i) is required for the medical management of the illness or injury suffered by the insured;
- ii) must not exceed the level of care necessary to provide safe, adequate and appropriate

medical care in scope, duration, or intensity;  
iii) must have been prescribed by a *medical practitioner*;  
iv) must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

**Network Provider:** Network Provider means hospitals enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

**Nominee** is the person selected by the Policyholder/Insured Person to receive the benefit in case of Death of the Insured Person, thus giving a valid discharge to the insurer on settlement of claim under an Insurance Policy.

**Notification of Claim:** Notification of claim means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.

**Non-Network Provider:** Non-Network means any hospital, day care centre or other provider that is not part of the network.

**OPD treatment:** OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

**Permanent total disability (PTD)** means Disability, as the result of a bodily injury, which:

- (a) Continues for a period of twelve (12) consecutive months, and
- (b) Is confirmed as total, continuous and permanent by a physician after the twelve (12) consecutive months, and
- (c) Entirely prevents an insured person from engaging in or giving attention to gainful occupation of any and every kind for the remainder of his/her life

**Permanent partial disability (PPD)** means the insured person has suffered a permanent loss of physical function or anatomical loss of use of a body part, substantiated by a diagnosis by a physician.

**Policy** means this Policy document, any annexures thereto and the Policy Schedule including endorsements, if any.

**Policy Inception Date** means the Policy Start Date of the first Policy with Us, as specified in the Policy Schedule, and renewed with Us continuously thereafter.

**Policy Start Date** means the start date of the Policy as specified in the Policy Schedule.

**Policy Expiry Date** means the date on which the Policy expires as specified in the Policy Schedule.

**Policy Period** means the period between the Policy Start Date and the Policy Expiry Date as shown in the Policy Schedule.

**Policy Year** means a period of twelve consecutive months commencing from the Policy Start Date as specified in the Policy Schedule or any anniversary thereof.

**Policyholder** means the person named in the Policy Schedule as the policyholder and who has concluded this Policy with Us.

**Pre-Existing Disease:** Pre-Existing Disease means any condition, ailment or injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which medical advice / treatment was received within 48 months prior to the first policy issued by the insurer and renewed continuously thereafter.

**Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

**Rehabilitation** includes treatment aimed at restoring health or mobility, or to allow a person to live an independent life, such as after a stroke.

**Reasonable and Customary Charges:** Reasonable and Customary charges 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.

**Renewal:** 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.

**Policy Schedule** means the schedule issued by Us along with this Policy mentioning the details of the Policyholder and Insured person, period of Policy and other details. Any changes made to it shall be issued as Endorsement Schedule and shall be considered a part of this Policy.

**Sum Insured** means:

- i) For an Individual Policy, the sum shown in the Policy Schedule/ Certificate of Insurance against an Insured Person which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of that Insured Person.
- ii) For a Family Floater Policy, the sum shown in the Policy Schedule/ Certificate of Insurance which represents Our maximum, total and cumulative liability for any and all claims under the Policy during a Policy Year in respect of any and all Insured Persons.

**Surgery or Surgical Procedure:** 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*.

**Terrorism/Terrorist Activity** means an act, 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 organisation(s) or Government(s), committed for political, religious or ideological purposes or reasons including the intention to influence any government and/or to put the public, or any section of the public, in fear.

**TPA or Third Party Administrator** means a company registered with the Authority, and engaged by an insurer, for a fee or remuneration, by whatever name called and as may be

mentioned in the agreement, for providing health services as mentioned under Third Party Administrators- Health Services Regulations 2016.

**Unproven/Experimental treatment:** Unproven/Experimental treatment means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

**We/Our/Us** means MAGMA HDI General Insurance Company Ltd.

**You/Your/Policyholder** means the employer or legally constituted group named in the Schedule who has concluded this Policy with Us.

## **Section 2. Benefits**

### **A. Base Covers:**

The Benefits under this Policy are subject always to the Sum Insured, any subsidiary limit specified in the Policy Schedule/ Certificate of Insurance, the terms, conditions, limitations and exclusions mentioned in the Policy and eligibility as per the insurance plan opted for or as shown in the Policy Schedule/Certificate of Insurance.

Following covers are available as Base covers under the policy. One or more base covers can be opted. Following Base covers are applicable to your Policy as mentioned in Policy Schedule/ Certificate of Insurance. If more than one covers from among the following base covers are opted and if claim arises under two or more these covers due to same accidental event then our liability will be restricted to the amount payable under one of these covers which has maximum benefit amount defined as per Policy Schedule.

#### **2.1 Accidental Death**

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in death of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, a lump sum amount equal to the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

#### **2.2 Permanent total Disablement (PTD)**

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent total disablement (PTD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent total disablement is as specified below:

Nature of Disablement (Loss means Actual loss by physical separation or Total and irrecoverable loss of functional use)	Percentage of Limit as mentioned in Policy schedule for "Permanent Disablement Cover"
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Loss of sight of both eyes	100%
Loss of two entire hands	100%
Loss of two entire feet	100%
Loss of one entire hand and one entire foot	100%
Loss of one eye and one entire hand OR Loss of one eye and one entire foot	100%
Loss of one entire hand or of one entire foot	50%
Loss of sight of one eye	50%
If such Injury shall, as a direct consequence thereof, immediately, permanently, totally and absolutely, disable the Insured Person from engaging in any employment or occupation of any description	100%

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided such loss of functional use has continued for at least 12 months from the onset of such loss and is considered permanent by Medical Practitioner.

### 2.3 Permanent Partial Disablement (PPD):

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in permanent partial disablement (PPD), of any of the nature specified below, of the Insured person within 12 months of such accident, then We shall pay the Insured Person or his/her nominee as the case may be, the lump sum amount as per below table. The benefit amount is calculated on the Sum Insured as specified in Policy schedule/ Certificate of Insurance against this cover.

The benefit as per nature of the permanent partial disablement is as specified below:

Nature of PPD	Benefit as percentage of SI
Actual loss by physical separation of one entire hand or one entire foot	50%
Use of a hand or a foot without physical separation	50%
Loss of speech	75%
Loss of toes-all of any one foot	20%
Loss of toes great- both phalanges	5%
Loss of toes great- one phalanx	2%
Loss of toes other than great- if more than one toes lost: each	2%
Loss of hearing: both ears	75%
Loss of hearing: One ear	30%
Loss of four fingers and thumb of one hand	40%
Loss of four fingers of one hand	35%
Loss of thumb- both phalanges	25%
Loss of thumb- One phalanx	10%
Loss of index finger- three phalanges	10%
Loss of index finger- two phalanges	8%
Loss of index finger- one phalanx	4%
Loss of middle finger or Ring finger or little finger- three phalanges	6%

Loss of middle finger or Ring finger or little finger- two phalanges	4%
Loss of middle finger or Ring finger or little finger- one phalanx	2%
Loss of metacarpals- any (additional)	3%
Loss of sense of Taste	5%
Loss of sense of Smell	10%
Any other PPD	As assessed by Doctor

Such PPD must be solely and directly caused by the Accident only.

For the purpose of this cover, Loss means the physical separation of body part, or, the total loss of functional use of a body organ or part provided such loss of functional use has continued for at least 12 months from the onset of such loss and is considered permanent by medical Practitioner.

If the claim for limb shall also encompass some or all of its part, We shall pay for the limb only. No additional payment shall be done for the constituting parts of the limb.

Benefit amount paid under this Cover shall reduce the Sum Insured of Base Section for remaining Policy Period.

#### **2.4 Temporary Total Disablement (TTD):**

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and results in temporary total disablement (TTD), then We will pay weekly benefit subject to following:

- a. The TTD should be such that it completely prevents the Insured person from performing duties pertaining to employment/occupation
- b. TTD must be certified by Medical Practitioner or Doctor
- c. We will pay the benefit maximum up to 104 weeks from date of accident
- d. Maximum weekly benefit amount will be as per the same mentioned in the Policy schedule/Certificate of Insurance
- e. In no case, the benefit payable under this Cover shall exceed the overall Sum Insured for that Insured Person.
- f. We will not pay amount in excess of Insured Person's weekly income excluding bonus, overtime, commissions or any other special compensation
- g. If the disability is for a part of week, then only proportionate part of the weekly benefit will be payable
- h. This cover is not applicable to Insured Person(s) who are covered as spouse or children, unless specifically mentioned in Policy schedule/Certificate of Insurance

#### **<B. Extension covers:**

Following extension covers are applicable to each insured person under this Policy. These covers are opted by paying additional premium by Insured Person/policyholder and upon acceptance by Us and are specified in the Policy Schedule/ Certificate of Insurance. The limits for these covers are applicable for each Insured Person.

#### **Extension Covers wordings as applicable>**

#### **Section 3. Permanent Exclusions**

We shall not be liable to make any payment under this Policy for any claim directly or indirectly for, in connection with, caused by, arising out of, or in respect of, or howsoever attributable to the following:

1. Injury or treatment related to addictive conditions and disorders resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
2. Participation in Adventure Sports.
3. Insured person committing any breach of law with criminal intent or participation in any riots, civil commotion or felony
4. Any intentional self-injury, suicide or attempted suicide, insanity or stress
5. Condition resulting due to any disease or infection unless arising directly and solely due to accident
6. Any change of profession after inception of policy which results in increase in risk, unless declared by insured person and accepted & endorsed by Us
7. Any sexually transmitted disease
8. Related to or traceable to Pregnancy or childbirth
9. Whilst mounting into, or dismounting from or traveling in any balloon or aircraft other than as a passenger (fare-paying or otherwise) in any scheduled airlines in the world or in any aircraft whether privately owned or chartered or operated by scheduled airlines
10. Insured person operating or learning to operate any aircraft or performing duties as member of crew on any aircraft or scheduled airlines or any airline personnel
11. War or war like operations, Civil War, invasion, act of foreign enemies, revolution, insurrection, mutiny, terrorism, military or usurped power, seizure, capture, arrest, restraint, or detainment, confiscation, or nationalisation or requisition by or under the order of any government or public authority.
12. Any act of Nuclear, Chemical, Biological Terrorism regardless of any other cause or event contributing concurrently or in any other sequence to the loss
13. Radioactive, chemical, nuclear contamination or ionizing radiation
14. Any insured person's participation or involvement in any branch of naval, air force or military operations or any para military forces.

#### **Section 4 Claim Procedure**

Provided that due adherence/observance and fulfilment of the terms and conditions of this Policy (conditions and all endorsements hereon are to be read as part of this Policy) shall so far as they relate to anything to be done or not to be done by Policyholder and / or any Insured Person be a Condition Precedent to admission of Our liability under this Policy.

On the occurrence of an Injury that may give rise to a claim under this Policy, then as a Condition Precedent to Our liability under the Policy, the following procedure shall be complied with:

**Intimation of Claim:** If any injury is suffered or any condition happens which may give rise to Claim under this Policy, Insured person or any one acting on his behalf shall notify Us immediately.

**Submission of claim:** The claim form along with the attending Medical Practitioner's certificate duly filled and signed in all respects with the following claim documents will be submitted to Us not later than 30 days from the date of discharge from the Hospital.

#### **Claim documents:**

Following is the list of documents required for claim assessment.

We will also require additional documents as per the nature of extension covers as opted.

Apart from these, We may also ask for any other documents which may be necessary to establish validity of claim on case to case basis.

• **List of Documents for Death Claim :-**

1. Duly filled PA claim form attested by Corporate Authority. (Claim form enclosed).
2. FIR Copy duly attested by Corporate Authority.
3. Death Certificate duly attested by Corporate Authority.
4. Post mortem report duly attested by Corporate Authority.
5. Hospital Documents (of all hospitals where the insured was admitted after accident) with Casualty notes, duly attested by Hospital Authority.
6. Photo ID proof of Deceased person duly attested by Corporate Authority.
7. Attested copy of Employee ID card of deceased attested by Corporate Authority.
8. Attested copy of Last 3 months attendance sheet of deceased, prior to accident, attested by Corporate Authority.
9. Attested copy of Last 3 months salary slip of deceased, prior to accident, attested by Corporate Authority.
10. Attested copy of document confirming the Nominee as per the Corporate record attested by Corporate Authority.
11. Photo ID Proof of Nominee (Aadhar Card) duly attested by Corporate Authority.
12. Address Proof of Nominee duly attested by Corporate Authority. (Copy of Telephone bill / Bank account statement / Letter from any recognized public authority/ Electricity bill / Ration card)
13. PAN card / Form 60 copy of Nominee duly attested by Corporate Authority.
14. Recent Photo of Nominee.
15. Duly Filled Bank Mandate Form (Bank Mandate Form Enclosed).
16. Original cancel cheque copy duly signed by the account holder - Nominee / Insured.
17. Copy of Pass Book of Nominee / insured confirming the Name of the account holder / Account No. / IFSC Code duly attested by Bank Authority.
18. If the claim needs to be settled in favour of Corporate, following documents are required for the same (If the claim is payable) :-
  - i. Copy of PAN card of Company duly attested by Institute authorized person.
  - ii. Copy of Memorandum and Articles of Association duly attested by Institute authorized person.
  - iii. Copy of Certificate of Incorporation duly attested by Institute authorized person.
  - iv. Duly Filled bank Mandate form by corporate (Bank Mandate Form Enclosed).

**List of Documents for PTD Claim :-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama

6. Certificate of from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement
11. Termination letter for claim under “ Loss of Employment”
12. Any other documents as and when requested by the claim settling authority

**List of Documents for PPD Claim :-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate of from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Diagnostic reports
9. Confirmation of coverage letter
10. Photograph of the injured with reflecting disablement

**List of Documents for TTD Claim :-**

1. Duly filled original Claim Form
2. Policy copy
3. Claim Intimation
4. FIR – Attested or Original
5. Final Police Report / Original Panchnama
6. Certificate from government hospital doctor confirming the nature and degree of disability
7. Discharge summary of the treating hospital clearly indicating the Hospital Registration No.
8. Original Copies of prescription for diagnostic test, treatment advise medical references etc.
9. Diagnostic reports
10. Leave certificate
11. Confirmation of coverage letter
12. Any other documents as and when requested by the claim settling authority.

**List of Documents for Accidental Medical Expenses Cover:-**

1. Original consolidated hospital bill with breakup of each Item, duly signed by the insured
2. Original payment receipt of the hospital bill
3. Original bills, original payment receipts and reports for investigation
4. Original medicine bills and receipts with corresponding prescriptions
5. Original invoice/bills for implants (viz. Stent /PHS Mesh / IOL etc.) with original payment receipts
6. Treating doctor's certificate giving details of injuries (How, when and where injury sustained) including whether insured was under the influence of any intoxicating material.
7. Copy of the medico-legal certificate

**Documents to be submitted to:**

The claim documents should be sent to:

Magma HDI General Insurance Co Ltd  
Rustomjee Aspiree, 4<sup>th</sup> Floor,  
Sion-Wadala Link Road,  
Off Eastern express highway  
Everard Nagar, Sion (East)  
Mumbai, 400 022

**Payment of Claim**

- No liability will be admitted, if the claim is fraudulent or supported by fraudulent means.
- The Insured Person or any person acting on behalf of the Insured Person, as the case may be, must provide at his/her expense, all the information asked by Us in relation to the claim and he/she must provide all reasonable cooperation and assistance to Us as may be required.
- If required, the Insured Person or any person acting on behalf of the Insured Person, as the case may be, must give consent to obtain medical reports from the Medical Practitioner at Our expense
- If requested by Us, the Insured Person must agree to be examined by a Medical Practitioner of Our choice and at Our expense
- All claims under this Policy shall be payable in Indian Currency.
- Claims under this Policy shall be settled or rejected, as the case may be, within 30 days of the receipt of the last necessary document
- All claims are to be notified to Us within the timeline set out above. Where the delay in intimation is proved to be genuine and for reasons beyond the control of the Insured Person or nominee specified in the Policy Schedule or the claimant, We may condone such delay and process the claim. Please note that the waiver of the time limit for notice of claim and submission of claim is at Our discretion

Upon acceptance of an offer of settlement by the Insured Person or the claimant, as the case may be, the payment of the amount shall be made within 7 days from the date of acceptance. In case of delay in payment, We shall be liable to pay interest at 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us.

## **Section 5. Standard Terms and Conditions**

### **1. Disclosure to Information Norm**

The Policy shall be null and void and no Benefit shall be payable in the event of untrue or incorrect statements, misrepresentation, misdescription or non-disclosure of any material particulars in the quotation details, personal statement, declaration, claim form declaration, medical history on the claim form and connected documents, or any material information having been withheld by Insured Person /Policyholder or any one acting on Insured Person's /the Policyholder's behalf, under this Policy. Insured Person /the Policyholder further understand and agree that We may at Our sole discretion cancel the Policy and the premium paid shall be forfeited to Us.

### **2. Observance of terms and conditions**

The due adherence/observance and fulfilment of the terms, conditions and endorsements of this Policy in so far as they relate to anything to be done or complied with by Insured Person /Policyholder, shall be a Condition Precedent to Our liability to make any payment under this Policy .

### **3. Material Change**

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/ Insured Person must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions may be altered accordingly.

### **4. Multiple Policies**

In case of multiple policies which provide fixed benefits, on the occurrence of insured event in accordance with the terms & conditions of the policies, each insurer shall make the claim payment independent of payment received under similar health policies.

If two or more policies are taken by an Insured Person during the same period from one or more insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

1. In all such cases the insurer who has issued the chosen policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
2. Claims under other policy/ies may be made after exhaustion of sum insured in the earlier chosen policy / policies. It is clarified that the Insured Person having multiple policies shall

also have the right to prefer claims from other policy/policies for the amounts disallowed under the earlier chosen policy/policies, even if the sum insured is not exhausted. The insurer shall then settle the claim subject to the terms and conditions of the other policy/policies so chosen.

3. If the amount to be claimed exceeds the sum insured under a single policy after considering the Deductibles or Co-Payment, the Insured Person shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where the Insured Person has policies from more than one insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the Hospitalization costs in accordance with the terms and conditions of the chosen policy.

#### 5. Alteration to the Policy

This Policy constitutes the complete contract of insurance. Subject to the provisions of applicable law, no change or alteration will be effective or valid unless approved in writing which will be evidenced by a written endorsement signed and stamped by Us. No one except Us can change or vary this Policy.

#### 6. No Constructive Notice

Any knowledge or information of any circumstances or condition in relation to the Policyholder/Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

#### 7. Free Look Provision

The Insured Person shall have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If the Insured Person has any objections to any of the terms and conditions, he/she may cancel the Policy stating the reasons for cancellation and provided that no claims have been made under the Policy, We will refund the premium paid by the Insured Person after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium for the period on cover. All rights and Benefits under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. The free look provision is not applicable and available at the time of Renewal of the Policy.

#### 8. Cancellation/ Termination (other than Free Look cancellation)

- a. Cancellation by the Policyholder/ Insured Person :

The Policyholder/ Insured Person may terminate this Policy during the Policy Period by giving Us at least 30 days prior written notice. We shall cancel the Policy and refund the premium for the balance of the Policy Period in accordance with the table below, provided that no claim has been made under the Policy by or on behalf of Insured Person.

***Cancellation refund grid for non-credit linked Policy:***

Covered up to Days	Refund of Premium
7	Up to 90.00%



30	Up to 75.00%
60	Up to 65.00%
90	Up to 50.00%
120	Up to 40.00%
180	Up to 25.00%
240	Up to 15.00%
Exceeding 240	Nil

**Cancellation refund grid for credit linked Policy:** If policy is taken as linked to loan, following grid will be applicable

Policy Tenure 1 Yr		Policy Tenure 2 Yrs		Policy Tenure 3 Yrs		Policy Tenure 4 Yrs		Policy Tenure 5 Yrs	
Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %	Time of cancellation	Refund %
Up to 1 month	75%	Up to 3 months	75%	Up to 6 months	75%	Up to 1 yr	75%	Up to 1 yr	80%
> 1 month to 3 months	50%	> 3 months to 6 months	50%	> 6 months to 1 year	50%	> 1 year to 2 years	50%	> 1 year to 2 years	60%
>3 months to 6 months	25%	>6 months to 1 year	25%	> 1 year to 2 years	25%	> 2 years to 3 years	25%	> 2 years to 3 years	40%
>6 months	Nil	> 1 year	Nil	> 2 years	Nil	> 3 years	Nil	> 3 years to 4 years	20%
								> 4 years	Nil

b. Cancellation by Us:

Without prejudice to the above, We may terminate this Policy during the Policy Period by sending 30 days prior written notice to the Policyholder's address shown in the Policy Schedule without refund of premium if:

- i. The Policyholder or any Insured Person or any person acting on behalf of either has acted in a dishonest or fraudulent manner under or in relation to this Policy;
- ii. the Policyholder or any Insured Person has not disclosed or misrepresented any true, complete and all correct facts in relation to the Policy.

We may also terminate this Policy in case of non-cooperation by Policyholder or any Insured Person. Premium for such cases shall be refunded as per the short period rates table given in point "a" above.

#### **9. Fraudulent claims**

If a claim is in any way found to be fraudulent, or if any false statement, or declaration is made or used in support of such a claim, or if any fraudulent means or devices are used by the Policyholder or any Insured Person or any false or incorrect Disclosure to information norm or anyone acting on the Insured Person's behalf to obtain any Benefit under this Policy, then this Policy shall be void and all claims being processed shall be forfeited for all Insured Persons and all sums paid under this Policy shall be repaid to Us by all Insured Persons who shall be jointly liable for such repayment.

#### **10. Limitation of Liability**

If a claim is rejected or partially settled and is not the subject of any pending suit or other proceeding or arbitration, as the case may be, within twelve months from the date of such rejection or settlement the claim shall be deemed to have been abandoned and Our liability shall be extinguished and shall not be recoverable thereafter.

#### **11. Records to be maintained**

The Policyholder or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records like in-patient records, discharge summary, diagnostic reports and disability certificate (if applicable) and shall allow Us or our representative(s) to inspect such records. The Policyholder or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period or until final adjustment (if any) and resolution of all claims under this Policy.

#### **12. Geographical Scope**

The geographical scope of this Policy applies to events worldwide. However, all admitted or payable claims shall be settled in India in Indian rupees only. For all admissible reimbursement claims the exchange rate on the date of payment by Insured to the treatment provider will be applicable.

#### **13. Policy Disputes**

Any and all disputes or differences under or in relation to this Policy herein shall be determined by Indian law and shall be subject to the jurisdiction of the Indian Courts.

#### **14. Renewal of Policy**

- a) This Policy will automatically terminate at the end of the Policy Period. This Policy is ordinarily renewable on mutual consent for life, subject to application of Renewal and realization of Renewal premium. All Renewal application should reach Us on or before the Policy Expiry Date.

- b) We may revise the Renewal premium payable under the Policy basis previous claims experience as per our filed rating approach. For any change from filed rating approach we will take Authority's approval.
- c) A Grace Period of 30 days is available at the time of renewal of this Policy with Us. Coverage is not available for the period for which premium is not received by Us and We shall not be liable for any claims incurred during such period. The provision of Section 64VB of the Insurance Act 1938 shall be applicable.
- d) Renewal of the Policy will not ordinarily be denied other than on grounds of moral hazard, misrepresentation or fraud or non-cooperation by Insured Person /the Policyholder.
- e) Modification of cover(s) may be requested by the Policyholder at the time of Renewal of the Policy. We reserve the right to carry out underwriting subject to Our board approved underwriting policy in relation to any alterations like increase/decrease in Sum Insured, change in plan/coverage, addition/deletion of Insured Persons, or any such other change.
- f) This product may be modified or withdrawn by Us after due approval from the IRDAI in accordance with applicable law. In such a case, We shall offer and the equivalent product options available to the Insured Person at the time of Renewal of this Policy.

#### **15. Endorsements**

Insured Person/the Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from Insured Person /the Policyholder, or the date of receipt of premium, whichever is later.

We reserve the rights to do underwriting in case of any such endorsement requests which has a bearing on the premium and/or material risk.

#### **16. Communications & Notices**

Any communication or notice or instruction under this Policy shall be in writing and will be sent to:

- a) To Us, at the address as specified in Policy Schedule and Certificate of Insurance
- b) The Policyholder's, at the address as specified in Policy Schedule OR to the Insured Person , at the address as specified in Certificate of Insurance
- c) No insurance agents, brokers, other person or entity is authorized to receive any notice on behalf of Us unless explicitly stated in writing by Us
- d) Notice and instructions will be deemed served 10 days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail.

#### **17. Grievance Redressal**

Insured Person/the Policyholder may contact Us for any grievance (providing details of the grievance) through.:

Our website: [www.magma-hdi.co.in](http://www.magma-hdi.co.in)  
Email: [customercare@magma-hdi.co.in](mailto:customercare@magma-hdi.co.in)  
Call us at: 1800 3002 3202  
Courier: Any of Our branch offices or corporate office during business hours

In case Insured Person/the Policyholder is not satisfied with the decision of the above office, or has not received any response within 10 days, Insured Person/the Policyholder may contact the official for resolution on:

**Grievance Redressal Officer at the address:**

Magma HDI General Insurance Co. Ltd.,  
Rustomjee Aspiree, 4<sup>th</sup> Floor,  
Sion-Wadala Link Road,  
Off Eastern express highway  
Everard Nagar, Sion (East)  
Mumbai, 400 022

If Insured Person /the Policyholder is not satisfied with Our redressal, he/she may use the Integrated Grievance management Services (IGMS). For registration in IGMS please visit IRDAI website [www.irdai.gov.in](http://www.irdai.gov.in)

If Insured Person /the Policyholder is still not satisfied, then he/she may approach the nearest Insurance Ombudsman at the addresses given in Annexure I.

**18. Nominee**

At policy start date, the Insured person can make a nomination for the purpose of payment of claims under the Policy in the event of death.

Any change of nomination shall be communicated to Us in writing and such change shall be effective only when an endorsement on the Policy is made by Us.

**19. Complete Discharge**

We will not be bound to take notice or be affected by any notice of any trust, charge, lien or other dealing with or relating to this Policy. The payment made by Us to Insured Person /the Policyholder or to the Insured Person's nominee/legal representative or to the Hospital, as the case may be, of any Medical Expenses or compensation or Benefit under the Policy shall in all cases be complete, valid and be construed as an effectual discharge in favour of Us.

**Annexure I**

Office of the Ombudsman	Contact Details	JURISDICTION
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<b>AHMEDABAD</b>	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014 Tel.:- 079-27546150/139 Fax:- 079-27546142 Email:- <a href="mailto:bimalokpal.ahmedabad@gbic.co.in">bimalokpal.ahmedabad@gbic.co.in</a>	Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu.
<b>BENGALURU</b>	Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57- 27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.:- 080 - 26652048 / 26652049 Email:- <a href="mailto:bimalokpal.bengalurul@gbic.co.in">bimalokpal.bengalurul@gbic.co.in</a>	Karnataka
<b>BHOPAL</b>	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market Bhopal – 462 003. Tel.:- 0755-27692001/2769202 Fax:- 0755-2769203 Email:- <a href="mailto:bimalokpalbhopal@gbic.co.in">bimalokpalbhopal@gbic.co.in</a>	Madhya Pradesh and Chattisgarh.
<b>BHUBANESHWAR</b>	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.:- 0674-2596461/2596455 Fax:- 0674-2596429 Email:- <a href="mailto:bimalokpal.bhubaneswar@gbic.co.in">bimalokpal.bhubaneswar@gbic.co.in</a>	Orissa
<b>CHANDIGARH</b>	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.:- 0172-2706196/2706468	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh.

	<p>Fax:- 0172-2708274 Email:- <a href="mailto:bimalokpal.chandigarh@gbic.co.in">bimalokpal.chandigarh@gbic.co.in</a></p>	
<b>CHENNAI</b>	<p>Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453 (old 312), Anna Salai, Teynampet, CHENNAI – 600 018. Tel.:- 044-24333668/24335284 Fax:- 044-24333664 Email:- <a href="mailto:bimalokpal.chennai@gbic.co.in">bimalokpal.chennai@gbic.co.in</a></p>	<p>Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).</p>
<b>DELHI</b>	<p>Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.:- 011-23239633 / 23237532 Fax:- 011-23230858 Email:- <a href="mailto:bimalokpal.delhi@gbic.co.in">bimalokpal.delhi@gbic.co.in</a></p>	<p>Delhi</p>
<b>GUWAHATI</b>	<p>Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.:- 0361-2132204 / 2132205 Fax:- 0361-2732937 Email:- <a href="mailto:bimalokpal.guwahati@gbic.co.in">bimalokpal.guwahati@gbic.co.in</a></p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<b>HYDERABAD</b>	<p>Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court" Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.:- 040-65504123 / 23312122 Fax:- 040-23376599 Email:- <a href="mailto:bimalokpal.hyderabad@gbic.co.in">bimalokpal.hyderabad@gbic.co.in</a></p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry</p>
<b>JAIPUR</b>	<p>Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363</p>	<p>Rajasthan</p>

	Email: <a href="mailto:Bimalokpal.jaipur@gbic.co.in">Bimalokpal.jaipur@gbic.co.in</a>	
<b>ERNAKULAM</b>	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.:- 0484-2358759 / 2359338 Fax:- 0484-2359336 Email:- <a href="mailto:bimalokpal.ernakulam@gbic.co.in">bimalokpal.ernakulam@gbic.co.in</a>	Kerala and Union Territory of (a) Lakshadweep (b) Mahe-a part of Union Territory of Pondicherry.
<b>KOLKATA</b>	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. TEL : 033-22124339 / 22124340 Fax : 033-22124341 Email:- <a href="mailto:bimalokpal.kolkata@gbic.co.in">bimalokpal.kolkata@gbic.co.in</a>	West Bengal, Sikkim and Union Territories of Andaman and Nicobar Islands.
<b>LUCKNOW</b>	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow-226 001. Tel.:- 0522-2231330 / 2231331 Fax:- 0522-2231310 Email:- <a href="mailto:bimalokpal.lucknow@gbic.co.in">bimalokpal.lucknow@gbic.co.in</a>	Districts of Uttar Pradesh :  Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, 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.
<b>MUMBAI</b>	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.:- 022-26106552 / 26106960 Fax:- 022-26106052 Email:- <a href="mailto:bimalokpal.mumbai@gbic.co.in">bimalokpal.mumbai@gbic.co.in</a>	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
<b>NOIDA</b>	Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: <a href="mailto:bimalokpal.noida@gbic.co.in">bimalokpal.noida@gbic.co.in</a>	State of Uttaranchal and the following Districts of Uttar Pradesh:  Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoor, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanaga r, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur



<b>PATNA</b>	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: <a href="mailto:bimalokpal.patna@gbic.co.in">bimalokpal.patna@gbic.co.in</a>	Bihar, Jharkhand
<b>PUNE</b>	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: <a href="mailto:bimalokpal.pune@gbic.co.in">bimalokpal.pune@gbic.co.in</a>	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region

## Extension Covers Wordings

### 1. Accidental Medical Expenses:

We will cover the medical expenses incurred by the Insured Person for treatment required as a result of an accident during Policy Period. Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy, for the same accident event.

This cover is applicable for treatment in India only.

### 2. Accidental OPD Cover:

We will cover the medical expenses incurred by the Insured Person as an Outpatient due to Accidental injury only. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

OPD treatment means the one in which the Insured visits a clinic/ hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

This cover is applicable for treatment in India only.

### 3. Broken Bones Cover:

If an Insured Person suffers an Accident during Policy Period which directly and solely results in broken bone, then We will pay a lump sum amount as per the nature of bone broken as specified below. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Nature of Broken Bone	Payable amount as % of limit for Broken Bone Extension Cover
Multiple Hip/pelvis bones: at least one compound fracture and one complete fracture	100%
Vertebral Body (excluding coccyx)	30%
Coccyx	5%
Arms	25%
Lower limbs	25%
Wrist	10%
Ankle	10%
Finger	3%
Others	Max up to 20%

If an Injury results in more than one of the “nature of Broken Bone” as listed above, then Our liability will be as per the sum of respective benefit percentage applicable on all such “nature of Broken Bones”.

For the purpose of this benefit:

**Pelvis** means all pelvic bones which shall be treated as one bone. The sacrum will be considered as part of the vertebral column.

**Skull** means all skull and facial bones (excluding nasal bones and teeth) which shall be treated as one bone.

We will not pay any amount with respect to dislocation of bones/joints or hairline fractures under this extension cover.

#### **4. Modification of residential accommodation & vehicle & Workplace:**

We will cover expenses incurred for modification of house and/or workplace and/or vehicle necessitated due to disability of the Insured Person resulting from an accident. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under PTD or PPD Base Covers in this Policy, for the same accident event.

#### **5. Carriage of dead body:**

We will cover the expenses incurred for transportation of Insured’s dead body to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

#### **6. Funeral Benefit:**

We will cover the expenses incurred towards funeral/ last rites of Insured’s Person. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

#### **7. Repatriation of Remains:**

We will cover the expenses incurred towards repatriation of mortal remains of Insured Person to the place of residence from the place of death. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

Claim under this extension cover will be applicable only if the claim is admissible under Accidental Death Base Covers in this Policy for the same accident event.

#### **8. Ambulance cover:**

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Accidental Injury which occurs during the Policy Period which requires Hospitalization of Insured and provided that the ambulance service is offered by a registered healthcare or ambulance service provider.

**9. Transportation Allowance/Compassionate visit:**

If We have accepted Your claim for Hospitalization in case of an Injury that results from an Accident event happening during the Policy Period, then We shall reimburse the amount up to the limit specified against this Benefit in the Policy Schedule/Certificate of Insurance, incurred in respect of a maximum of four of Your Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where Insured Person is Hospitalized provided that:

- The attending Medical Practitioner recommends the personal attendance of an Immediate Family Member;
- Travel by the Immediate Family Member to the place of Hospitalization is commenced during the period of Insured Person's Hospitalization

"Immediate Family Member" would mean spouse, children and dependant parents of the Insured Person.

**10. Travel expenses for medical treatment:**

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation to another city for the purpose of availing treatment of Accidental injuries as per referral from Medical Practitioner.

**11. Catastrophe Evacuation:**

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred due to necessary immediate evacuation of the Insured Person in order to avoid risk of personal Injury on happening of catastrophes fire, flood, earthquake, storm, lightening, explosion, cyclone, inundation, typhoon, tornado, volcanic eruption or hurricane.

**12. Medical Evacuation:**

We will cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred due to necessary immediate evacuation of the Insured Person required due to medical emergency arising out of injuries sustained in an Accident.

Provided the following:

1. Adequate medical facility is not available locally
2. Emergency evacuation is done to the nearest facility capable of providing adequate care under proper medical supervision
3. Such evacuation should have been carried out by medically equipped specialty aircraft, commercial airline, train or ambulance depending upon the nature of emergency medical needs and available and suitable transportation mode

4. We must be immediately notified if such emergency evacuation is availed

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

**13. Cost of clothing damage:**

We will cover the damage of clothes or uniform due to Accident of Insured Person anytime during the Policy Period. Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

**14. Loss of Job cover / Separation Cover:**

If We have accepted a claim for an Injury that results in Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) or Temporary Total Disablement (TTD), due to which the Insured Person is disabled from engaging in his/her occupation and loses his/her source of income generation as a consequence thereof, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Insured Person's per month salary based on the average of last 3 months salary slip, will be considered. Monthly salary will mean Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation. In case of self-employed Insured Person, monthly income based on the last income tax returns filed with the income tax department will be considered. In any case, the maximum amount will be, the income assessed as per above or amount as mentioned in in the Policy Schedule/Certificate of Insurance against this benefit; whichever is lower, will be payable.

Maximum number of months for claim payout will be as specified in Policy Schedule/Certificate of Insurance.

**15. Accident Hospitalization Daily Cash Benefit:**

If an Insured Person is Hospitalized due to Injuries resulting from an Accident that happened during the Policy Period, then We shall pay the daily cash amount specified in the Policy Schedule /Certificate of Insurance for each continuous and completed period of 24 hours of Hospitalization provided that:

- Insured Person should have been Hospitalized for a minimum period of 48 hours continuously;
- We shall not make any payment under this Benefit to Insured Person for more than the no. days of Hospitalisation in total as specified in Policy Schedule/Certificate of Insurance under any Policy Period
- A deductible in terms of no. of days may be applied as specified in Policy Schedule/Certificate of Insurance for each hospitalization

**16. Improved Disability Benefit:**

In case of Permanent Total Disability (PTD), We will pay you a lump sum amount which is xx times, as specified in Policy Schedule/Certificate of Insurance, the Accidental death Sum Insured (Base Cover 1 of this Policy), instead of the Permanent Total disablement (PTD). All other terms and conditions as defined under Base Cover 2 Permanent Total Disablement will be applicable.

**17. On Duty cover:**

If this extension is in force, then the coverage under this Policy shall be applicable against Injury sustained on account of Accident only during official hours while the Insured is on duty (and not for all the 24 hours of the day & night). Duty hours shall include office hours, during official visit, training, seminars, conference and work related activities. The coverage shall also be provided for travel for work related activities.

**18. Off Duty Cover:**

If this extension is in force, then the coverage under this Policy shall be applicable against injury sustained on account of Accident only outside official hours while the Insured is not on duty and not for all the 24 hours of the day & night).

**19. Children Education Grant:**

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance towards the education expenses of each dependent child(ren) of the Insured Person. Benefit for up to two dependent children, who are below age 25 years and are pursuing an educational course as full time student in an educational institute, shall be paid under this cover.

**20. Mysterious Disappearance:**

If this extension is in force, We will pay for Benefit under Base Cover 1 (Accidental Death) 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 a passenger or as a result of any acts of God, in which case it shall be deemed that Insured Person shall have suffered loss of life. Such disappearance should be certified by the local police authorities.

If a claim has been paid under this extension cover, no payment shall be made under any Base covers for the same Insured Person.

**21. Treatment Outside India:**

We will pay for the expenses incurred for in-patient treatment outside India for Injuries resulting solely and directly from Accident occurring during Policy Period. Such medical treatment must be certified by Medical practitioner as necessary. Travelling expenses of Insured Person and one attendant person and expenses for lodging and boarding of one attendant shall also be payable under this cover. Any out-patient expenses or day care treatment expenses will not be paid under this cover.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

**22. Damage to Bag:**

We will pay for the total and permanent loss/damage, which is beyond economical repair, to Insured Person's Bag due to accident happening during the Policy period. Payment will be based on the

replacement of the Bag. Any loss of valuables, Money or any kind of securities or tickets will not be covered. Any loss due to theft of Bag items will not be covered.

Our maximum liability under this cover will be as per limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

**23. Widowhood Cover:**

If a claim is admissible for an Insured Person under Accidental Death cover (Base Cover 1) of this Policy, then We will additionally pay a lump sum amount as specified in Policy Schedule/Certificate of Insurance to the legally married spouse of such Insured Person.

**24. Purchase of Blood:**

We will cover the expenses incurred for purchasing blood for Insured Person's treatment necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period. Blood should be purchased from a Hospital or lawful blood bank only.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

**25. Prosthesis & Artificial Limb Cover:**

We will cover the reasonable and customary expenses incurred for purchasing Prosthesis or Artificial limb for Insured Person's use, necessitated as a result of Injuries solely and directly due to Accident event happening during Policy Period.

Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance. Claim under this extension cover will be applicable only if the claim is admissible under Permanent Total disablement (Base Cover 2) or Permanent Partial disablement (Base cover 3) in this Policy for the same accident event.

**26. Legal Expenses:**

We will cover the administrative legal/court expenses borne by the Insured Person against any legal litigations resulting due to any involvement in an accident of the Insured Person during Policy Period. This does not include any legal liability arising out of court award/order. Our maximum liability under this cover will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

Expenses related to litigations arising due to breach of law by the Insured Person are excluded.

**27. Convalescence Cover:**

We will pay the Insured Person a lump sum amount as specified in Policy Schedule/Certificate of Insurance in case he/she is Hospitalized due to Accidental injuries as an in-patient for consecutive minimum number of days as specified in Policy Schedule/Certificate of Insurance.

**28. Home Attendant Cover:**

We will cover the expenses of engaging a Home attendant for skilled care of Insured Person post discharge from hospital that was required due to Injuries resulting solely and directly due to Accident event during Policy Period. Engagement of such Home attendant must be certified as necessary by Medical Practitioner.

Our maximum liability under this cover in terms of amount and maximum no. of days and deductible will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

**29. Inconvenience Cover:**

We will cover the loss as per the limit specified against this cover in Policy Schedule/certificate of Insurance in case of failure of the Insured to reach an event, play or movie on time, due to involvement in an Accident, which results in closure of gates and denied entry or missed movies or a planned public or social occasion for which Insured has paid, caused by reasons beyond the control of Insured Person.

**30. Missed Flight/Train Cover:**

We will cover the loss due to failure of the Insured Person to access the flight / train)/any mode of scheduled transport (including missed connecting flight / train/any mode of scheduled transport) arising out of and consequent upon the delayed arrival of the insured , caused by reasons beyond the control of the Insured and due to involvement in an Accident..

Our maximum liability under this cover in terms of amount and maximum no. of days will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

**31. Corporate Floater:**

We will provide additional Sum Insured under this extension cover, as specified in Policy Schedule/Certificate of Insurance that can be used in case of accidental death or permanent total disability for any of the group member from the corporate floater SI taken by the employer/Master policyholder. The claim under this benefit will be paid over and above the Individual member's sum assured, provided that such individual member's Sum insured has been exhausted due to claim(s) in same policy year.

**32. Wellness Cover:**

We will provide value added services required to maintain or improve overall well-being of Insured Person , counselling, e- consultation, Road side assistance in the form of mobile ambulance facilitation and ambulatory care facilitation in case Medical emergency, under this extension cover.

Our maximum liability under this cover will be up to the limits specified in Policy Schedule/Certificate of Insurance.

**33. Marriage fund for Children:**

If a claim has been admissible for an Insured Person under Accidental Death or Permanent Total Disablement cover of this policy, then We will additionally pay a lump sum amount towards marriage expenses of the dependent children of such Insured person. Benefit under this cover will be provided for maximum up to 2 dependent children.



Our maximum liability under this cover will be up to the limits specified in Policy Schedule/Certificate of Insurance

**34. Air Ambulance:**

We shall cover the expenses up to the limit specified in the Policy Schedule/Certificate of Insurance that are incurred towards Insured Person's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Injury resulting from an Accident which occurs during the Policy Period provided that:

- a. Such transportation cannot be provided by a road ambulance;
- b. Medically Necessary Treatment is not available at the location where Insured Person is situated at the time of the Emergency;
- c. Such medical evacuation is prescribed by a Medical Practitioner and is medically necessary;
- d. Expenses incurred towards return transportation by air ambulance is excluded under this Benefit

Claim under this extension cover will be applicable only if the claim is admissible under any of the Base Covers in this Policy for the same accident event.

**35. Attendant/Companion Benefit:**

We of If an Insured Person is Hospitalized due to Injuries resulting from an Accident event which occurs during Policy Period, then for each such day that the Insured is Hospitalized, We will pay an additional lump sum daily amount towards expenses of attendant/companion.

Our maximum liability under this cover in terms of amount and maximum no. of days and deductible will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

**36. Restoration Benefit:**

If a claim is admissible under Permanent Total Disablement (PTD) or Permanent Partial Disablement (PPD) under this Policy with respect to an Insured Person and if in the same Policy Period another Accidental injury occurs which results in claim under Accidental death or Permanent Total Disablement (PTD) then We shall restore the Sum Insured for that Insured Person up to 100% of Sum Insured as on Start Date of the Policy.

Such Restoration will be done maximum once per Insured Person per Policy Period.

**37. Medical Expenses without Accident:**

We will cover Medical expenses incurred for in-patient Hospitalization of an Insured Person required due to any Illness during Policy Period.

Following Medical expenses will be covered under this extension Cover maximum up to the limit as specified in Policy Schedule/Certificate of Insurance.

- a) Medical Practitioners' fees
- b) Room Rent and other boarding charges

- c) ICU Charges
- d) Operation theatre charges
- e) Diagnostic procedures' charges
- f) Medicines, drugs and other consumables as prescribed by the Medical Practitioner
- g) Qualified Nurses' charges
- h) Intravenous fluids, blood transfusion, injection administration charges
- i) Anaesthesia, Blood, Oxygen, operation theatre charges, surgical appliances
- j) The cost of prosthetics and other devices or equipment if implanted internally during a Surgical Procedure

Following exclusion shall also apply to coverage under this extension Cover:

1. Treatment related to addictive conditions and disorders, resulting from any kind of substance abuse or misuse including alcohol abuse or misuse.
2. Participation in Adventurous Sports
3. Any Alternative Treatment other than Allopathic treatment.
4. Charges related to a Hospital stay not expressly mentioned as being covered, including charges for admission, discharge, administration, RMO charges, night charges, registration, documentation and filing, surcharges. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in "List of Items for which optional cover may be offered by insurer". The list is available on our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in)
5. Artificial life maintenance, including life support machine used to sustain a person, who has been declared brain dead, as demonstrated by:
  - a) Deep coma and unresponsiveness to all forms of stimulation;
  - b) Absent pupillary light reaction;
  - c) Absent oculovestibular and corneal reflexes; or
  - d) Complete apnea
6. Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury
7. Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.
8. Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, participation in riot, revolution, acts of terrorism or any similar event (other than natural disaster or calamity)
9. Treatment for any External Congenital Anomaly
10. Treatment undergone purely for cosmetic or psychological reasons to improve appearance. However, this exclusion does not apply where medically required as a part of treatment for cancer, Accidents and burns to restore functionality

11. Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint. EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.
12. Any expenses for OPD treatment, or any expenses for drugs or dressings not prescribed for Insured Person's intake within hospitalization period
13. Treatment to correct refractive errors of the eye. We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth
14. Treatment or services received in health hydro, nature cure clinics or any establishment that is not a Hospital
15. Any treatment arising from and/or taken for Crohn's Disease ,Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis
16. Hospitalization undertaken for observation or for investigations only and where no medical treatment is provided
17. Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization
18. Drugs or treatment not supported by prescription
19. Issue of fitness certificate and fitness examinations
20. External and/ or durable medical/non-medical equipment of any kind used for diagnosis and/ or treatment including CPAP, CAPD, infusion pump.
21. Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home
22. Qualified Nurses hired in addition to the Hospital's own staff
23. Treatment for obesity
24. OPD treatment is not covered
25. All preventive care, vaccination including inoculation and immunisations except if it is certified and recommended by the attending Medical Practitioner as part of in-patient treatment
26. Any type of contraception, sterilization, termination of pregnancy or family planning or Treatment to assist reproduction
27. Any expense incurred on treatment arising from or traceable to pregnancy (including voluntary termination of pregnancy, childbirth, miscarriage (except if due to Accident), abortion or complications of any of these, including caesarean section
28. Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide
29. Treatment of any sexual problem including impotence (irrespective of the cause) and sex changes or gender reassignments or erectile dysfunction
30. Treatment for any sexually transmitted disease, including Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis
31. Treatment for sleep apnea, snoring, or any other sleep-related breathing problem
32. Treatment for speech disorders, including stammering unless the disorder occurs directly due to an Accident
33. Treatment for, or related to developmental problems, learning difficulties, such as dyslexia; behavioural problems, including attention deficit hyperactivity disorder (ADHD).
34. Any treatment received outside India

35. Unproven/Experimental treatment, including medication, which, in a competent Medical Practitioner's opinion is experimental
36. Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India
37. Treatment in any Hospital or by any Medical Practitioner or any other provider of services specifically excluded by Us except in case of Emergency treatment when other hospital/ Medical Practitioner was not available in the vicinity . The list of such excluded Hospitals is available on Our website
38. Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family
39. Charges incurred at a Hospital primarily for evaluative or diagnostic or observation purposes for which no active treatment is given, X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization
40. Any condition as a result of the Insured Person committing or attempting to commit a breach of law with criminal intent.
41. Any costs or expenses (other than as mentioned therein) specified in the List of "Items for which optional cover may be offered by insurer" The list is available on Our website [www.magma-hdi.co.in](http://www.magma-hdi.co.in) .

**38. Critical Illness Cover:**

We shall pay the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit as a lump sum amount, provided that:

- i. The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- ii. The Insured Person survives for at least 30 days following such diagnosis.

We will not make any payment under this Benefit if the Insured Person is first diagnosed as suffering from a Critical Illness within 90 days of the Policy Start Date. This Benefit can be availed by the Insured Person only once during his/her lifetime.

A waiting period of 48 months will be applicable for claim under this Benefit in case claim is for any of the Critical Illnesses which is a consequence of or arises out of any Pre-Existing Disease.

We will provide coverage for 11 Critical Illnesses as specified in Policy Schedule/Certificate of Insurance under this extension Cover.

For the purpose of this Benefit, coverage for 11 Critical Illness means:

- i. Cancer of Specified Severity
- ii. Myocardial Infarction (First Heart Attack of specific severity)
- iii. Open Chest CABG
- iv. Open Heart Replacement or Repair of Heart Valves
- v. Coma of Specified Severity
- vi. Kidney Failure requiring Regular Dialysis
- vii. Stroke resulting in Permanent Symptoms
- viii. Major Organ/Bone Marrow Transplant
- ix. Permanent paralysis of Limbs

- x. Motor Neurone Disease with Permanent Symptoms
- xi. Multiple Sclerosis with Persisting Symptoms

If a claim becomes admissible under this Benefit, this Extension Cover shall not be applicable for that Insured Person at the time of Renewal.

Definition of Critical Illnesses:

**1) Cancer of Specified Severity**

I. A malignant tumour characterised 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 leukaemia, lymphoma and sarcoma.

II. The following are excluded-

- i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behaviour, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
- ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
- iii. Malignant melanoma that has not caused invasion beyond the epidermis;
- iv. 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
- v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
- vi. Chronic lymphocytic leukaemia less than Rai stage 3
- vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification
- viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;
- ix. All tumors in the presence of HIV infection.

**2) 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:

- i. A history of typical clinical symptoms consistent with the diagnosis of acute myocardial infarction (For e.g. typical chest pain)
- ii. New characteristic electrocardiogram changes
- iii. Elevation of infarction specific enzymes, Troponins or other specific biochemical markers.

II. The following are excluded:

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

**3) 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:

- i. Angioplasty and/or any other intra-arterial procedures

**4) Open Heart Replacement or Repair of Heart Valves**

I. 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.

**5) 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:

- i. no response to external stimuli continuously for at least 96 hours;
- ii. life support measures are necessary to sustain life; and
- iii. 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. Coma resulting directly from alcohol or drug abuse is excluded.

**6) Kidney Failure Requiring Regular Dialysis**

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

**7) Stroke Resulting in Permanent Symptoms**

Any cerebrovascular incident producing permanent neurological sequelae. This includes infarction of brain tissue, thrombosis in an intracranial vessel, haemorrhage and embolization from an extracranial 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:

- i. Transient ischemic attacks (TIA)
- ii. Traumatic injury of the brain
- iii. Vascular disease affecting only the eye or optic nerve or vestibular functions.

#### **8) Major Organ/Bone Marrow Transplant**

I. The actual undergoing of a transplant of:

- i. One of the following human organs: heart, lung, liver, kidney, pancreas, that resulted from irreversible end-stage failure of the relevant organ, or
- ii. 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:

- i. Other stem-cell transplants
- ii. Where only islets of langerhans are transplanted

#### **9) Permanent Paralysis of Limbs**

I. 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.

#### **10) Motor Neurone Disease with Permanent Symptoms**

Motor neurone 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.

#### **11) Multiple Sclerosis with Persisting Symptoms**

I. The unequivocal diagnosis of Definite Multiple Sclerosis confirmed and evidenced by all of the following:

i. investigations including typical MRI findings which unequivocally confirm the diagnosis to be multiple sclerosis and

ii. there must be current clinical impairment of motor or sensory function, which must have persisted for a continuous period of at least 6 months.

Other causes of neurological damage such as SLE and HIV are excluded.

**39. Transport of imported medicines cover:**

We shall cover the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit on reimbursement basis for expenses incurred on freight charges for importing medicines to India, provided that:

- i. Such medicines, formulations or their alternatives are not available in India.
- ii. Such medicines are necessary for the medical or surgical treatment of the Insured Person in a Hospital following the Accident within the Policy Period.
- iii. Such medicines shall not include any drugs under clinical trial or medicines, formulations or molecules of unproven efficacy.

**40. Life Support Ambulance Cover:**

We shall cover the amount as specified in the Policy Schedule/Certificate of Insurance against this Benefit on reimbursement basis for expenses incurred on availing advanced life support care in case of accident, required in life threatening condition only until the insured is taken to a nearby hospital where necessary medical care can be given.

**41. Life Support Benefit:**

If the Insured/Insured Person suffers an Accident during the Policy Period for which medical life support is required for Insured Person(s) and the claim is admissible under any of the Base Cover of this Policy for the same accident event, then We will also indemnify for expenses incurred towards life support, for maximum up to 12 months from date of such Accident.

Life support are special medical procedures required to maintain body functions when these functions stop working due to trauma or medical condition. Such life support procedures are aimed at keeping the patient alive till the condition is cured and normal functioning resumes.

Our maximum liability under this cover in terms of amount per month and maximum no. of months will be up to the limit specified in the Policy Schedule/Certificate of Insurance.

**42. Loss of Income due to Accidental injuries or CI:**

If We have accepted a claim under Extension cover 38 (Critical Illness cover) Or under any of the Base covers (other than Accidental Death) of this policy and if such Critical illness or Accidental injuries renders the Insured Person disabled from engaging in his/her occupation and the Insured loses his/her source of income generation as a consequence thereof, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Certificate of Insurance.

For the purpose of this benefit, Insured Person's per month salary based on the average of last 3 months salary slip, will be considered. Monthly salary will mean Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation. In case of self-employed Insured Person, monthly income based on the last income tax



returns filed with the income tax department will be considered. In any case, the maximum liability will be, the income as assessed per above or amount as mentioned in in the Policy Schedule/Certificate of Insurance against this benefit; whichever is lower, will be payable.

Maximum number of months for claim payout will be as specified in Policy Schedule/Certificate of Insurance.

**43. Fracture indemnity cover:**

If an Insured Person suffers an Accident during Policy Period which directly and solely results in one or more broken bones (fracture), then We will reimburse the expenses of treatment of such fracture. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

We will not pay any amount with respect to dislocation of bones/joints or hairline fractures under this extension cover.

**44. Emergency Hotel expense cover:**

If an Insured Person is outside his/her city of residence during Policy Period and needs to stay in a hotel due to injuries resulting from an Accident with respect to himself/herself or with respect to his immediate relative, then We will reimburse the expenses for such emergency hotel stay of the Insured Person. In case of claim where relative of Insured Person is injured, travel date by Insured to such other city must be before the Accident event. Any expense for stay where travel has been undertaken by Insured after the Accident of such relative person has happened, shall not be covered. Our maximum liability under this cover will be as per the limit mentioned against this cover in Policy Schedule/Certificate of Insurance.

We will cover the expenses only till the duration that the injured person (Insured Person or his/her immediate relative) is not fit to travel to his/her own city of residence, as certified by a Medical Practitioner.

For the purpose of this cover, "Immediate relative" means spouse, children, parents, grand-parents, grand children, brother and sister.

For claims under this extension cover, where Insured Immediate relative has been injured, Hospital admission records of injured person, evidence for date of travel by Insured person to the city where Accident occurred and payment receipt to hotel for Insured's stay must be submitted.

**45. Minor child care cover:**

In the event of Accidental death or Permanent Total Disablement of Insured Person, We shall additionally pay the amount as specified against this cover in Policy Schedule/Certificate of Insurance

towards the expenses of travelling of any one 'family member' from his/her permanent residence in any city in India to the city of residence of dependent child(ren) of the Insured Person or to the city where the Insured Person has met with an Accident and children are present with him/her..

For the purpose of claim payment under this extension cover,

- dependent child will mean legal or adopted child of Insured Person who are aged 18 years or below
- Family member will include spouse, parents, brother, sister, brother-in-law, sister-in-law, mother-in-law or father-in-law of the Insured person

**46. Adventure Sports Cover:**

If this extension cover is in force, as mentioned in Policy Schedule/Certificate of Insurance, then the permanent exclusion of Adventure sports shall be waived for this Policy and any claim arising out of involvement of Insured Person in such Adventure sports activity shall be admissible under this Policy.